

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.

Yellow = New edit or revision from the last meeting

Magenta = Action item

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, **regardless of any previous history with the program.**
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 but are not limited to counseling, therapy, support groups, **house meetings**, and case management.
 - 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. 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 residents upon arrival.
 - 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. **Involuntary Exiting:** Reasons for ending someone's length of stay prematurely should be clearly defined and communicated. Involuntary exiting should only occur when a resident or children presents a serious threat or danger to the shelter community. **In these circumstances, when involuntary exiting has to occur then shelter staff should attempt to offer to explore alternate accommodations/housing options, provide community resources, conduct safety planning, conduct an exit interview, and offer follow-up domestic violence and other services. In**

the case of involuntary exit, clients should not be prohibited from requesting shelter in the future should a new incident occur.

[BOX] Examples of Valid Reasons for Involuntary Exiting

- Resident threatens to cause bodily harm to a resident or staff.
 - Resident assaults another resident or staff.
 - Resident intentionally and maliciously violates another resident's confidentiality.
 - Resident uses illegal substances on the premises.
- iv. An abuser's knowledge of the shelter location or a breach in confidentiality should not be grounds for exiting in and of itself. Additional safety planning with the resident should occur if the resident feels safe enough to stay at the shelter. If the victim no longer feels safe at the shelter or, if the abuser poses a clear and present danger to residents or shelter staff and safety planning will be insufficient, then shelter staff should offer to explore options to transfer the resident to another shelter.
4. A domestic violence shelter must make every effort to provide **reasonable accommodations** for the needs of survivors living with disabilities, including addiction and have written policies and a process for requesting and providing accommodations. Shelters must consider as part of their accommodation plan:
- individuals who require mental or physical care by caregivers
 - residents with service animals, (Reference: ADA = AMBER)
 - 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 and non-gender conforming individuals/LGBQ individuals,
 - minors as primary victims (emancipated or youth-head-of-household) (liability concerns = ERIN)
 - 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.

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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(VIVIAN)
 - ii. Documentation of a resident'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. It should not contain negative or subjective language.
 - iii. The only names that should appear in a client's file should be the client and anyone else sheltered as part of the client's family group (children, dependents, caregivers, etc.)
 - 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 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) (VIVAN) before information can be released. [Appendix – NNEDV Confidentiality]
 - 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 resident to address pending legal action.
 - 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. [LISA will check with Gwen on the entire section]
 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.

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- 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.
 - 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 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 abuse, if another resident reports to staff, staff should encourage the resident who saw the incident firsthand to make the report. **In addition, staff must still make the report as mandated by law.**
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 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
10. **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., can be determined by the residents. Such arrangements should be flexible and supported by shelter staff.
11. **Shelter Rules** should be kept to a minimum and only address issues of safety. In order to promote self-sufficiency and victim empowerment, certain decisions should be left up to the individual, including:
- a. **Curfew, Bedtime, and Wake-Up Times:** To promote self-sufficiency and victim empowerment, a set curfew or bedtime should be determined by each individual resident.

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- b. **Stays away from shelter:** Residents 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.
- c. **Extended Absences:** Upon entrance into shelter, staff should inform residents of the potential consequences of losing bed space if they stay away from shelter for a longer than agreed time.
- d. **Contact with abuser:** Contact with an abuser should be determined by each individual resident. Staff should safety plan with residents if a victim **might** have contact with their abuser.
- e. **Illegal Activities (theft, prostitution, etc.)**
- f. **Substance Use on-site vs. off-site**

12. **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.

13. **Program Engagement:** If staff concerns arise **regarding a resident's level of utilization of the program's services**, they should initiate contact with the resident to discuss the concerns, possible explanations, and solution-based options.

14. **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
- 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.

House meetings should be conducted regularly **and frequently and/or at the request of staff or residents** to discuss community living issues and to obtain feedback from residents about shelter-related activities. House meetings should be voluntary and attendance should be encouraged.

--Additional Issues to Address--

Screening policy (nondiscrimination)

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Intake questions/background checks/

Intake process/orientation (How to welcome someone into shelter. Explaining importance of maintaining confidentiality of other residents. Collect minimal information.)

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 [Fly into the Sun]

-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

Medication policy

Eligibility: victim of DV; no limit on # times in shelter; no limit on how soon they can re-enter;

Background checks

- Assessment and re-assessment

- Action planning and service planning

Shelters should not utilize or keep a “do not admit” list

Add appendices for special populations best practices

Continuing draft developed by committee 11.15.13, 12.13.13, 1.24.14; 3.7.14; 4.11.14; 5.2.14; 6.13.14; 7.18.14