

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.
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 must:
 - a. Have policies that maintain safety and security of residents
 - 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 residents and their dependents, free of charge.
 - d. 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 counseling, therapy, support groups, case management, and house meetings.**
 - i. Must provide access to counseling and service planning
 - ii. May provide access to legal, housing, employment, parenting, childcare, etc., free of charge.
 - e. 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. A copy should be **of the length of stay policy** given to residents upon arrival into the shelter.
 - i. **Extension:** Each program should have consistent and well-defined criteria for granting extensions to their length of stay policy. This should be based on individual needs, **individual progress, and** program capacity. **A clear procedure should exist for requesting and granting an extension.**
 - ii. **Length of Stay:** Programs that define length of stay based on individual needs should also have clear and consistent criteria by which their length of stay is determined.
 - iii. **Termination:** Reasons for ending someone’s length of stay prematurely should be clearly defined and communicated. **An abuser’s knowledge for the shelter location should not be grounds for termination. Additional safety planning with the resident should occur if the resident feels safe enough to stay at the shelter. Termination due to confidentiality should not occur. Termination should only occur when a resident or children present a threat or danger to the shelter community. Examples (box):** presents a clear, serious threat or actual act of violence towards another client, child, or staff; **intentional or malicious violation of confidentiality(?)**
4. A domestic violence shelter must make every effort to provide reasonable accommodations for the needs of survivors living with disabilities, including addiction; have disability-specific policies, which

Draft

consider the key demographics of the community. Shelters must consider as part of their accommodation plan:

- individuals who require mental or physical care by caregivers
- residents with service animals, (Reference: ADA)
- victims who are d/Deaf or hard of hearing,
- victims who are blind or low vision,
- victims who have limited mobility
- and residents who have communicable diseases including HIV/AIDS or another at-risk health status.

5. A domestic violence shelter must make every effort to provide reasonable accommodations for the needs of survivors within special populations. Populations to consider include, but not be limited to:
 - males
 - transgendered individuals/LGBQ individuals,
 - minors as primary victims (emancipated or youth-head-of-household), (Look up: FVPSA: Update: FVPSA says emancipated minors have confidentiality, but doesn't say anything about sheltering them)
 - victims with low literacy,
 - dietary restrictions,
 - cultural or religious requirements or restrictions,
 - and Limited English Proficiency (LEP).
6. Planned or unplanned room searches can re-traumatize residents and can repeat a pattern of coercive control and are not recommended. Room inspections for health and safety should minimize invasion of privacy and should be done by trained staff. They should be explained and planned in advance.
7. Safety and Security of the Shelter Location
 - 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 residents 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 residents confidential.
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. *Review LBC license; documentation license; social work documentation license; HIPPA language for ideas*
 - ii. Documentation of a resident's stay should contain minimal, factual, and objective information (documented to the minimal extent of providing the service, limited to the time and length of interaction and services rendered) that does not contain negative or subjective language.
 - iii. No other client's name should only appear in the client's record. Community concerns should be addressed individually. Minimal notation should be made in the file if necessary.

Draft

- iv. Informed consent to release information must be specific, time-limited, and narrow in scope and must expire upon termination in shelter.
- v. All client records should be kept double-locked (in a locked cabinet, behind a locked door).
- vi. Confidential client records should be kept only for the required length of time determined by state and funder regulations.
- vii. Disposal of client records must occur through cross-cut shredding or incineration.
- viii. **Subpoenas for Records:** 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 and information is preferable to release of full client files.
 - 2. Subpoenas must be signed by a judge before information is to be released.
- ix. Court orders for records
- b. **Warrants, Subpoenas, and Summonses OR Court Orders:** All efforts should be made to maintain confidentiality and to work with a resident. A clearly defined policy and procedure must be written to determine when and how to respond with law enforcement or the judicial system.
 - i. **Warrants:** If a shelter becomes aware of a warrant, they can and should notify the victim and help him/her self-report to the police and/or get legal assistance. BWJP/NNEDV
 - 1. **When law enforcement comes:** In order to serve a warrant at the shelter, it must specifically include the shelter's address. A search warrant for the shelter must be issued in order for law enforcement to enter the shelter. If the subject of the warrant is a shelter resident, then they should be notified as soon as possible that the police have presented the warrant so a strategy to respond can be developed.
 - 2. **When program becomes aware:** no background checks (VAWA/FVPSA?)
 - ii. Arrest warrants
 - iii. Search warrants
 - iv. **Subpoenas for Persons** (client or staff) Victim OR Abusers may want to subpoena staff: 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.
- c. **Communications within Shelter:**
 - i. Communications between staff and clients or among staff about a resident's matters should be handled in a private setting. Care should be given to maintain each resident'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 residents 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 residents 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. Aggregate totals can be provided.

Draft

- ii. Client-level data, even encoded, is prohibited.
- f. **Exceptions to Confidentiality:** Exceptions to confidentiality should be explained to shelter residents upon entrance into shelter. The only exceptions to client confidentiality are threat to kill self, harm others, **suspected** child abuse and/or elder abuse, **or a 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, **you must report as mandated by the law**.
 - ii. **In cases of abuse, if another resident reports to staff, staff should encourage the resident who saw the incident firsthand to make the report.**

9. 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 residents and staff and that are practiced on a regular basis, including:
 - i. Evacuation plans
 - ii. Alternate staffing plan
 - iii. Material accommodations (food, warmth)
 - iv. Alternate shelter accommodation plan for circumstances when the shelter is destroyed or uninhabitable for a period of time

10. Community Guidelines

- a. **Curfew:** To promote self-sufficiency and victim empowerment, a set curfew should not be determined by the program.
- b. **Stays away from shelter:** Residents should be able 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.
- c. **Extended Absences:** Should a resident stay away from shelter longer than expected, they should have been made aware ahead of time at what point their absence will jeopardize their bed space.
- d. **Bedtimes and wake-up times** (for children and clients)
- e. **Contact with abuser:** Contact with an abuser may be necessary for legal and safety reasons. Staff should safety plan with residents if a victim will have contact with their abuser.

11. **Goal, Action, and/or Service Planning:** Efforts should be made to engage and encourage residents to utilize the program's available services voluntarily. A resident'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 residents 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.

12. **Program Engagement:** If staff concerns arise, they should initiate contact with the resident to discuss the concerns, possible explanations, and solution-based options.

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

- a. gathered throughout the stay from all residents
- b. used to inform service and practice and program development
- c. feedback should be written, anonymous, and voluntary

Draft

- 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 residents 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 residents and staff who review policies and procedures.
- b. The program will have a written policy on grievances that is accessible and available to all residents.

#. Screening policy (nondiscrimination)

#. Intake questions/**background checks**

#. Leaving the Shelter

Voluntary exiting

Involuntary exiting

#. Staffing – 24/7, structure, roles

#. Case management definition

#. Counseling definition

#. Examples of Trauma-Informed Care:

-Minimal rules that are based solely on safety and/or security of shelter residents and/or staff

-Effects of trauma

-Deal with individual circumstances or “meet victim where they are at”

#. Best practice is to have a partnership with a pet foster placement agency (Humane Society, pet shelter, etc.)

Resident against resident conflict resolution

Appendix = NNEDV

Continuing draft developed by committee 11.15.13, 12.13.13, 1.24.14; 3.7.14; 4.11.14; 5.2.14