

<b>Chapter:</b>	Service Delivery & Prevention		
<b>Title:</b>	Assessment		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/>	<b>Review Cycle:</b> Triennial  <b>Author:</b> Service/Treatment Dirs.	<b>Adopted Date:</b> 07.2023  <b>Review Date:</b> 07.2023	<b>Related Policies:</b> Limited English Proficiency Rights and Responsibilities Confidentiality & Privacy Clinical Supervision Service Philosophy

**Purpose:**

Hopeful Horizons (HH) provides prompt and responsive access to appropriate services and works with clients to assure accurate assessment of treatment and service needs. This policy provides the framework and expectations for when, how and for what purpose service and treatment assessments are conducted.

**Scope:**

This policy applies to

- All HH Staff
- Selected HH Staff, as specified: Employees providing services/treatment
- HH Board Members
- HH Volunteers
- Other: Sub-contract service/treatment providers

**Policy:**

HHs' assessments shall be conducted in a compassionate and culturally sensitive manner so as not to retraumatize the victim. HHs' triage and assessment services:

- Are trauma-informed
  - Limit the number of times the client has to repeat their story of victimization
  - Restrict request for offender information to that which is required for treatment planning or any necessary mandatory reporting
- Are non-stigmatizing and non-judgmental
- Are culturally and linguistically responsive
- Give priority to urgent needs and emergency situations
- Support timely referral and initiation of services that are client directed

Staff providing initial intake and assessment services shall provide clarity about the assessment and service access process so clients understand what they can expect at each.

- A. **Support Line – “Hotline” Intake:** To provide prompt and responsive access to appropriate services, HH operates a Support Line staffed 24-hours a day by trained staff and volunteers. The Support Line offers the caller access to emergency shelter, counseling, housing, case management and legal services. If necessary, a Support Line staff person provides information about and referrals to other community and emergency services. While cases involving child abuse may originate at the Support Line, children may be referred directly to the Children’s Advocacy Center (CAC) by law enforcement or the South Carolina Department of Social Services.

Support calls shall take priority over all other calls and the duties of assigned staff. Support Line staff shall screen and manage calls in accordance with approved procedures, defined workflows, and to meet required information needs. Support Line Staff shall:

1. Determine the caller's immediate safety needs and engage emergency services and/or law enforcement if indicated
2. Gather information necessary to make appropriate internal referrals
3. Facilitate timely referral(s) to HHs and/or community services
4. Support the caller in developing a safety plan
5. Initiate a "Hotline Intake" in the electronic client record (ECR) consistent with minimum required data and information

B. Program Intake Assessment: After an internal Hotline Intake referral is received, a client intake assessment shall be scheduled/completed by the responsible program consistent with timing requirement for the specific service:

- Shelter services: The same day by close of business (5:00pm)
- Transitional Housing: Within 5 business days
- Case Management: Within 5 business days
- Adult Counseling: Within 5 business days
- Legal Services: Within 5 business days
- Children's Advocacy Center: Within 5 business days

At times, deviation from the timing standard may be required due to staffing capacity or service availability. If a program referral will not meet the timeliness standard, the program administrator/designee shall notify the Support Line Advocate of ongoing plans for service access, use of waiting lists and expectations for communication to prospective clients. The Support Line Advocate shall communicate planned action to other Support Line employees. Once program access is resumed at the timeliness standard, the Program Administrator/designee shall notify Support Line Advocate who will in turn notify other Support Line employees.

Designated program staff shall initiate contact with the prospective client to arrange an intake assessment. The assessment, conducted by an appropriately qualified individual, shall gather information to determine current safety status and appropriate services. The intake assessment shall be individualized, strengths-based, trauma-informed, family-focused, and culturally sensitive to the victim/family and ensure equitable treatment and the timely initiation of services.

Upon completion of the assessment, the client/prospective client will be informed of:

- Eligibility to receive service(s)
- Services options
- Information relative to the nature of their trauma as appropriate
- Delays in services and the reasons for the delay
- Other services, programs, or organizations more appropriate to address their needs

If the individual is determined to be appropriate for HHs' services but capacity does not provide for immediate access, the client shall be placed on a waiting list. Clients are taken from the waiting list based on 1) determination of who is most in need (risk of harm and level of distress), 2) available resources to meet the client's needs, 3) client's continued interest in service, and 4) length of wait.

Following the intake, the Client's ECR shall be updated with any new information. If the individual is approved for ongoing HHS' services, the individual's Hotline Intake number shall update to "client" with required information outlined in HHS' procedure.

- C. **Forensic Interview(s):** Forensic interviews (FIs) shall be provided by Children's Advocacy Center (CAC) staff with specialized training and ongoing education in conducting forensic interviews. FIs shall be conducted consistent with protocols adopted by the CAC/MDT and shall result in coordinated information gathering, including history taking, assessments and forensic interview(s) to avoid duplication.

The CAC shall allow for real-time observation of forensic interviews by MDT members consistent with HHS' Confidentiality and Privacy Policy. MDT members with investigative responsibilities on a case must participate in live/real-time observation of forensic interviews to ensure necessary preparation, information sharing and MDT/interviewer coordination throughout the interview and post-interview process.

HHS' employees who conduct forensic interviews must participate in a structured forensic interviewer peer review process a minimum of two times per year.

- D. **Reassessment:** For individuals receiving extended treatment and/or service, reassessments of needs and progress is completed as part of service delivery and whenever there are significant change in the client's status or needs. Should another program, service, or organization be identified as more appropriate to meet the individual's needs, referrals and linkages shall be made.

Clients returning to services within one year of treatment discharge are considered to be in the same episode of care. The initial assessment shall be reviewed and updated with the client to determine its continued relevance in addressing service needs. If a client is returning after a year or more, it is considered a new episode of care and a new intake assessment shall be completed.

### **Communication and Training:**

Staff performing Hotline Intakes or other assessment functions shall have initial new employee orientation to all related policies and procedures specific to the scope of their work. Staff shall receive updated information about changes to assessment and intake practices as they occur.

Staff performing clinical assessments and/or Forensic Interviews shall maintain ongoing professional continuing education required for licensure and meet ongoing competency and professional development requirements consistent with accreditation standards.

### **Definitions:**

1. **Hotline Intake:** A preliminary assessment of the caller's needs to determine their current safety status, the urgency of their treatment and service needs and to clarify the nature of treatment desired. The term "Hotline" is defined specifically in the Collaborate system as a specific form and process.
2. **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.

3. **Episode of Care:** An episode of care includes all services provided to a client to meet their support and treatment needs. The services included in an episode of care occur within a specific period. An episode of care is typically initiated with a referral or admission and ends with a discharge, but can be extended if the client returns to service/treatment, for the same issue(s), within a defined period of time.
4. **Forensic Interview:** A recorded interview designed to elicit a child’s unique information when there are concerns of possible abuse or when the child has witnessed violence against another person. The forensic interview is conducted in a supportive and non-leading manner by a professional trained in the National Children’s Advocacy Center Forensic Interview model. Interviews are remotely observed by representatives of the agencies involved in the investigation (such as law enforcement and child protective services).
5. **Multidisciplinary Team (MDT):** MDT is a group of professionals from specific and distinct disciplines that collaborates from the point of report and throughout a child and family’s involvement with the CAC. MDTs coordinate investigations and service delivery to mitigate potential trauma to children and families, to keep open the lines of communication and maintain transparency and foster trust, and to help optimize a quality response overall, while preserving and respecting the rights of the clients, and the mandates and obligations of each agency.

**Other Related Materials:**

- Support Line Intake and Internal Referral Procedure
- Client Intake Form
- Adult Services Intake Assessment Procedure
- Legal Intake Procedure
- Shelter and Transitional Housing Intake Procedure
- Forensic Interview Protocol/ChildFirst Expanded Forensic Interview Protocol
- Child Counseling Intake Procedure

**References/Legal Authority:**

- [Accreditation Standards, Council on Accreditation, 2022](#)
- [Domestic Violence Services: Intake, Assessment and Safety, 2022](#)
- [National Standards of Accreditation for Children’s Advocacy Centers, 2023 Edition, National Children’s Alliance, 2023](#)
- [South Carolina Child Abuse Response Protocol, SCDCA and SC Network of Children’s Advocacy Centers, 2021](#)

**Change Log:**

Date of Change	Description of Change	Responsible Party
06.01.2023	This is a new policy that establishes overarching requirements for HHs’ assessment practices. The policy aligns accrediting standards.	N. Miller, Program Eval in Consultation with Service/Treatment Program Directors