

<b>Chapter:</b>	Service Delivery		
<b>Title:</b>	Client Welfare and Risk Assessment		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/>	<b>Review Cycle:</b> Triennial  <b>Author:</b> Srvs/Tx Leadership	<b>Adopted Date:</b> 09.2020  <b>Review Date:</b> 09.2023	<b>Related Policies:</b> Mandatory Reporting Confidentiality & Privacy Client Rights & Responsibilities Commitment to Non-Violence Emergency Preparedness

**Purpose:**

State and federal law, professional ethics, and Hopeful Horizons’ (HH) policies afford clients protections when they share their confidences, personal information, and/or their history of abuse. Generally, those same sources provide guidance and standards for how service providers are to keep clients safe from harm. This policy clarifies HHs’ expectations for assessment of a client’s welfare when it is believed a client is an imminent danger to themselves or others.

**Scope:**

This policy applies to

- All HH Staff                                       Selected HH Staff, as specified:
- HH Board Members                               HH Volunteers
- Other: Sub-contract Providers involved in Service Delivery

**Policy:**

HHs’ staff shall take additional precautions when there is reason to believe a client presents an imminent danger to themselves or others. Precautions can include service/treatment referrals and/or interventions including welfare check or risk assessment. Any referral and related release of information shall be completed in accordance with HHs’ policies and procedures, state and federal regulations and payer confidentiality and privacy requirements.

The South Carolina Code of Laws states, a provider may reveal confidences regarding a client’s intention to commit a crime or harm themselves and the information necessary to prevent the crime or harm. In this case disclosure of a client confidence is “permissive” rather than statutorily required. As such, this type of reporting may constitute a breach of confidentiality under relevant sections of the Violence Against Women Act (VAWA) and is therefore generally not permitted unless the report is made with the informed consent of the client.

*(b)(2)(B) Nondisclosure Subject to subparagraphs (C) and (D), grantees and subgrantees shall not...*

*(b)(2)(B)(ii) disclose, reveal, or release individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of legal incapacity, a court-appointed guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, incapacitated person, or the abuser of the other parent of the minor...*

*(b)(2)(C) Release If release of information described in subparagraph (B) is compelled by statutory or court mandate -*

*(b)(2)(C)(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information...*

- A. **Intervention and Safety Planning:** Should a client report a threat of harm to themselves or others, the involved HH employee shall take steps to:
1. Engage the client in additional services/treatment;
  2. Encourage development of a safety plan; and/or
  3. Pursue informed consent to allow for a welfare check and further risk assessment to be completed.

Consistent with HH procedures, staff shall document in the client's service record and the Electronic Client Record (ECR) the current clinical assessment with a description of the specific situation, interventions attempted and the client's response.

- B. **Referral for Welfare Check and/or Risk Assessment:** If, with intervention, the client persists in their threat of harm to self or others, staff should consult with a licensed clinical supervisor/designee to determine whether the individual meets criteria for a welfare check or referral for additional risk assessment by a mental health professional. In the case of a child or vulnerable adult as defined by South Carolina Law, it is permissible, and staff should involve a parent or legal guardian in addressing intervention when it is determined the individual is a danger to themselves or others.

If the individual determined likely to meet the criteria of a "vulnerable adult" under South Carolina law does not have a guardian, it may be necessary/appropriate to seek additional mental health assessment to determine if a different level of care is required to reduce the risk of harm to the client or others. Action should be taken if:

- A client communicates to the service/treatment professional a threat of physical violence; and
- The threat is made against a reasonably identifiable third person; and
- The client has the apparent intent to carry out that threat in the foreseeable future; and
- The client has the apparent ability to carry out that threat in the foreseeable future.

In consultation with the licensed clinical supervisor/designee and after a determination that ALL of the above criteria are met, in order to mitigate the risk of harm, the licensed service/treatment professional or their licensed clinical supervisor shall complete at least one of the following consistent with HHs' procedure, Referral for Welfare Check and/or Risk Assessment:

1. Refer the individual for further mental health evaluation and treatment; and/or
2. Make a reasonable attempt to communicate the threat to the local police department or the county sheriff for the area where the client resides, or to the state police.

- C. **Duty to Warn:** Given South Carolina's law is permissive and not statutorily required, "may" rather than "shall" or "must," providing notice of a threat of harm to a reasonably identified intended victim would be a breach of confidentiality under VAWA. HH staff are not permitted to notify an intended victim of the threat.

- D. **Observed Harm to Self/Others:** If a client acts in manner to cause harm to themselves or others while engaged in service/treatment and/or at a HHs' operated facility/program

location, staff shall intervene to prevent harm in accordance with HHS' Commitment to Non-Violence policy and consistent with site specific safety procedures.

**Communication and Training:**

The Board shall receive a copy of the policy at the time of periodic review and will have an opportunity to ask clarifying questions during the approval process. Employees and volunteers shall receive notice of the Board's policy review and approval including notice of any substantive changes. The notice will provide a link to the policy located on the HH website.

Additionally, employees working in direct service roles shall receive training on this policy at orientation and as part of routine annual training related to the identification of persons at risk of harm to themselves or others, de-escalation practices and requirements for client welfare and risk assessment.

**Definitions:**

1. **Child:** A person under the age of eighteen. Note: (In *Whitner v. State*, 492 S.E.2d 777 (1997), the court held that a viable fetus is included under this definition of a child.)
2. **Client:** Is any person, including any adult, youth, child, or family who contacts HH or receives any services from HH, whether those services are received by telephone, fax, electronically, or in person and whether those services are sought for themselves or for someone else.
3. **Confidentiality:** Is defined as the assurance that the access to information regarding a client HH services shall be strictly controlled and that any violation is not only a breach of faith but has the potential to threaten the safety and life of the client and their children. Breach of confidentiality in the context of HHS' services is a potential violation of federal law and may compromise the organization's funding.
4. **Duty to Warn:** Duty to warn means that the responsible employee may verbally tell the intended victim that there is a foreseeable danger of violence. Under South Carolina duty to warn is permissive and not required.
5. **Electronic Client Record:** An ECR is a digital version of a client's paper record. ECRs are real-time, client-centered records that make information available instantly and securely to authorized users. HHS' uses Collaborate as its ECR.
6. **Imminent Harm:** The individual actions, omissions or conditions endanger the life, or seriously jeopardize the physical or mental health or safety of themselves or others, if protective action would not be taken immediately.
7. **Informed Consent:** Means providing all relevant information about the nature and consequences of signing a release of information. This includes advising the client to consider how the information may be used once released from HHS' services to enhance client's safety and the possibility of the abuser obtaining the information.
8. **Provider:** "Provider" means a person licensed under South Carolina law and who enters a relationship with a client to provide diagnosis, counseling, or treatment of a mental illness or emotional condition.

9. **Vulnerable Adult:** A person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person's own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. A resident of a facility is a vulnerable adult.

**Other Related Materials:**

Client Referral - Welfare and Risk Assessment  
 Current Client Referral Procedure  
 Support Line and Internal Referral Procedure  
 Site Specific Safety Plan

**References/Legal Authority:**

[The Violence Against Women Act Reauthorization Act of 2022, Federal Register, January 2023](#)

[Family Prevention and Services Program](#)

[Health Insurance Portability and Accountability Act of 1996](#)

[Victims of Crime Act](#)

[Confidence of Patients of Mental Illness or Emotional Conditions, Section 19-11-95. SC Code of Laws](#)

[SC Code of Laws, Alcohol and Drug Abuse Commitment 44.52.70](#)

[South Carolina State Laws and Involuntary Treatment for Mental Health and Chemical Dependency](#)

[Tarasoff: Making Sense of the Duty to Warn or Protect, Ahmad Adi, MD, MPH. and Victoria Hendrick, MD., The Carlat Hospital Psychiatry Report, 01-2022.](#)

**Change Log:**

Date of Change	Description of Change	Responsible Party
09.2023	Updates to new policy format; aligns policy with the Violence Against Women’s Act confidentiality requirements; adds definitions, communication & training and appropriate references.	N. Miller Prog. Eval. Consultant in consultation with Clinical Leadership