

# Residential Program Standards

**Shelter** refers to temporary, emergency housing and related supportive services provided in a safe, protective environment for individuals and their dependents who are victimized by their current or former intimate partners and for who are without other safe housing options.

## Service Standards and Guidelines

1. A domestic violence shelter must provide access, admittance and residence in temporary shelter for victims of domestic violence and their dependents 24 hours a day, every day of the year. Victims in imminent danger must be accommodated as capacity allows. Victim safety is the highest priority when determining shelter admissions.
2. Domestic violence shelter services may be provided through any of the following types of housing:
  - a. A physical shelter facility operated in partnership with a comprehensive domestic violence service provider.
  - b. Other accommodations, such as time-limited motel/hotel placement arranged and provided through the comprehensive domestic violence service provider.
3. A domestic violence shelter **will**:
  - a. Have policies that maintain **safety and security** of clients
  - b. Ensure that crisis intervention services are accessible, available, and offered **24 hours a day, every day of the year**, with trained advocates.
  - c. Provide **access** to food, clothing, and personal hygiene items for clients and their dependents, free of charge. Accommodations will be made to meet culturally diverse and various dietary needs. Staff will ensure that items will be readily available at all times.
  - d. Provide **meaningful language access** and develop a Language Access Plan (see Appendix B).
  - e. Provide access to **supportive services**, free of charge with minimum barriers to access and maximum efforts to engage. Participation in supportive services must be voluntary. The Family Violence Prevention Services Act (applicable to FVPS/DOMV grantees) states, "receipt of supportive services under this title shall be voluntary. No condition may be applied for the receipt of emergency shelter" (PL111-320 Sec. 308(d)(2)). These services include but are not limited to counseling, therapy, support groups, house meetings, and case management. Participation in services will be voluntary and length of stay and access to resources will not be reduced for opting out of services.
    - i. Programs must provide access to counseling and service planning.
    - ii. Programs may provide access to legal, housing, employment, parenting, childcare, etc., free of charge.
  - f. Utilize **screening questions** that focus on gathering information on the relevant domestic violence history. Specific questions will be limited to determining eligibility. Information that can be collected include name, name

and ages of dependents, address, reason for service request, and residency requirement if applicable (exceptions may apply based on imminent danger). Shelter programs should use evidence-based screening tools to determine eligibility (Danger Assessment, Lethality Assessment, etc.). Questions pertaining to mental health and substance use concerns and accommodations should be asked after admission, preferably during intake.

- g. Discuss the following factors when **planning for arrival**:
- the confidential location of the shelter
  - privacy and confidentiality of other clients
  - safety planning around technology use
  - transportation arrangements
  - important suggested items to bring
  - basic expectations of communal living
  - immediate needs to be addressed upon shelter entry
  - additional client concerns
- Staff will make any necessary preparations such as making the client's bed/s, gathering toiletries, etc.
- h. Discuss the following **upon arrival**: Prior to intake paperwork, staff will address basic immediate personal needs. As clients will react differently to arriving to shelter, staff will consider the impact of trauma on the individual client and adjust the process accordingly.
- i. **Welcome** and ease the client's transition into shelter and provide a general tour to orient them to the shelter space.
- j. Begin the **intake process** by explaining the purpose of the intake meeting and what is hoped to be accomplished with the client. For example, staff may tell client that they hope to get to know the client better, hear about their immediate and short-term concerns, issues, needs, and together create some next steps for services and support. Staff will remind the client that they are the client's ally, and will not judge or make decisions for the client; that the client is free to share as much or as little as they feel comfortable with; and that staff ask questions to learn more about how they can help the client gain safety and economic stability (from "Transitional Housing Intake Guide" by NNEDV). To minimize retraumatization, the information obtained upon intake will be limited to inquiring about the client's most pressing, immediate needs, health and well-being, safety, and special needs and accommodations. Essential demographic information, if not previously obtained, will be collected at this time.
- k. Establish a **length-of-stay policy** that is flexible and that balances the needs of those victimized by intimate partners and the program's ability to meet those needs. This policy should be written in clear language. The policy could include minimum and maximum lengths of stay, assessment periods, etc. The length of stay should be provided to the victim verbally prior to entering shelter and a copy of the length of stay policy should be given to clients upon arrival. Clients can choose to leave at any time without penalty. A client will be able to access

#### INVOLUNTARY EXITING Examples of Valid Reasons

- *Client threatens to cause bodily harm to a client or staff.*
- *Client assaults another client or staff.*
- *Client intentionally and maliciously violates another client's confidentiality.*
- *Client uses prohibited substances on the premises*



- a. Shelters should consider other security features, such as alarms, locks, guards, etc.
- b. Generally, shelters should do their best to keep the location of the shelter confidential. The address or location of any FVPSA-funded shelter should not be made public. However, a shelter may determine that disclosing or publicizing the shelter location is safer than having a confidential location, in which case the individual responsible for the operation of the shelter would have to sign off on that decision (PL111-320 Sec. 306(c)(5)(H)).
- c. Shelter clients and visitors can be asked to sign a confidentiality agreement upon entrance into shelter, where they agree to keep the location and identities of other shelter clients confidential.

## **7. Emergency Preparedness**

- a. All shelters must be up-to-date with fire and health code regulations at all times.
  - b. Shelters must have written emergency procedures in place that are communicated to the clients and staff and that are practiced on a regular basis, including:
    - i. Evacuation plans
    - ii. Alternate staffing plans
    - iii. Material accommodations (food, warmth)
    - iv. Alternate shelter accommodation plans for circumstances when the shelter is destroyed or uninhabitable for a period of time
8. Programs must respect the **privacy and confidentiality** of survivors and their children by collecting only essential, necessary information, by keeping records and client information confidential to the fullest extent of the law, and by respecting their personal belongings.
- a. **Client Records**
    - i. Documentation of a client's stay should contain factual and objective information, documented to the minimal extent of providing the service, limited to the time and length of interaction and services rendered.
    - ii. Other clients' written names should not appear in a client file.
    - iii. Informed consent to release information must be survivor-centered, written, specific, time-limited, and narrow in scope and must expire upon termination in shelter. (For guidance, contact the National Network to End Domestic Violence or the Confidentiality Institute).
    - iv. All client records should be kept double-locked (in a locked cabinet, behind a locked door).
    - v. Confidential client records should be kept only for the required length of time determined by state and funder regulations.
    - vi. Disposal of client records must occur through cross-cut shredding or incineration.
    - vii. All efforts should be made to quash subpoenas for client records. If a client requests to have their file released to use in a court proceeding, staff should inform the client of the possible unintended consequences, including that opposing council will have the ability to use it to the detriment of client, in court.
      1. Due to these consequences, a summary of services is preferable to the release of full client files.

2. Subpoenas must be signed by a judge and properly served (hand delivered, not mailed or faxed, to the custodian of the records) before information can be released. (See Appendix C).
- b. **Warrants, Subpoenas, and Summonses or Court Orders:** A clearly defined policy and procedure must be written to determine when and how to respond with law enforcement or the judicial system. All efforts should be made to maintain confidentiality and to work with a client to address pending legal action.
    - i. **Background checks** on clients will not be a part of policy of practice except when a client specifically requests the information (for guidance, contact the National Network to End Domestic Violence or the Confidentiality Institute).
    - ii. **Warrants:** If a shelter becomes aware of a warrant against a client, staff will notify the victim and help him/her self-report to the police and/or get legal assistance. Staff will maintain client confidentiality by stating they are unable to confirm nor deny the presence of any client at the shelter. A search warrant for the shelter must be issued in order for law enforcement to enter the shelter. If an officer responds with an arrest warrant, staff will not allow the officer onto the premises.
    - iii. **Subpoenas for staff:** Subpoenas should be reasonably specific as to what information the court is seeking. All efforts should be made to quash subpoenas. If staff have to present in court, they have to make every effort to maintain the confidentiality of the shelter and the clients should be made under the provision of the law. Staff being subpoenaed to testify will consult with their supervisor and seek legal consultation.
  - c. **Communications within Shelter:**
    - i. Communications between staff and clients or among staff about a client's matters should be handled in a private setting. Care should be given to maintain each client's confidentiality.
    - ii. When handling house conflict, care should be taken not to disclose any other client's confidential information.
  - d. **Use of Technology:**
    - i. Staff and clients should be educated on the potential breach of confidentiality that can occur by taking photos, videos, posting information or locations and posting on social media, or by using video telephone services (Skype, FaceTime, etc.).
    - ii. Staff and clients should be educated on preventing unintentional breaches of confidentiality by using devices or online applications with GPS tracking or location services.
  - e. **HMIS:** As stated under HUD regulations, domestic violence shelters are not to input any identifying or demographic information into the Homeless Management Information Systems (HMIS). Necessary information must be maintained in a separate database.
    - i. Only aggregate totals can be provided.
    - ii. Client-level data, even encoded, is prohibited.
  - f. **Exceptions to Confidentiality:** Exceptions to confidentiality should be explained to shelter clients upon entrance into shelter. The only exceptions to client confidentiality are threat to kill self, harm others, suspected child abuse and/or abuse against vulnerable adults, or a valid court order.

- i. Staff must determine whether it would be safe and possible to engage and involve the client in the reporting process. If this is not possible, a report must still be made.
  - ii. In cases of reportable abuse, if another client reports to staff, staff should encourage the client who saw the incident firsthand to make the report. Staff must report as mandated by law.
  - iii. Clients will be empowered to identify who should be contacted and under what circumstances.
9. **Shelter Rules** should be kept to a minimum and only address issues of health or safety. Violence or abuse of any kind, including physical, verbal, emotional, or threats, is inappropriate and prohibited. The goal of shelter rules is to protect the shelter community. Isolated incidents are not enough to warrant the creation of a rule.
10. **Pet Policy:** A policy for clients whose pets are also in danger should be established. The best practice is to house pets of victims on the shelter property. Another option is to have a partnership with a pet foster placement agency (Humane Society, pet shelter, etc.). (For guidance, see *Sheltering Animals & Families Together*<sup>TM</sup> at [alliephillips.com/saf-tprogram/](http://alliephillips.com/saf-tprogram/)).
11. **Goal, Action, and/or Service Planning:** Efforts should be made to engage and encourage clients to utilize the program's available services voluntarily. A client's goals should be self-identified, individualized, and able to be modified on an ongoing basis. Progress on goals should not be the sole measure for a client's success in shelter. Barriers, including trauma, health conditions, and immigration status, should be considered. Progress, referrals, and follow-through should be documented in a trauma-informed manner. If staff concerns arise regarding a client's engagement in the program's services, they should initiate contact with the client to discuss the concerns, possible explanations, and solution-based options.
12. **Community Guidelines** should be provided that outline the expectations of community living, such as kitchen and bathroom courtesy and use, use of laundry facilities, storage of food and medications, security precautions for exit and entry, phone and computer use, available services, and days and times of community meetings and support groups. Community living arrangements, such as chores, meal times, quiet times, children's bedtimes, etc., may be determined by the clients. Such arrangements will be flexible and supported by shelter staff. House meetings will be conducted regularly and frequently and/or at the request of staff or clients. House meetings are voluntary and attendance should be encouraged to discuss community living issues and to obtain feedback from clients about shelter-related activities.
  - a. In order to promote self-sufficiency and victim empowerment, certain decisions should be left up to the individual, including:
    - i. **Curfew, Bedtime, and Wake-Up Times:** To promote self-sufficiency and victim empowerment, a set curfew or bedtime should be determined by each individual client.
    - ii. **Stays away from shelter:** Clients should be able to choose to stay away from shelter for a short period of time without jeopardizing their bed space. Staff should develop a safety plan and discuss any safety

concerns they have related to a stay away from shelter. The period of time should be reasonable based on the circumstances and available bed space.

- iii. **Extended Absences:** Upon entrance into shelter, staff should inform clients of the potential consequences of losing bed space if they stay away from shelter for a longer than agreed time.
- iv. **Contact with abuser:** Contact with an abuser should be determined by each individual client. Staff should safety plan with clients if a victim might have contact with their abuser.
- v. **Access to medications:** Shelters will provide clients with individual, locked, storage for their medications to access at any time, unmonitored and unimpeded.

13. **Room Searches/Inspections:** Planned or unplanned room searches can re-traumatize clients and can repeat a pattern of coercive control and are not recommended. Room inspections for health and safety must minimize invasion of privacy, maximize respect to the clients, and will be done by staff in a trauma-informed manner. Room inspections must be explained and planned in advance with the collaboration of all clients affected.

14. **Evaluation and Feedback:** Evaluation, including the written and verbal feedback from clients of the domestic violence shelter, must be conducted to ensure quality of services. These should be:

- a. gathered throughout the stay from all clients
- b. used to inform service and practice and program development
- c. feedback should be written, anonymous, and voluntary
- d. The program should elicit the most accurate and honest; elicit trust; create opportunity for the most honest feedback. Possible ways to do so include:
  - i. Suggestion box
  - ii. Periodic satisfaction surveys
  - iii. Exit surveys
  - iv. Exit interviews- should be offered to all clients leaving the shelter. Include feedback for program improvements, assessment of stay, etc.
  - v. House meetings
  - vi. Focus groups
  - vii. Advisory board of current or former emergency shelter clients and staff who review policies and procedures.
- b. The program will have a written policy on grievances that is accessible and available to all clients.