
ARIZONA

Service Standards & Guidelines for

Domestic Violence

PROGRAMS

2011-2012

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A New Leaf, Autumn House | Arizona Coalition Against Domestic Violence | Arizona Department of Health Services
Catholic Charities, My Sister's Place | Arizona Department of Economic Security | Arizona Department of Public Safety
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Verde Valley Sanctuary

A special thanks to the Missouri Coalition Against Domestic and Sexual Violence for allowing us to use their state standards as a model for ours.

ABOUT THE SERVICE STANDARDS AND GUIDELINES FOR DOMESTIC VIOLENCE PROGRAMS

History of Service Standards and Guidelines

These standards and guidelines were developed to assist domestic violence programs in providing quality services and implementation of best practices. They cover the core services provided to victims who are battered and their children. In 2000 the Arizona Coalition Against Domestic Violence (AzCADV) presented a new resource document titled the "Best Practice Manual for Domestic Violence Programs." As a result of this project many providers, community advocates and survivors began to examine the state requirements for domestic violence shelters, including funding for licensure requirements. Member programs of the AzCADV and the then Director of the Office of Behavioral Health (OBHL) coalesced to discuss the licensing structure for domestic violence shelters in Arizona. Many member programs believed that OBHL licensing was required as a condition for funding however, after the meeting it was clear that the OBHL licensing was written to provide oversight for counseling and psychological services as well as basic standards for housing adults-not how to provide advocacy and crisis response services. Member programs and the AzCADV continued to work with OBHL on the licensing process and requirements for housing domestic violence victims.

Many domestic violence programs do not operate with licensed counseling staff and shelters have not had a need to license their shelters through OBHL. Additionally, the licensing guidelines for counseling services only cover one service, which is not provided by most programs. Also, it became apparent that, as a state, we needed well-defined standards that all new and existing programs would follow.

The current Arizona Service Standards and Guidelines for Domestic Violence Programs were developed by the Shelter Standards Subcommittee of the State Agency Coordinating Team (SACT) as well as staff from the Arizona Coalition Against Domestic Violence. Members of the subcommittee include administrators from state agencies, member programs and staff of the AzCADV.

Defining Principles of the Service Standards and Guidelines

- These standards and guidelines are to be used as a guide for best practices in the operation of a domestic violence program;
- Violence against women is rooted in the institutional imbalances of power between men and women, in sex-role stereotyping, in gender-based values and in misogyny;
- A survivor of domestic violence is not responsible for the abuse;
- The safety and rights of survivors must be the highest priority;
- Policies and procedures of domestic violence programs should not do harm;
- Programs for victims who are battered and their children must provide options and referrals;
- Confidentiality is paramount; domestic violence programs have a responsibility to the survivors requesting or receiving services

Board of Directors

SERVICE STANDARDS AND GUIDELINES FOR BOARD OF DIRECTORS

1. The primary purpose of a Board of Directors is to govern the organization. A domestic violence program Board of Directors does not oversee the day-to-day operations of the program—unless the program is in a “start-up” or “transition phase.” (A start-up program may be defined as, but is not limited to, an organization that has recently acquired paid staff, secured consistent funding, been operating or providing a new service for less than two years, or has undergone restructuring or reorganization.)
2. A domestic violence program Board of Directors must abide by Arizona laws Title 10: Corporations and Associations, Chapters 24-39 and Title 36: Public Health and Safety, Chapter 30: Shelter for Domestic Violence Victims. This includes, but is not limited to:
 - a. A domestic violence program Board of Directors is accountable to the program. It ensures the program’s compliance with its Bylaws. Bylaws provide the governance structure for the organization and its elected Board. This includes the mission and purpose of the organization. The Bylaws should detail what constitutes a quorum, attendance requirements and how to address holding meetings or votes that are not conducted in person, for example by conference call or electronic methods;
 - b. A domestic violence program Board of Directors should have a conflict of interest policy and procedure in its Bylaws. Boards must have clear policies that prohibit Board and staff members of the organization from undertaking activities that have an appearance of conflicting interests;
 - c. A domestic violence program Board of Directors should rotate both Board members and Executive Committee members on a regular time schedule as set forth in the Bylaws. Board member term limits may be included in the Bylaws;
 - d. Board members must receive all notices of meetings, agendas and relevant materials in a timely manner;
 - e. A domestic violence program Board of Directors should have an Executive Committee and job descriptions for Board and officer positions. Standing workgroups and/or committees of the Board should be detailed in the Bylaws;
 - f. Both the Arizona Secretary of State and Arizona Corporation Commission require nonprofit organizations to report on the Board of Directors or organization. The Secretary of State and Corporation Commission require an annual report to be filed each year to reflect maintenance or changes to the organization.
 - g. A domestic violence program Board of Directors should be familiar with, and base its practices on, the current requirements of Arizona law Title 36: Public Health and Safety, Chapter 30: Shelters for Domestic Violence Victims. In particular programs should maintain Board and committee meeting minutes and have clear policies for when a public board meeting needs to move to a closed-session meeting. An example of a closed-session meeting may include, but not limited to, personnel issues or the annual evaluation of the Executive Director; and
 - h. Minutes of the Board, committee and workgroups meetings should be maintained by the Board Secretary, kept at the program’s administrative office and be available upon request. Closed session meeting minutes should only include actions taken by the Board.
3. A domestic violence program Board of Directors should develop and periodically review through strategic planning the organization’s mission statement and how it guides the work of the organization.
4. A domestic violence program Board of Directors should provide clear expectations about a Board member’s time and financial contributions to the organization. In addition, clear expectations of legal and financial responsibility should be provided.
5. A domestic violence program Board of Directors must be comprised of members who represent the racial, ethnic and socio-economic diversity of the community to be served and at least one of whom must be a survivor of domestic violence. A domestic violence program Board of Directors should be comprised of individuals from diverse professions and backgrounds whose experience includes a range of skills and expertise.
6. The Board of Directors must consist of individuals who are not related to program staff and who do not have a conflict of interest with program staff or other Board members.
7. A domestic violence program Board of Directors must offer orientation and training to new Board members about their roles and responsibilities, program financial statements and procedures, program history and the services provided. A minimum of one training session for the Board of Directors’ ongoing development should be offered each year.
8. An annual Board self-evaluation should be conducted by all members of the Board of Directors and should be submitted, reviewed and distributed by the Board officers.
9. A Board of Directors is responsible for hiring only one position for the organization, the Executive Director. The Board should support and assist the Executive Director’s leadership role in the organization. Only the Executive Director should be responsible to the Board, all other staff are the management responsibility of the Executive Director.
10. A Board of Directors’ Personnel or Executive Committee is responsible for evaluating the performance of the Executive Director and making a recommendation to the Board.

A Board of Directors is the governing body of a non-profit organization with a primary purpose of domestic violence victim services. The Board establishes the program’s mission statement and policies necessary to carry out the missions, help secure financial support, and is legally and fiscally responsible and accountable for the organization.

Organizational Administration

SERVICE STANDARDS AND GUIDELINES FOR ORGANIZATIONAL ADMINISTRATION

1. A domestic violence program must have written policies concerning:
 - a. Fiscal management including compliance with funding requirements;
 - b. Volunteer and staff recruitment with initial and ongoing training and supervision;
 - c. Personnel policies that comply with employment law and prohibit discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health/mental health status, and national origin;
 - d. Job descriptions for paid staff members and volunteers; A domestic violence program shall maintain a confidential file for each staff and volunteer that shall include, but not be limited to, application, resume, background check (fingerprint clearance per ARS 36-3008. Shelters for victims of domestic violence; personnel; fingerprinting) with the Arizona Department of Public Safety, criminal background check, licensures and certifications if applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the individual;
 - e. Board of Directors' job descriptions, orientation and ongoing development;
 - f. Daily operations including, but are not limited to:
 - a. Safety and security systems;
 - b. Health and hygiene procedures including, but are not limited to, the use of universal precautions to control and prevent contagious disease and the use of hygienic practices;
 - c. Policies regarding confidentiality, custodian of records and disclosure of information;
 - d. Documentation of services including, but is not limited to:
 - a. Privacy and confidentiality procedures for service-provision records for both residents and non-residents;
 - b. Release-of-information policies and procedures;
 - c. Documentation of policies and procedures;
 - d. Admissions, intake and departure policies and procedures; and
 - e. Data collection policies and procedures.
 - e. Provision of services in accordance with Arizona Service Standards and Guidelines for Domestic Violence Programs such as crisis intervention, case management, support groups, court advocacy, professional therapy and services for children including, but is not limited to:
 - i. Guidelines and schedules for staff and volunteer coverage of the hotline; and
 - ii. Guidelines and schedules for staff and volunteer coverage of the program facility.
 - f. Rights of individuals receiving services include, but are not limited to:
 - i. Receiving services in a professional manner including be treated with fairness, respect and dignity;
 - ii. Receiving services free of discrimination, exploitation, oppression and abuse;
 - iii. Services that are confidential and be informed of services that have limits to confidentiality;
 - iv. To receive services that are provided in the most appropriate language as determined by the victim;
 - v. Being provided information about the program's grievance procedure;
 - vi. Receive services that are culturally competent and anti-racist in nature
 - vii. Determining what information will be shared when collaborating on services for the victim with another agency and the right to withdraw that consent at anytime.
 - g. Cultural sensitivity and other non-discriminatory provisions and procedures that prohibit discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, immigration status (see Appendix A) and national origin;
 - i. Non-discriminatory practices for provision of services to those with health care needs;
 - ii. Any domestic violence program that receives federal funding (i.e. FVPSA, VOCA, STOP, HUD) must comply with federal civil rights laws, including Title VI of the Civil Rights Act of 1964 and the Omnibus Crime Control and Safe Streets Act of 1968, as amended and must have written procedures on how programs will ensure that persons with limited English proficiency (LEP) or those who are deaf and hard of hearing, have access to the program.¹ ; and
 - iii. Compliance with the provisions of the Americans with Disabilities Act (ADA). An ADA compliance policy can demonstrate a shelter program's commitment to not only hiring staff with disabilities, but as well as providing accessible services, accommodations, and modifications for shelter clients and staff.

Organizational administration refers to the policies and procedures developed and maintained by the domestic violence program to ensure that high-quality services are provided with accountability to victims who are battered and their children.

¹ Taken from Model Protocol on Services for Limited English Proficient Immigrant and Refugee Victims, Prepared by Lupita Patterson for the Washington State Coalition Against Domestic Violence, November 2002

Confidentiality

SERVICE STANDARDS FOR CONFIDENTIALITY

1. This standard for confidentiality policies and procedures of domestic violence programs, and the interconnected standards for documentation, are based upon state and federal law. These include Arizona law Title 36, Chapter 30 and federal law 42 U.S.C. §§11383, 13925(b)(2), 10604(d) and 10402(a)(2)(e).
2. A domestic violence program must have policies and procedures to ensure that the confidentiality of any information that would identify individuals seeking or receiving services is not breached. These policies should include, but are not limited to, interagency communications, storage and access to records and service documentation, information systems and computers containing personally identifying information. Information contained in an individual's service records or other verbal or written communications that identify individuals served by the program is considered confidential.
3. In compliance with Arizona Revised Statute (ARS) 36-3005, A. To be eligible to receive fund monies under the Domestic Violence Shelter Fund a domestic violence program shall:
 - a. Require persons employed by or volunteering services to the shelter to maintain the confidentiality of any information that would identify persons served by the shelter and meet existing licensing requirements, if any. In addition, a shelter for victims of domestic violence does not qualify for fund monies if it discriminates in its admissions or provision of services on the basis of race, religion, color, age, marital status, national origin or ancestry.
4. A domestic violence program that receives federal and/or state funds which have specific confidentiality requirements must have policies and procedures to ensure compliance with those requirements. These grants or contracts include the:
 - a. Domestic violence funding administered by the Department of Economic Security pursuant to ARS 36-3009.
 - b. The Violence Against Women Act of 2005 grant requirements codified in 42 U.S.C. §§11383 and 13925(b)(2). These federal grant requirements include, but are not limited to, STOP grants administered by the Governor's Office of Arizona Department for Children, Youth and Families Division for Women.
 - c. The Victims of Crime Act (VOCA), administered by the Arizona Department of Public Safety, grant requirement codified in 42 U.S.C. §10604(d); and
 - d. The Family Violence Prevention and Services Act grant requirements codified in 42 U.S.C. §10402(a)(2)(e) for domestic violence contracts administered in Arizona by the Arizona Department of Health Services,.
5. Domestic violence programs that receive federal funds through the Violence Against Women Act of 2005 must have policies and procedures that maintain compliance with the confidentiality requirements of 42 U.S.C. §13925(b)(2). These include the following specific provisions that require those programs receiving grant funds to:
 - a. Protect the confidentiality and privacy of adults, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families. No individual client information can be revealed without the informed, written, reasonably time-limited consent of the person about whom information is sought;
 - b. Have policies specific to maintaining the confidentiality of information that can be released to the parent or guardian of a non-emancipated minor, to the guardian of a person with disabilities, or pursuant to statutory or court mandate. Federal law provides that consent for release may not be given by the abuser of the minor, the abuser of the other parent of the minor, or the abuser of a person with disabilities; and
 - c. Have policies which detail how the program will make reasonable attempts to provide notice to the victims affected by any disclosure of information. Federal law requires that VAWA-funded programs must take steps necessary to protect the privacy and safety of persons affected by the release of information.
6. Domestic violence programs that receive federal funds through the Violence Against Women Act of 2005 must have additional policies and procedures that maintain compliance with confidentiality provisions in federal law 42 U.S.C. §§11383 and 13925(b)(2) that prohibits the disclosure of personally identifying victim information to any third party shared data system, including "HMIS," or the Homeless Management Information System. Personally identifying information is defined in 42 U.S.C. §11383 to include:
 - a. A first and last name, a home or other physical address, contact information, a Social Security number, and any other information including date of birth, racial or ethnic background, or religious affiliation, which, in combination with any other non-personally identifying information would serve to identify any individual.
7. A domestic violence shelter must have policies and procedures in place to ensure that records of services sought or provided to individuals will be held confidential. To comply with Arizona Revised Statute (ARS) Domestic violence victim advocate; privilege; training; exception; definition and ARS 13-4430 Consultation between crime victim advocate and victim; privileged information; exception. Additionally, those policies and procedures may include ARS 12-2239 Domestic Violence Victim Advocate and client in civil proceedings.

Confidential information includes any written, electronic or spoken information and communication between a person seeking or receiving services and any program staff, volunteer, or Board member in the course of that relationship; any records or written electronic information identifying a person whom services are provided; and any information about services provided to an individual.

Confidentiality (Continued)

8. A domestic violence program or shelter must have policies that detail the specific distinctions in procedures regarding release of records, in compliance with state law, state court rulings and grant requirements, and should have policies that set forth the requirements for the written consent for release of information by individuals seeking or receiving services from the program.
9. A domestic violence program must have policies that ensure all consent for release of information forms are signed in writing by the person about whom information is to be released. These forms must specifically state:
 - a. The purpose of the release of information;
 - b. The specific information that a person receiving services agrees can be released;
 - c. The person or entity to whom the information is to be released;
 - d. The date on which the form was signed;
 - e. Clear time limits for the duration of the release of information which includes the date at which the consent for release of information terminates; and
 - f. Language that clearly indicates that the consent for release of information may be revoked at any time orally or in writing.
10. Policies must also include how domestic violence program staff, volunteers and Board of Directors will respond to summonses, subpoenas and warrants, and should, whenever possible, provide specific detail allowing for service of these court orders at a location other than that of the domestic violence program.
11. A domestic violence program must ensure that members of the Board of Directors, staff, and volunteers sign a written statement agreeing to maintain the confidentiality of all information and records pertaining to those receiving or seeking services through the program, in accordance with confidentiality requirements of state law, contracts for funding with state and/or federal agencies, and federal law and regulations. A domestic violence program or shelter additionally may require the Board of Directors, staff and volunteers to maintain the confidential location of the program or shelter if it is not publicly disclosed.
12. A domestic violence program must maintain all records which contain personally identifying information in a secure, locked storage area. Organizations should have policies and safeguards in place to prevent unauthorized access to information identifying individuals seeking or receiving services, including all information systems and computer-accessible records or documents.
13. A domestic violence program must have policies that allow review and access to records only by staff and volunteers as necessary to provide or supervise services, perform grant or audit reporting duties, or to respond to court orders, such as orders subject to state law and court decisions. Programs may identify in their confidentiality policies which specific staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.
14. A domestic violence program must ensure that individuals receiving services sign a written statement agreeing to maintain the confidentiality of others who also are provided with services by the program. A domestic violence shelter or program additionally may require a person receiving services to maintain the confidential location of the shelter or program as per ARS 36-3009 which states in part:
 - a. Information that may disclose the location or address of a shelter for victims of domestic violence is confidential and is not subject to public disclosure by a person or by a public or private agency in a manner that identifies the location or address as a shelter and threatens the safety of the inhabitants.
15. To maintain confidentiality, a domestic violence program must ensure that policies and procedures require that staff and volunteers' discussions and communication regarding services provided to individuals will occur in appropriate and private locations and only to further meet the needs of the victim.
16. A domestic violence program must develop policies which address the specific procedures by which staff who are legally mandated to report child abuse and neglect comply with the mandated reporting provision of Arizona law 13-3620: Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions. Such policies for domestic violence shelters should also include provisions for such reporting in compliance with the confidentiality requirements for shelter service information, communication and all such policies should identify the procedures by which non-legally mandated staff and volunteers report instances of child abuse and neglect to designated staff responsible for making such reports. Legally mandated reporters of child abuse and neglect, as identified in ARS 13-3620 are:
 - a. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
 - b. Any peace officer, member of the clergy, priest or Christian Science practitioner.
 - c. The parent, stepparent or guardian of the minor.
 - d. School personnel or domestic violence victim advocate who develops the reasonable belief in the course of their employment.
 - e. Any other person who has responsibility for the care or treatment of the minor under ARS 46-454 which states:

Confidentiality (Continued)

- 17.** A physician, registered nurse practitioner, hospital intern or resident, surgeon, dentist, psychologist, social worker, peace officer or other person who has responsibility for the care of a vulnerable adult² and who has a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred shall immediately report or cause reports to be made of such reasonable basis to a peace officer or to a protective services worker. The guardian or conservator of a vulnerable adult shall immediately report or cause reports to be made of such reasonable basis to the superior court. All of the above reports shall be made immediately in person or by telephone and shall be followed by a written report mailed or delivered within forty-eight hours or on the next working day if the forty-eight hours expire on a weekend or holiday. An attorney, accountant, trustee, guardian, conservator or other person who has responsibility for preparing the tax records of a vulnerable adult or a person who has responsibility for any other action concerning the use or preservation of the vulnerable adult's property and who, in the course of fulfilling that responsibility, discovers a reasonable basis to believe that exploitation of the adult's property has occurred or that abuse or neglect of the adult has occurred shall immediately report or cause reports to be made of such reasonable basis to a peace officer, to a protective services worker or to the public fiduciary of the county in which the vulnerable adult resides. If the public fiduciary is unable to investigate the contents of a report, the public fiduciary shall immediately forward the report to a protective services worker. If a public fiduciary investigates a report and determines that the matter is outside the scope of action of a public fiduciary, then the report shall be immediately forwarded to a protective services worker. All of the above reports shall be made immediately in person or by telephone and shall be followed by a written report mailed or delivered within forty-eight hours or on the next working day if the forty-eight hours expire on a weekend or holiday. A domestic violence program should have policies and procedures for reporting personally identifying information that may be required in instances of medical emergencies.
- 18.** A domestic violence program must have policies and procedures for reporting personally identifying information that is required in instances of credible threats of suicide or homicide communicated to domestic violence staff, volunteers or Board members. However, there is no Arizona law requiring advocates to report credible threats of suicide or homicide. Licensed individuals should follow their licensing requirements. In otherwise privileged communications with a behavioral health professional and client, there is no privilege where the behavioral health professional has a duty to inform victims and appropriate authorities that a client's condition indicates clear and imminent danger to the client or others. (A.R.S. 32-3283(C)(1)). If a patient has explicitly threatened to cause serious harm to a person or if a mental health provider reasonably concludes that a patient is likely to do so, and the mental health provider, for the purpose of reducing the risk of harm, discloses a confidential communication made by or relating to the patient, the mental health provider shall be immune from liability resulting from such disclosure. (A.R.S. 36-517.02). Additionally, there shall be no cause of action against a mental health provider for breaching a duty to prevent harm to a person caused by a patient unless the patient communicated to the mental health provider an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and ability to carry out such threat and the mental health provider fails to take reasonable precautions.
- 19.** As an advocate, if you do not qualify as a mental health provider yourself, but your work is supervised by someone who is, you would be required to warn under the above circumstances. If no one at your program qualifies as a mental health provider, it is recommended that your program establish a written policy on a duty to warn and to follow the procedures outlined in that policy.
- 20.** A domestic violence program must have policies and procedures for documentation of service provision through records of services provided that are consistent with the program's policies and procedures for maintaining the confidentiality of service recipients in compliance with state and federal laws, grant and contract requirements.

² A vulnerable adult is: an individual who is eighteen years of age or older who is unable to protect himself from abuse, neglect or exploitation by others because of a physical or mental impairment. (A.R.S. 46-451) (The definition of a vulnerable adult encompasses adults over the age of 18, not just elderly adults or simply because one is elderly, as is sometimes a point of confusion.)

Documentation of Service Provision

SERVICE STANDARDS ON THE DOCUMENTATION OF SERVICE PROVISION

1. This standard for documentation policies and procedures of domestic violence programs, and the interconnected standards for confidentiality, are based upon state and federal law. These include ARS Title 36, Chapter 30 and federal law 42 U.S.C. §§11383, 13925(b)(2), 10604(d) and 10402(a)(2)(e).
2. A domestic violence program must have written policies and procedures to ensure that all services provided are documented in written and/or electronic form and that those records are maintained in a manner that protects the confidentiality and privacy rights of individuals, groups and/or families receiving services. Documenting safety plans is not recommended.
3. Written records of services provided in individual, group and/or family settings must be maintained by a domestic violence program in a secure, locked storage area that is accessible only by paid staff members employed to provide direct services, authorized volunteers, administrative personnel directly responsible for billing for services provided, and administrative or executive staff members responsible for supervision and/or internal review of service records for quality-assurance purposes.
4. Electronic records of services provided, when used, must be maintained in consultation with information technology professionals to ensure that records are accessible only to those listed above, that the records cannot be accessed remotely by anyone outside of the program, and to ensure that the records are properly destroyed or purged when needed.
5. Programs must have a policy about record retention that includes how long specific forms are kept, destruction of paper files, and destruction of electronic files. Program administrators should take into consideration the needs of the program and the requirements of funders when setting the length of time documents are to be kept.
6. Written records documenting services provided in individual, group and/or family settings must be signed and dated by the staff member or volunteer providing the direct service.
7. All personnel of a domestic violence program with access to records of the direct services provided by the program must have a signed confidentiality agreement on file with the program. A domestic violence program should have policies that allow review and access to records only by staff and volunteers as necessary to provide or supervise services, perform grant or audit reporting duties, or to respond to court orders, such as orders subject to state law and court decisions. Programs may identify in their confidentiality policies which specific staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.
8. Service recipients must be informed of their rights and allowed to exercise their rights to inspect their personal records and/or files, request changes or additions to the content of those records, submit rebuttal data or memoranda to their files, and/or file a grievance according to the program's policies if objections are made to the content of those records or files.
9. A data collection and record-keeping system shall be developed that allows for the efficient retrieval of data needed to measure the domestic violence program's performance in relation to its stated goals, objectives and funds received for services.
10. A domestic violence program that receives certain state and/or federal funds which have specific confidentiality requirements must have documentation policies and procedures to ensure compliance with those requirements. A domestic violence shelter that receives funds through the Domestic Violence Shelter fund shall "require all persons employed or volunteering services to the shelter to maintain confidentiality of any information that would identify persons served by the shelter and meet existing licensing requirements, if any." Grants or contracts that have specific confidentiality requirements include the Violence Against Women Act of 2005 codified in 42 U.S.C. §§11383 and 13925(b)(2) which include but are not limited to STOP grants administered by the State of Arizona Governor's Office for Children, Youth and Families, Division for Women, and the Victims of Crime Act codified in 42 U.S.C. §10604(d) administered by the Arizona Department of Public Safety. In addition, a shelter that receives such funds is required, prior to providing any advocacy services, to inform individuals served by the shelter of the nature and scope of this confidentiality requirement. Electronic or paper-keeping systems must protect the confidentiality and personally identifying information of the person receiving services.

Documentation of service provision refers to the confidential, written or electronic records of services provided by staff members or volunteers of a domestic violence program that record the types of services provided, the individual or family to whom the services are being provided, the dates of service provision, the staff member or volunteer providing the service(s), and provisions for future and/or ongoing services.

Training

SERVICE STANDARDS AND GUIDELINES FOR TRAINING

1. A 40-hour training program may be accomplished through a combination of internal and external resources such as:
 - a. Group instruction using a variety of training techniques, including role plays, other experiential exercises and audio-visual materials;
 - b. One-on-one instruction and discussion with a fully-trained, experienced advocate or supervisor;
 - c. Shadowing a fully-trained, experienced advocate performing job duties, such as hotline coverage and intake procedures;
 - d. A practicum (a practicum is defined as a supervised activity meant to develop or enhance the trainee's ability to provide direct services);
 - e. Audio-visual materials may be used, provided the trainee can discuss the information with a fully-trained, experienced advocate or facilitator following the activity; and
 - f. A training manual given to each participant from which reading assignments can be made, provided the trainee can discuss the information with a fully-trained, experienced advocate or facilitator following the activity.
 - g. Attending the 40 hour training facilitated by the Arizona Coalition Against Domestic Violence.
2. Training topics should include, but are not limited to:
 - a. The historical context of domestic violence, the role of society in perpetuating violence against women and the history of the battered women's movement;
 - b. A framework for understanding the nature and dynamics of domestic violence that includes, but is not limited to:
 - i. Types of abuse;
 - ii. The relationship between violence and other tactics of control;
 - iii. Survival strategies and dilemmas in leaving an abusive relationship;
 - iv. How to work effectively with victims who remain in contact with their partners;
 - v. Characteristics of persons who batter, their selective behaviors and societal influences;
 - vi. Domestic violence and its complex effects on children and mothers; and
 - vii. Diversity and the need for social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
 - c. Domestic violence advocacy:
 - i. The role of the advocate;
 - ii. Hospital/medical advocacy;
 - iii. Legal advocacy;
 - iv. Personal advocacy;
 - v. Hospital response/forensic exam;
 - vi. Coordinated Community Response (CCR); and
 - vii. Cultural diversity considerations.
 - d. Advocacy and empowerment for victims that includes, but is not limited to:
 - i. Victim-defined advocacy;
 - ii. Safety planning that includes short- and long-term strategies;
 - iii. Confidentiality and ethical service provision;
 - iv. Working with victims in crisis;
 - vi. Fundamental issues related to justice system remedies; and
 - vii. Documentation of services.
 - e. Collaborations and expanding services with community partners that includes an emphasis on safety for victims and encourages persons who batter to take responsibility for their violent behavior that includes, but are not limited to:
 - i. Coordinated Community Response (CCR).
 - f. Related topics that include, but are not limited to:
 - i. The organization's history and mission statement;
 - ii. Volunteer opportunities;
 - iii. Specific program policies and procedures;
 - iv. Suicide risk assessment;
 - v. Maintaining appropriate boundaries; and
 - vi. Appropriate resource and referral information.
3. Evaluation of the domestic violence training must be conducted to ensure quality.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Training evaluations; and/or
 - ii. Surveys to identify ongoing training needs.

Training is required for all individuals-program staff, volunteers or Board members-affiliated with the program who will be in a position to provide direct services to victims of domestic violence. They must complete comprehensive domestic violence training

Hotline

SERVICE STANDARDS AND GUIDELINES FOR HOTLINE

1. A hotline operated by a domestic violence program must provide 24-hour crisis telephone access to the program.
2. The hotline number must be advertised, widely distributed, and be available from local telephone information services within the domestic violence program's service area.
3. To ensure 24-hour hotline accessibility, programs should have a minimum of two telephone lines, one of which is the hotline. The use of caller-identification equipment or services is in conflict with the spirit of anonymity and programs must, as a condition of informed consent, inform callers of the use of such equipment, if applicable.
4. The hotline must be answered by a program staff member or volunteer who has had domestic violence crisis intervention training.
5. The program offering hotline services must provide emergency telephone crisis intervention and advocacy. These services include, but are not limited to:
 - a. Assessment of the caller's critical needs;
 - b. Listening to and validating the caller's experience;
 - c. Safety planning;
 - d. Information about available legal remedies;
 - e. Crisis intervention; and
 - f. Information and referral to available community resources.
6. Victims of domestic violence who are deaf and hard of hearing must have equal access to the domestic violence hotline.
7. A domestic violence program must have written procedures on how advocates will respond to non-English speaking persons.
 - a. Use of an over-the-phone interpretation service, such as the one provided by the Arizona Coalition Against Domestic Violence, is recommended.
8. Programs offering hotline services shall maintain a schedule that provides volunteers with a staff member as back-up during hotline coverage.
9. A hotline may not be answered by automated call-routing equipment, an answering machine or answering service.
10. Programs offering hotline services shall have written procedures that include, but are not limited to:
 - a. Safety of hotline worker;
 - b. Safety of the caller;
 - c. Scheduling, coverage and back-up;
 - d. Confidentiality and exceptions to confidentiality; and
 - e. Assessing for suicidality of caller;

Hotline refers to crisis intervention, information and referral provided 24 hours a day, every day of the year, on a telephone line answered by qualified, trained staff members or volunteers.

Crisis Intervention & Supportive Services

SHELTER SERVICE STANDARDS AND GUIDELINES FOR CRISIS INTERVENTION & SUPPORTIVE SERVICES

1. Crisis intervention services must be provided by a trained domestic violence program staff member or volunteer.
2. Crisis intervention services must be provided with a primary focus on the provision of safety planning information, advocacy, validating feelings, and empowerment to reinforce the individual's autonomy and self-determination.
3. Crisis intervention services are based upon a problem-solving model to provide information and referrals that assist an individual in crisis. Crisis intervention services include, but are not limited to:
 - a. Assessing risk and/or danger;
 - b. Assessment of needs;
 - c. Listening;
 - d. Establishing rapport and communication;
 - e. Validating feelings and providing support;
 - f. Identifying the major problems;
 - g. Safety planning;
 - h. Referrals;
 - i. Information about available legal remedies;
 - j. Exploring possible alternatives;
 - k. Formulating an action plan; and
 - l. Follow-up measures.
4. Crisis intervention services are provided by a qualified, trained staff member or volunteer in three parts. These phases of crisis intervention services can be identified as follows:
 - a. Part I: Assessment and Establishing Contact
 - i. The beginning phase of crisis intervention involves establishing contact, listening to the person tell about what has happened, determining what the crisis is, assessing risk and/or danger, and setting up time for future activities geared toward alleviating the crisis;
 - b. Part II: Providing Information, Intervention and Support
 - i. The middle phase of crisis intervention focuses on implementation: the identification of tasks and who is responsible for carrying out tasks that are designed to solve specific problems in the current life situation, to modify previous ways of dealing with the situation when necessary, to identify strengths and to learn new skills when needed; and
 - c. Part III: Review
 - i. The ending phase of crisis intervention covers the termination of the interaction and requires the advocate to review the intervention from the start of contact to the present with an emphasis on the tasks accomplished, existing or potential skills to be developed, resources and referrals established, and planning for future or ongoing contact.
5. Goals for crisis intervention services are defined as including, but are not limited to, interactions that:
 - a. Provide emotional support;
 - b. Clarify issues;
 - c. Provide support and assistance; and
 - d. Make participant-driven referrals
6. Crisis intervention services may include the provision of education and information about:
 - a. The nature and dynamics of domestic violence;
 - b. How persons who batter maintain control and dominance over their victims;
 - c. The need for persons who batter to take responsibility for their actions;
 - d. The recognition that individuals victimized by domestic violence have choices when making future life decisions and that persons who batter are responsible for their violent behavior; and
 - e. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
7. A domestic violence shelter that offers crisis intervention services must make the services available to residents and non-residents and services must be voluntary.
8. Evaluation of the domestic violence face-to-face crisis intervention services must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys; and/or
 - ii. Exit surveys.
 - iii. Non-anonymous evaluations may include, but are not limited to:
 - iv. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - v. Focus groups.

Crisis Intervention defines the interactions and activities performed over the telephone or in person by qualified, trained staff members or volunteers with an individual in crisis to stabilize emotions, clarify issues, and provide support and assistance to help explore options for resolution of the individual's self-defined crisis and needs.

Case Management

SERVICE STANDARDS AND GUIDELINES FOR CASE MANAGEMENT

1. Case management services are provided by qualified staff members or volunteers who are trained in the nature and dynamics of domestic violence.
2. Participation in case management shall be voluntary.
3. An advocate providing case management services must have access to and be familiar with a complete list of community resources and should have established relationships with other service providers.
4. An advocate providing case management services should assist the person with identifying the person's own needs, available resources and services, and provide assistance in obtaining those services.
5. An advocate providing case management services assumes a coordinating role and facilitates the provision of services provided by the other organizations or professionals in a coordinated and collaborative manner.
6. Upon the identification of needed services with the individual, an advocate providing case management services will facilitate service delivery and referrals and encourage ongoing communication with the providers of additional services that may include, but are not limited to:
 - a. Ongoing and long-term safety planning;
 - b. medical, nutritional and/or health services;
 - c. Law enforcement assistance;
 - d. Legal remedies and services;
 - e. Public assistance services, including job training and Support services;
 - f. Short-term, transitional and/or permanent housing;
 - g. Child care services and parenting education;
 - h. Child protection services;
 - i. Alcohol and drug evaluation and education;
 - j. Alcohol or substance abuse treatment services;
 - k. Services for persons with disabilities;
 - l. Transportation assistance;
 - m. Education, continuing education, G.E.D. and/or literacy classes;
 - n. Lesbian, gay, bisexual or transgendered support services;
 - o. Employment readiness services and/or job training;
 - p. Interpreter/translation services and/or immigration assistance;
 - q. Financial planning and credit rights information and services; and/or
 - r. Other related services as needed.
7. A domestic violence shelter that offers case management services must provide the services to residents and may provide case management services to non-residents.
8. Evaluation of the domestic violence case management services must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys; and/or
 - ii. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups.

Case Management services are tangible, goal-directed interactions, advocacy and assistance provided to an individual to obtain needed services, to develop short and long term resources and safety plans, and to facilitate the coordination of services from multiple service providers across systems. Case management services are provided by qualified, trained staff members or volunteers.

Support Groups

SERVICE STANDARDS AND GUIDELINES FOR SUPPORT GROUPS

1. A domestic violence program providing support group services must ensure that the staff member or volunteer facilitating the support group has sufficient domestic violence training (refer to "Training" section). The facilitator also should have training, education or experience in facilitation and group dynamics for a peer-to-peer led group.
2. A domestic violence program that provides support group services must provide at least one weekly support group for adult participants.
3. A domestic violence shelter should provide support group services to residents and non-residents, including former residents.
4. Attendance at support groups shall be voluntary.
5. A domestic violence program that provides support group services may provide:
 - a. Open support groups, which accept new members at any time that must be held at least once weekly.
 - b. Closed support groups, which do not add new members for a specified period of time, which will be scheduled based on times identified by those attending the group session.
6. A domestic violence program must ensure that an individual attending support groups sign a written statement agreeing to maintain the confidentiality of others attending the group. The group facilitator additionally may discuss the requirement of maintaining confidentiality during the support group.
7. A domestic violence program should provide child care or a children's support group during the women's support group.
8. Support group services, which differ from professional group therapy, must provide support that addresses needs identified by those attending the group session, which includes, but is not limited to:
 - a. Safety planning;
 - b. Active listening;
 - c. Problem solving;
 - d. Addressing needs identified by those attending the group session;
 - e. Information about available legal remedies; and
 - f. Information about available community resources.
9. Support group services must include the provision of education and information about:
 - a. The nature and dynamics of domestic violence;
 - b. How persons who batter maintain control and dominance over their victims;
 - c. The need for persons who batter to take responsibility for their actions;
 - d. The recognition that individuals victimized by domestic violence have choices when making future life decisions and that persons who batter are responsible for their violent behavior; and
 - e. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
10. Evaluation of the domestic violence adult support group must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys; and/or
 - ii. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups.

Support groups are interactive group sessions that may be non-directed, topic oriented, or informational and educational which are facilitated by qualified, trained staff members or volunteers.

Support Groups

SERVICE STANDARDS AND GUIDELINES FOR CHILDREN'S SUPPORT GROUPS

1. A domestic violence shelter should provide voluntary support group services for residential children at least once a week.
2. A domestic violence shelter should provide a recreational, life skill building or social group for resident children at least once a week. Support group services should include but are not limited to:
 - a. Safety planning;
 - b. Active listening;
 - c. Problem solving; and
 - d. Identifying and expressing emotions
3. A domestic violence shelter must offer information and referral services to non-resident children if non-residential services are offered to the child's parent.
4. Evaluation of the domestic violence children's support group must be conducted in an age appropriate manner to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys; and
 - ii. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. Focus groups.

Services for Children

SERVICE STANDARDS AND GUIDELINES FOR SERVICES FOR CHILDREN

1. All in-person services for children should be provided at the request of the guardian or with the guardian's permission.
2. A domestic violence program may provide access to crisis intervention, counseling and case management for children (see "Crisis Intervention" and "Case Management"),
3. Information should be provided to the child's parent on domestic violence and its complex effect on mothers and their children.
4. Access to child care options should be provided. Situations in which child care options should be provided include, but are not limited to:
 - a. During the victim's intake;
 - b. During support group;
 - c. When the victim may be looking for housing or employment;
 - d. When the victim may be in counseling;
 - e. During court proceedings and meetings with lawyers; or
 - f. During all appointments/meetings in which caring for the child could be disruptive or the child might overhear the victim talking about his/her abuse.
5. A domestic violence program should provide the child's victim parent with support and access to resources.
6. A domestic violence program should have in place a way to provide/arrange transportation for a child to attend school. If possible, provide/arrange transportation for a child to participate in extracurricular activities.
7. Qualified, trained staff members or volunteers should safety plan with children and youth.
8. A domestic violence program should provide developmentally appropriate activities for children.
9. A domestic violence program should provide the child's victim parent with non-violent options for disciplining his/her child.
10. Both a background (fingerprint) check with the Arizona Department of Public Safety and a criminal background check should be conducted on all staff and volunteers.
11. A domestic violence program must provide safe play areas for children.
12. A domestic violence program should provide recreational and educational activities/opportunities for children and their victim parents.
13. A domestic violence program offering services to children should develop policies that address the specific procedures by which staff who are legally mandated to report child abuse and neglect comply with the mandated reporting provision of ARS 13-3620. These policies for domestic violence shelters should also include provisions for reporting in compliance with the confidentiality requirements for shelter service information and records in ARS 13-3620. All such policies should identify the procedures by which non-legally mandated staff and volunteers report instance of child abuse and neglect to designated staff responsible for making such reports. Legally mandated reporters of child abuse and neglect, as identified in ARS 13-3620, are:
 - a. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
 - b. Any peace officer, member of the clergy, priest or Christian Science practitioner.
 - c. The parent, stepparent or guardian of the minor.
 - d. School personnel or domestic violence victim advocates who develop the reasonable belief in the course of their employment.
 - e. Any other person who has responsibility for the care or treatment of the minor.
14. A domestic violence program offering services to children must have policies and procedures in place regarding confidentiality (see "Confidentiality").
15. A domestic violence program offering services to children should have policies and procedures in place regarding collaboration with community stakeholders.
16. A domestic violence program must not deny services to children based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health/mental health status, and national origin.

Services for children are structured programs that include information, activities, support and assistance provided to children of women who have been battered. Services for children must be provided by qualified, trained staff members and/or volunteers.

Legal Advocacy

SERVICE STANDARDS AND GUIDELINES FOR LEGAL ADVOCACY

1. A domestic violence program providing legal advocacy services must provide individuals with assistance in receiving self-identified interventions and actions sought from the civil and/or criminal justice systems and provide information about legal options so self identification of needed interventions can occur.
2. A domestic violence program providing legal advocacy services must ensure that appropriate staff members and volunteers have a working knowledge of current Arizona and federal law pertaining to domestic violence, as well as the local justice system's response to domestic violence, including local court rules, in each county where services are provided.
3. A domestic violence program providing legal advocacy services must ensure that appropriate staff members and volunteers have the ability to identify an individual's legal options as part of a service and safety plan that is kept current or changed as the recipient's needs require.
4. A domestic violence program providing legal advocacy services should maintain current lists that include, but are not limited to:
 - a. Local criminal justice agencies and contact persons in each county where services are provided;
 - b. Local, state and national resources for certain legal issues, such as immigration; and
 - c. Local legal services, including pro bono attorneys (if available), who are sensitive and familiar with domestic violence legal issues and Orders of Protection, to whom referrals can be made for representation and/or consultation in civil and criminal cases in each county where services are provided.
5. A domestic violence program providing legal advocacy services should encourage the criminal and civil justice systems in each county where services are provided to respond consistently to the needs of those victimized by domestic violence and to hold persons who batter responsible for their use of violence.
6. A domestic violence program providing legal advocacy services should develop and/or participate in a Coordinated Community Response (CCR) in the domestic violence program's service area. The CCR effort should include participation by advocates and governmental and organizational allies with whom victims of domestic violence interact. The focus of these efforts should be on improving the community-wide response to domestic violence victims and responsibility for persons who batter.
7. Legal advocacy services must include the provision of education and information about:
 - a. The nature and dynamics of domestic violence;
 - b. How persons who batter maintain control and dominance over their victims;
 - c. The need for persons who batter to take responsibility for their actions;
 - d. The recognition that individuals victimized by domestic violence have choices when making future life decisions and that persons who batter are responsible for their violent behavior; and
 - e. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
8. A domestic violence program that provides legal advocacy services must maintain a clear distinction between legal advice and legal information. The program must strictly monitor and prohibit staff members and volunteers from practicing law, providing legal advice or providing legal representation if they are not properly certified to engage in such legal practice (Refer to Unauthorized Practice of Law section below).
9. A domestic violence shelter that offers legal advocacy services must provide the services to residents and may provide services to non-residents.
10. Evaluation of the domestic violence legal advocacy program must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys.
 - ii. Non-anonymous evaluations may include, but are not limited to:
 - b. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - i. Focus groups.

Legal advocacy is the provision of information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a victim of domestic violence. Legal advocacy services must be provided by qualified, trained staff members and/or volunteers.

Legal Advocacy (Continued)
UNAUTHORIZED PRACTICE OF LAW

1. On January 15, 2003, the Arizona Supreme Court instituted new rules regarding the regulation of the practice of law, which became effective on July 1, 2003. Rule 31(a)(2)(A) defines "practice of law" to mean "providing legal advice or services to or for another" by:
 - a. preparing any document in any medium intended to affect or secure legal rights for a specific person or entity;
 - b. preparing or expressing legal opinions;
 - c. representing another in a judicial, quasi-judicial, or administrative proceeding, or other formal dispute resolution process such as arbitration or mediation;
 - d. preparing any document through any medium for filing in any court, administrative agency or tribunal for a specific person or entity; or
 - e. negotiating legal rights or responsibilities for a specific person or entity
2. Rule 31(a)(2)(B) goes on to describe "unauthorized practice of law" as:
 - a. engaging in the "practice of law," as defined above, without being an active member of the state bar; or
 - b. using the designations "lawyer," "attorney at law," "counselor at law," "law," "law office," "J.D.," "Esq.," or other equivalent words by any person or entity who is not authorized to practice law, the use of which is reasonably likely to induce others to believe that the person is authorized to engage in practice of law in this state.
3. An advocate can help survivors fill out a worksheet, because this is something that they can do themselves, and does not require legal training. Mediating between the survivor and the court can potentially fall into the category of practicing law if the advocate is making arguments on behalf of the survivor. The advocate may ask if he/she can sit in the courtroom for support, but each party has to agree. The advocate must advise the survivor that he/she is not a lawyer; therefore the survivor cannot rely on anything he/she says as legal advice. The advocate cannot accept any compensation or payment in exchange for giving assistance, not even a cup of coffee.

LIMITATIONS ON THE ROLE OF THE LAY LEGAL ADVOCATE

1. As of July 1, 2003, a lay legal advocate is able to do the following:
 - a. Tell someone how to get a Protective Order and where to get the forms
 - b. Give information about court procedures
 - c. Go to court with someone
 - d. Appear as an agent in proceedings before DES, DHS, or AHCCCS
 - e. Tell someone how and where to get divorce and/or other forms.
2. Giving information is allowed. Advocates can assist victims in providing them with information about the law and court procedures; in facilitating their critical thinking about safety planning and legal options; and in empowering them to speak and advocate for themselves in various legal proceedings in which they seek relief. Advocates do not make decisions for, act on behalf of, speak for, or represent the victims.
3. As of July 1, 2003, a lay legal advocate may not do the following:
 - a. Prepare any document to affect or secure legal rights
 - b. Negotiate on behalf of the victim
 - c. Prepare any legal document for filing in court or administrative agency¹
4. Violations and Sanctions
 - a. Arizona Supreme Court Rule 75(a) gives the court jurisdiction over any person engaged in the unauthorized practice of law, as defined by Rule 31(a) discussed above. The following sanctions may be imposed on someone found to be in violation of Rule 31, i.e. an act found to constitute the unauthorized practice of law:
 - i. Agreement to Cease and Desist: Prior to formal proceeding, respondent, or person charged with violating the rule, agrees to stop engaging in acts found to be the unauthorized practice of law, to refund fees collected, to pay costs and expenses, and to make any other restitution.
 - ii. Cease and Desist Order: The superior court may enter an order for respondent to immediately cease and desist from conduct that constitutes engaging in the unauthorized practice of law.
 - iii. Injunction: The superior court, at any stage in an unauthorized practice of law proceeding, may enjoin a respondent from engaging in the unauthorized practice of law and order a respondent immediately to cease and desist such conduct. This order may be issued without proof of actual damages to any person.
 - iv. Civil Contempt: The superior court may issue a civil contempt citation and determine if the respondent is guilty of contempt and, by order, prescribe the sanction, including assessment of costs, expenses, and reasonable attorney fees.
 - v. Restitution: If actual damages are shown, restitution may be ordered to any individual for money, property, or other items of value received by a respondent.
 - vi. Costs and Expenses: Costs, expenses, and attorney's fees relating to the proceedings shall be assessed against every respondent upon whom another sanction is imposed. The sanctions are very limited especially when the behavior is first detected. Thus advocates should not be afraid to do their work. If there is a question, the first sanction is simply to tell you to stop.

¹To avoid giving legal advice, do not answer the "should" questions (e.g., Should I ask for sole custody of my children? Will the judge put my kids on the Order of Protection? Should I call my 13-year-old son as a witness?) Giving advice is strictly prohibited.

Shelter

SERVICE STANDARDS AND GUIDELINES FOR SHELTER

1. A domestic violence shelter must provide access, admittance and residence in temporary shelter for victims of domestic violence and their children 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 by a domestic violence program that primarily serves victims of domestic violence;
 - b. A safe home provided by a screened, trained private individual or family offering their private residence as time-limited safe shelter without financial compensation; and/or
 - c. Other accommodations, such as time-limited motel/hotel placement, and/or other direct placement programs providing safe housing, arranged and provided through a staff member of a domestic violence program.
3. Domestic Violence programs that are operated by state and local governments are covered under Title II and non-profits are covered under Title III of the Americans with Disabilities Act (ADA). The purpose of Title II & III is to ensure that agencies to do not discriminate against people with disabilities "in the full and equal enjoyment of goods, services and facilities." Shelter clients must be able to participate in the full range of services that are offered to others, in the most integrated setting where other people receive services. The ADA does not require centers to fundamentally alter the nature of their services. Beyond the requirement to modify or make services accessible, ADA requires the rights of clients to keep disability status confidential. The ADA requires providing the bare minimum, but it is strongly encouraged that shelter programs to go beyond this bare minimum when providing services to domestic violence survivors.
4. A domestic violence program that provides safe shelter at locations separate from the primary shelter facility, including motel/hotel placement and/or other direct placement programs providing safe housing, must ensure that those accommodations are safe and that participants have access to a telephone and bathroom facilities, and that all doors to the accommodations have locks.
5. A domestic violence shelter must:
 - a. Maintain safety and security of residents as described in the program's policies;
 - b. Ensure that crisis intervention services are accessible, available and offered 24 hours a day, every day of the year, with trained advocates on-site to provide face-to-face emergency services;
 - c. Provide food, emergency clothing and personal hygiene items for residents and their children, free of charge;
 - d. Not require residents and non-residents to participate in religious groups or to use religious materials; and
 - e. Provide education and information about:
 - i. The nature and dynamics of domestic violence;
 - ii. How persons who batter maintain control and dominance over their victims;
 - iii. The need for persons who batter to take responsibility for their actions;
 - iv. The recognition that individuals victimized by domestic violence have choices when making future life decisions and that persons who batter are responsible for their violent behavior; and
 - v. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health/mental health status, and national origin.
6. A domestic violence shelter must ensure that program staff members:
 - a. Have immediate face-to-face contact with a new resident admitted to the shelter to determine emergency needs;
 - b. Initiate a face-to-face intake process with a new resident within 72 hours after the resident's admission to the shelter;
 - c. Inform each resident about services to be provided by the shelter that includes, but is not limited to:
 - i. Confidentiality rights and agreements, including records and accessibility;
 - ii. Release-of-information agreements;
 - iii. Resident rights including program grievance procedures; and
 - iv. An individual or family plan of self-defined needs and actions to address needed services and assist in maintaining safety.
 - v. Information on the dynamics of communal living including, but is not limited to:
 1. Conflict resolution;
 2. Facilitating group dynamics; and
 3. Parent/child dynamics and interactions.
7. A domestic violence shelter may have guidelines that promote communal living. House management meetings should be held regularly to facilitate communal living.
8. A domestic violence shelter should 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.
9. Domestic violence shelter staff members must assist those requesting emergency safe shelter in obtaining other temporary shelter if the primary shelter facility is full. The required minimum assistance to be offered by staff members of the domestic violence shelter in this situation is the provision of information and referrals to obtain alternative safe shelter, and notice of the right to call back for additional assistance.

Shelter is emergency housing and related supportive services provided in a safe, protective environment for individuals and their children who are victimized by their current or former intimate partners.

Shelter (Continued)

- 10.** Evaluation of the domestic violence shelter program must be conducted to ensure quality of services.
 - a.** Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i.** Periodic satisfaction surveys; and/or
 - ii.** Exit surveys.
 - b.** Non-anonymous evaluations may include, but are not limited to:
 - i.** An Advisory Board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or
 - ii.** Focus groups.

MOTEL /HOTEL PLACEMENT BY DOMESTIC VIOLENCE SHELTER PROGRAMS

- 1.** Alternatives to shelter may include motel/hotel placement as a source of safe shelter in circumstances that include, but are not limited to:
 - a.** The primary shelter facility is at capacity, and no space is available for those seeking emergency safe shelter;
 - b.** The distance between the individual or family seeking safe shelter and the shelter facility prohibits immediate access to the facility;
 - c.** The individual or family seeking safe shelter has special needs best served by shelter provision through a motel/hotel placement, including but are not limited to the gender of the individual seeking shelter, wheelchair or other disability accessibility needs or circumstances; and
 - d.** The former resident of the shelter facility no longer needs primary shelter but would benefit from program-managed subsidized or transitional housing services that are offered through a temporary motel/hotel placement.
- 2.** Motel/hotel placement by domestic violence programs should also abide by the "Arizona Service Standards and Guidelines for Shelter."
- 3.** Evaluation of the domestic violence motel/hotel placement program must be conducted to ensure quality of services.
 - a.** Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i.** Periodic satisfaction surveys; and/or
 - ii.** Exit surveys.
 - b.** Non-anonymous evaluations may include, but are not limited to:
 - i.** An Advisory Board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or
 - ii.** Focus groups.

SHELTER PROVISION THROUGH SAFE HOME PROVIDERS

- 1.** A domestic violence program that offers safe shelter through private safe homes must document:
 - a.** In-depth screening and monitoring of a safe home provider host family or individual, which includes an on-site review of the suitability of the private residence used as a safe home site for temporary safe shelter, background (fingerprint) check with the Arizona Department of Public Safety and criminal background check on the host family or individual;
 - b.** Completion of required domestic violence training by the safe home provider host family or individual;
 - c.** Signed agreements between the safe home provider host family or individual regarding issues of confidentiality and the rights of individuals or families provided with safe shelter in the residence of the host family or individual;
 - d.** Proof of liability insurance held by the safe home provider host family or individual; and
 - e.** The availability of 24-hour accessibility to advocacy services through the domestic violence program that utilizes safe homes as shelter provision.
- 2.** Shelter provision through safe home providers should also abide by the "Arizona Service Standards and Guidelines for Shelter."
- 3.** Evaluation of the domestic violence safe home program must be conducted to ensure quality of services.
 - a.** Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i.** Periodic satisfaction surveys; and/or
 - ii.** Exit surveys.
 - b.** Non-anonymous evaluations may include, but are not limited to:
 - i.** An Advisory Board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or
 - ii.** Focus groups.

Hospital/Medical Advocacy

SERVICE STANDARDS AND GUIDELINES FOR HOSPITAL/MEDICAL ADVOCACY

1. A domestic violence program providing hospital/medical advocacy services must ensure that the staff members or volunteers have the recommended domestic violence training (refer to section on "Training") as well as be familiar with the layout, services provided, policies and procedures of each of the medical facilities in the service area.
2. The domestic violence program must provide in-person hospital/medical advocacy 24 hours a day, every day of the year.
3. The domestic violence program must always have a back-up volunteer or staff to ensure adequate coverage.
4. A domestic violence program providing hospital/medical advocacy must provide nonjudgmental, victim-identified interventions and actions only upon the victim's consent. A domestic violence program will provide support during the medical exam only upon the victim's consent.
5. Programs offering hospital/medical advocacy services may provide information including, but is not limited to:
 - a. Nature and dynamics of domestic violence;
 - b. Confidentiality provisions and limitations;
 - c. General information about the medical exam;
 - d. Pros and cons of reporting domestic violence to law enforcement;
 - e. Pros and cons of reporting intimate partner sexual assault to law enforcement;
 - f. Pros and cons of the criminal justice system;
 - g. Emergency contraception;
 - h. Sexually Transmitted Diseases/Infections (STD/STI);
 - i. Safety planning;
 - j. Crime Victims' Compensation; and
 - k. Referral to available community resources including shelter.
6. A domestic violence program must have written procedures on how advocates will respond to victims who are non-English speaking or deaf and hard of hearing.
7. A domestic violence program should also provide crisis intervention, information and referral to non-offending accompanying individuals, or secondary victims, who also may be present. If necessary, the domestic violence program should have procedures for calling a second advocate to provide additional support to secondary victims.
8. A domestic violence program providing hospital/medical advocacy should have an agency staff person accessible in case the hospital advocate needs to debrief or gather more information.
9. A domestic violence program should have policies and procedures for how staff and volunteers should address medical personnel or law enforcement issues that may occur while providing hospital/medical advocacy. This may include having staff participate in a Coordinated Community Response (CCR) effort.
10. A domestic violence program should work with local hospitals to develop policies and procedures to provide hospital staff training, information on the program's services, screening information, and confidentiality.
11. A domestic violence program should work with local hospitals to develop policies and procedures that include safety and security when a person who batters is present.
12. Evaluation of the domestic violence hospital/medical advocacy program must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups.

Hospital/Medical advocacy refers to in-person crisis intervention, information and referral provided 24 hours a day, every day of the year, for victims of domestic violence and non-offending accompanying individuals. Hospital/Medical advocacy is provided in a medical facility by qualified, trained staff members and/or volunteers.

Transitional Housing

SERVICE STANDARDS AND GUIDELINES FOR TRANSITIONAL HOUSING

1. Domestic violence transitional housing services may be provided through any of the following types of housing:
 - a. Organization owned and leased;
 - b. Organization owned and managed by a property management company;
 - c. Leased by organization;
 - d. Leased by program participants;
 - e. On-site of the emergency shelter;
 - f. Off-site, one location; and
 - g. Off-site, scattered locations.
2. A domestic violence transitional housing program must have an established intake and decision-making process to identify eligible residents. Residents must be fully informed of their rights and responsibilities while residing in transitional housing.
3. Domestic violence transitional housing must:
 - a. Maintain the safety and security of residents as described in the program's policies;
 - b. Ensure that crisis intervention services are accessible, available and offered 24 hours a day with trained advocates available to provide emergency services if needed;
 - c. Provide or make referrals for emergency food, clothing and personal hygiene items for residents and their children, if needed, free of charge;
 - d. Provide voluntary educational opportunities and information that includes, but is not limited to:
 - i. Safety planning;
 - ii. Legal options;
 - iii. The nature and dynamics of domestic violence
 - iv. How persons who batter maintain control and dominance over their victims;
 - v. The need for persons who batter to take responsibility for their actions;
 - vi. The recognition that individuals victimized by domestic violence have choices when making future life decisions and that persons who batter are responsible for their violent behavior; and
 - vii. The role of society in perpetuating violence against women, the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
 - e. Provide economic advocacy and information that includes, but is not limited to:
 - i. Job training;
 - ii. Literacy;
 - iii. Social Security Administration/disability;
 - iv. Public assistance or other available income supports;
 - v. GED classes;
 - vi. Resources for higher education; and
 - vii. Child care
4. A domestic violence transitional housing program must ensure that program staff members inform each resident about services that are available from the program that include, but are not limited to:
 - a. Confidentiality rights and agreements, including records and accessibility;
 - b. Release-of-information agreements;
 - c. An individual or family plan that addresses the self-defined needs of the resident;
 - d. Residents' rights including program complaint procedures; and
 - e. Program guidelines including involuntary termination of services.
5. A domestic violence transitional housing program should establish a length-of-stay policy that is flexible. It should balance the needs of those victimized by intimate partners and the program's ability to meet those needs.
6. Domestic violence transitional housing staff members must work in partnership with those residing in transitional housing in finding long-term housing prior to the end of their stay.
7. Evaluation of the domestic violence transitional housing program must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys; and/or
 - ii. Exit surveys.
 - iii. Non-anonymous evaluations may include, but are not limited to:
 1. Follow-up surveys, when provided with the person's consent;
 2. An Advisory Board consisting of current and former transitional housing residents and staff who review policies and procedures; and/or
 3. Focus groups.

Transitional housing is non-emergency housing for a length of stay of more than six months. Transitional housing is free or low-cost subsidized housing directly available through a domestic violence program. Transitional housing affords more privacy and independence than emergency shelter.

Volunteers

SERVICE STANDARDS AND GUIDELINES FOR THE USE OF VOLUNTEERS

1. A domestic violence program may use unpaid volunteers to augment the program's direct and indirect services provided by paid staff members.
2. A domestic violence program must have written policies and procedures regarding the recruitment, screening, training, recognition, supervision and/or dismissal of volunteers used to provide both direct and indirect services. Such policies will clarify the roles and responsibilities of volunteers to the program's provision of service, with specific detail addressing professional boundaries, disclosure and how, when, where and the frequency with which volunteers will be used.
3. A domestic violence program must have written job descriptions for each type of volunteer position that follow the format of job descriptions for staff members of the program. Job descriptions are to be provided to volunteers upon acceptance in the program.
4. Per ARS 12-2239 "a domestic violence victim advocate who is a volunteer shall perform all activities under qualified supervision."
5. A domestic violence program shall maintain a confidential file for each volunteer that shall include, but not be limited to, volunteer application, background (fingerprint) check with the Arizona Department of Public Safety, criminal background check, licensures and certifications if applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the volunteer.
6. A domestic violence program will use a volunteer training manual that is supplemental to the volunteer training.
7. Volunteers may be used in the provision of direct services that include, but are not limited to:
 - a. Program facility coverage, hotline coverage, crisis intervention, case management, court advocacy, support group facilitation for adults and/or children, professional therapy, intake or assessment of service needs, and development or implementation of service plans;
 - b. Transportation or accompaniment;
 - c. Recreational activities for adults and/or children; and
 - d. Educational, job readiness, job training and/or other assistance or services related to obtaining employment.
8. Volunteers may be used in the provision of indirect services that include, but are not limited to:
 - a. Administrative duties;
 - b. Fundraising or other activities to obtain donations to the program;
 - c. Event organizing;
 - d. Public speaking upon completion of domestic violence training and supervision; and
 - e. Maintenance or other activities related to the improvement and upkeep of program buildings or facilities.
9. Evaluation of both the domestic violence program volunteer program and the volunteers must be conducted to ensure quality of services.

Volunteers are trained, unpaid individuals who provide direct and indirect services to those seeking and receiving services from a domestic violence program.

ARIZONA

Service Standards & Guidelines for
Domestic Violence
PROGRAMS

—2011-2012—

APPENDIX

Aggregate Data Form

The information on this aggregate data form is collected to fulfill grant reporting requirements. Some questions may seem obvious, but we do not want to make assumptions about anyone. This form is anonymous. It will neither be connected to you nor will it be stored in your file.

County: (Where do you reside?) _____

Gender: (What gender do you identify as) Female Male

Age: (What age range do you fit into?) 18-24 25-35 36-45 46-59 60+ Unknown

Ethnicity/ Race:

- Asian Multiracial/ Biracial Black or African American
- Native Hawaiian or Pacific Islander Latino/ Hispanic
- Unknown/Other Native American/Alaska Native White or Caucasian

Individual Income:

- \$0-\$12,000 \$12,001-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000
- \$50,001-\$60,000 \$60,001-\$70,000 \$70,001-\$90,000 \$90,000+
- Unknown

Relationship Status (What is your abuser's relationship to you?)

- Boyfriend
- Ex-Boyfriend
- Husband
- Ex-Husband
- Child in Common
- Girlfriend
- Ex-Girlfriend
- Wife
- Ex-Wife
- Other Family Member
- Not Specified

Reason for Seeking Services:

- Domestic Violence Sexual Violence Stalking Dating Violence

Special Needs/ Disabilities:

- Yes No

If yes, please explain: _____

Case Management/Staff Notes

Participant _____

Date _____

Resident Non- resident Adult Child Female Male

Service Details:

Staff

Time Spent

Summary of Services Provided:

- Case Management
- Crisis Intervention
- Check- in
- Legal Advocacy
- Orders of Protection
- Safety Planning
- Support Group
- Transportation
- Housing
- Employment
- DV Education
- Behavioral Health
- Childcare
- Schooling
- Children's Group
- Referral

Comments:

Emergency Information

The information on this emergency contact form is used to assist you in planning for safety during your stay in shelter. It is not required for program participation and will not be released without your prior approval.

In the event that you become unconscious, unable to respond to questions or unable to make decisions for yourself, information on this form will be shared on an as needed basis. We will ask you to review this form periodically for accuracy and to use in your plan for safety. Because the information on this page is potentially harmful, it will be destroyed after you leave.

Emergency Contact Information:

Emergency Contact (In case there is an emergency, whom would you like us to contact? How would you like us to contact them?) _____

Work Phone Number (In case there is an emergency, and we need to contact you while you are at work, what is your work phone number?) _____

Cell Phone _____

Child/Children's Emergency Contact _____

Medical Information:

Special Needs/Disabilities (Do you or your children have any needs that will require special accommodations or assistance?) _____

Medical/health conditions (In case we need to call medical personnel, is there anything you would want them to know about you or your children?) _____

Allergies (Do you or your children have any allergies that we should be aware of?)

Medications (Are you taking any medications that we should be aware of?)

Other Information:

Make And Model Of Your Vehicle _____

Hotline Call Sheet

Person Taking Call _____ Date _____

Beginning Time _____ Ending Time _____ Time Spent on Call _____

Caller's Current/ Past Situation:

Classification:

- Domestic Violence Adult Survivor of Incest Stalking Homeless Sexual Assault/Rape
 Information/ Referral Suicide

Type of Abuse:

- Physical Emotional/Verbal Stalking Sexual Financial Other _____

About the Caller:

First Name _____ County _____ Zip Code _____

Referred by _____

Services Requested:

- Shelter Support Group Legal Advocacy Counseling Transportation
 Information Case Management Other _____

Plan Made/Summary of Crisis Call:

Referral Given? Yes No

If yes, to which agency/person? _____

Non- Residential Intake Form

All information is confidential. This form will be kept in your file after you leave.

Victim/Survivor Information:

Name _____

Birth Month/Year _____

Communication Needs (Do you have any communication needs that we should be aware of? For example, some people need interpreters or assistance with filling out forms.)

Reasons for Seeking Assistance: (What has brought you here today seeking services? Check all that apply.)

Domestic violence Sexual violence Stalking Dating violence

Abuser Information: (Optional.)

Name _____ Gender _____

Special Concerns: (Periodically, we have individuals from the community—plumbers, law enforcement, etc.—who come to the shelter. Please let us know if you have any concerns with allowing these service providers into the shelter.)

Children Information:

Name	Birth Month/Year	Related to Abuser
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Immediate Needs: (Are there any immediate concerns that we can help you with?

Do you require special accommodations or assistance?)

Program Information:

First Name(s) of Advocate(s) Working With Victim/Survivor

Residential Intake Form

All information is confidential. This form will be kept in your file after you leave.

Victim/Survivor Information:

Name _____

Birth Month/Year _____

Communication Needs (Do you have any communication needs that we should be aware of? For example, some people need interpreters or assistance with filling out forms.)

Reasons for Seeking Assistance: (What has brought you here today seeking services? Check all that apply.)

Domestic violence Sexual violence Stalking Dating violence

Abuser Information: (Optional.)

Name _____ Gender _____

Special Concerns: (Periodically, we have individuals from the community—plumbers, law enforcement, etc.—who come to the shelter. Please let us know if you have any concerns with allowing these service providers into the shelter.)

Children Information:

Name	Birth Month/Year	Related to Abuser
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Immediate Needs: (Are there any immediate concerns that we can help you with?)

Do you require special accommodations or assistance?)

Program Information:

First Name(s) of Advocate(s) Working With Victim/Survivor

Arizona Service Standards and Guidelines

Self-Evaluation Tool Instructions

History

The Arizona Service Standards and Guidelines were developed to assist domestic violence programs in providing quality services and implementation of best practices. The Self-Evaluation Tool was created for programs to assess their areas of strengths and challenges.

Instructions

1st, from the list on this page, check which domestic violence service standards and guidelines apply to your organization. Some service standards and guidelines apply to all programs such as Board of Directors. Other areas are based on the services your program offer. **2nd**, compile the appropriate self-evaluation tools based on the indicated service standards and guidelines. These individual documents are available as writable PDF files and can be merged into one document for your organization or you can print hard copies to complete. You will also want to gather the applicable items from the list on the next page. **3rd**, determine who will complete the tools. Although administrators should be the primary individuals completing the Tool, one creative strategy is for the administrator to complete the self-evaluation and compare the answers to one completed by another staff member. Some programs/ Boards of Directors may want to use the Tool as part of their strategic planning process or as a means to evaluate the program aside from direct feedback from the Executive Director. If a program has multiple sites, it is important that an evaluation is completed for each site. Potential outcomes from completing the Tool include that it can help pinpoint policy or service gaps, determine informal practices that need formal written policies, and identify whether an existing policy is being properly implemented. The Self-Evaluation Tool can be used as a starting point for discussion at staff meetings for their assessment of the program, to determine future in-service trainings, identify necessary job description restructuring, and to detail accomplishment in what has been achieved. **4th**, to rate your program, use the 0-3 rating scale or Yes/No option for appropriate sections. The writable PDF tool indicates which rating system to use for each standard and also has room for comments. **5th**, after completing the tools it is recommended that you keep the copy to use as a reference for the future. Programs should regularly complete self-evaluation and compare results to see the program's progress or to maintain consistency should there be leadership changes in the program.

Domestic Violence Service Standard Checklist

Board of Directors | Support Groups | Organizational Administration | Services for Children
Confidentiality | Legal Advocacy | Shelter | Training | Hotline | Transitional Housing | Crisis Intervention
Hospital/Medical Advocacy | Volunteers | Case Management | Documentation of Service Provision

The following items are helpful to review along with the services standards and guidelines.

Mission | Bylaws | Articles Of Incorporation | List Of Current Board Of Directors Members
Board Of Directors Meeting Minutes | Conflict Of Interest Policies | Training Manual For Board Of Directors
Irs Form 990 | Annual Budget (Income And Expense) | Tax Exempt Status Letter | Staff Time Sheets
Secretary Of State Letter Of Good Standing | Grant Information Such As Billings, Mou, Etc. | Training Manual &
Curricula For Direct Services | Intake Forms & Other Documentation Of Service | Release Of Information Form
Agreement Forms | Service Recipient Handbook | Exit Or Evaluation Surveys | Employee Manual | Standard
Operating Procedure (Sop) Manual | Organizational Chart | Conflict Of Interest Policies | Grievance Procedures |
Job Descriptions | Language Access Plan | Confidentiality Statements And Exceptions | Volunteer Timesheets
Volunteer Training Record | Volunteer Schedules | Brochure, Web Site & Other Outreach Materials

Arizona Service Standards and Guidelines for Domestic Violence Programs: A Self-Evaluation Tool

Shelter

■ **Shelter is emergency housing and related supportive services provided in a safe, protective environment for individuals and their children who are victimized by their current or former intimate partners.**

- 0 = Policy and practice do not meet standards
- 1 = Policy meets standards and practice does not meet standards
- 2 = Practice meets standards and policy does not meet standards
- 3 = Policy and practice meet standards

Date: _____ Program: _____

Name/Title of Person Completing Form: _____

Self-Evaluation Provisions for Shelter

Service Standards and Guidelines for Shelter	0-3	Comments
1. A domestic violence shelter must provide access, admittance and residence in temporary shelter for victims of domestic violence and their children 24 hours a day, everyday of the year.		
2. Domestic violence shelter services may be provided through any of the following types of housing:		
2a. A physical shelter facility operated by a domestic violence program that primarily serves victims of domestic violence;		
2b. A safe home provided by a screened, trained private individual or family offering their private residence as time-limited safe shelter without financial compensation; and/or		
2c. Other accommodations, such as time-limited motel/hotel placement, and/or other direct placement programs providing safe housing, arranged and provided through a staff member of a domestic violence program.		
3. A domestic violence program that provides safe shelter at locations separate from the primary shelter facility, including motel/hotel placement and/or other direct placement programs providing safe housing, must ensure that those accommodations are safe and that participants have access to a telephone and bathroom facilities, and that all doors to the accommodations have locks.		

Arizona Service Standards and Guidelines for Domestic Violence Programs: A Self-Evaluation Tool (Continued)

- 0 = Policy and practice do not meet standards
 1 = Policy meets standards and practice does not meet standards
 2 = Practice meets standards and policy does not meet standards
 3 = Policy and practice meet standards

Service Standards and Guidelines for Shelter	0-3	Comments
4. A domestic violence shelter must:		
4a. Maintain safety and security of residents as described in the program's policies;		
4b. Ensure that crisis intervention services are accessible, available and offered 24 hours a day, every day of the year, with trained advocates on-site to provide face-to-face emergency services;		
4c. Provide food, emergency clothing and personal hygiene items for residents and their children, free of charge;		
4d. Not require residents and non-residents to participate in religious groups or to use religious materials; and		
4e. Provide education and information about:		
4ei. The nature and dynamics of domestic violence;		
4eii. How persons who batter maintain control and dominance over their victims;		
4eiii. The need for persons who batter to take responsibility for their actions;		
4eiv. The recognition that individuals victimized by domestic violence have choices when making future life decisions and;		
4ev. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.		
5. A domestic violence shelter must ensure that program staff members:		
5a. Have immediate face-to-face contact with a new resident admitted to the shelter to determine emergency needs;		
5b. Initiate a face-to-face intake process with a new resident within eight hours after the resident's admission to the shelter;		
5c. Inform each resident about services to be provided by the shelter that includes, but is not limited to:		
5ci. Confidentiality rights and agreements, including records and accessibility;		
5cii. Release-of-information agreements;		
5civ. Resident rights including program complaint procedures; and		
5cv. An individual or family plan of self-defined needs and actions to address needed services and assist in maintaining safety.		

Arizona Service Standards and Guidelines for Domestic Violence Programs: A Self-Evaluation Tool (Continued)

- 0 = Policy and practice do not meet standards
- 1 = Policy meets standards and practice does not meet standards
- 2 = Practice meets standards and policy does not meet standards
- 3 = Policy and practice meet standards

Service Standards and Guidelines for Shelter	0-3	Comments
5d. Are trained in the dynamics of communal living including, but is not limited to:		
5di. Conflict resolution;		
5dii. Facilitating group dynamics; and		
5diii. Parent/child dynamics and interactions.		
6. A domestic violence shelter may have guidelines that promote communal living. House management meetings should be held regularly to facilitate communal living.		
7. A domestic violence shelter should 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.		
8. Domestic violence shelter staff members must assist those requesting emergency safe shelter in obtaining other temporary shelter if the primary shelter facility is full. The required minimum assistance to be offered by staff members of the domestic violence shelter in this situation is the provision of information and referrals to obtain alternative safe shelter, and notice of the right to call back for additional assistance.		
9. Evaluation of the domestic violence shelter program must be conducted to ensure quality of services.		
9a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:		
9ai. Periodic satisfaction surveys; and/or		
9aii. Exit surveys.		
9b. Non-anonymous evaluations may include, but are not limited to:		
9bi. An Advisory Board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or		
9bii. Focus groups.		
Service Standards and Guidelines for Motel/Hotel Placement by Domestic Violence Programs	0-3	Comments
1. Alternatives to shelter may include motel/hotel placement as a source of safe shelter in circumstances that include, but are not limited to:		
1a. The primary shelter facility is at capacity, and no space is available for those seeking emergency safe shelter;		
1b. The distance between the individual or family seeking safe shelter and the shelter facility prohibits immediate access to the facility;		

Arizona Service Standards and Guidelines for Domestic Violence Programs: A Self-Evaluation Tool (Continued)

- 0 = Policy and practice do not meet standards
- 1 = Policy meets standards and practice does not meet standards
- 2 = Practice meets standards and policy does not meet standards
- 3 = Policy and practice meet standards

Service Standards and Guidelines for Motel/Hotel Placement by Domestic Violence Programs	0-3	Comments
1c. The individual or family seeking safe shelter has special needs best served by shelter provision through a motel/hotel placement, including but are not limited to the gender of the individual seeking shelter, wheelchair or other disability accessibility needs or circumstances, and/or adolescent male children accompanying the abused parent; and		
1d. The former resident of the shelter facility no longer needs primary shelter but would benefit from program-managed subsidized or transitional housing services that are offered through a temporary motel/hotel placement.		
2. Motel/hotel placement by domestic violence programs must abide by the "Arizona Service Standards and Guidelines for Shelter."		
3a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:		
3ai. Periodic satisfaction surveys; and/or		
3a.ii. Exit surveys.		
3b. Non-anonymous evaluations may include, but are not limited to:		
3bi. An Advisory Board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or		
3bii. Focus groups.		
Service Standards and Guidelines for Shelter Provision Through Safe Home Providers	0-3	Comments
1. A domestic violence program that offers safe shelter through private safe homes must document:		
1a. In-depth screening and monitoring of a safe home provider host family or individual, which includes an on-site review of the suitability of the private residence used as a safe home site for temporary safe shelter, background check with the Children's Division of Department of Social Services and criminal background check on the host family or individual;		
1b. Completion of required domestic violence training by the safe home provider host family or individual;		
1c. Signed agreements between the safe home provider host family or individual regarding issues of confidentiality and the rights of individuals or families provided with safe shelter in the residence of the host family or individual;		
1d. Proof of liability insurance held by the safe home provider host family or individual; and		

Arizona Service Standards and Guidelines for Domestic Violence Programs: A Self-Evaluation Tool (Continued)

- 0 = Policy and practice do not meet standards
 1 = Policy meets standards and practice does not meet standards
 2 = Practice meets standards and policy does not meet standards
 3 = Policy and practice meet standards

Service Standards and Guidelines for Shelter Provision Through Safe Home Providers	0-3	Comments
2. Shelter provision through safe home providers must abide by the "Arizona Service Standards and Guidelines for Shelter."		
3. Evaluation of the domestic violence shelter program must be conducted to ensure quality of services.		
3ai. Periodic satisfaction surveys; and/or		
3aii. Exit surveys.		
3b. Non-anonymous evaluations may include, but are not limited to:		
3bi. An Advisory Board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or		
3bii. Focus groups.		

Client Limited Release of Information Form

READ FIRST: Before you decide whether or not to let _____ share some of your confidential information with another agency or person, an advocate at _____ will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want _____ to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that _____ has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow _____ to release some of my personal information to certain individuals or agencies.

I, _____, authorize _____ to share the following specific information with:

Who I want to have my information:

Name: _____
Specific Office at Agency: _____
Phone Number: _____

The information may be shared: in person by phone by fax by mail by e-mail

I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared?

(List as specifically as possible, for example: name, dates of service, any documents)

Why I want my info shared: (purpose)

(List as specifically as possible, for example: to receive benefits)

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by _____.

I understand:

That I do not have to sign a release form. I do not have to allow _____ to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like _____ to release information about me in the future, I will need to sign another written, time-limited release.

That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from _____.

That _____ and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____ Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: _____ Date: _____ Witness: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____

Signed: _____ Date: _____ Witness: _____