



Welcome to the Texas Council on Family Violence’s (TCFV) 2018 edition of ***Guiding Services: Developing Customizable Policies for Family Violence Shelters***. The updated manual provides family violence programs in Texas with model written policies that seek to promote trauma-informed interventions while also meeting state and federal funding requirements. At the heart of the policies is an overarching goal to support survivor-defined interventions, as they are the experts on their own safety and future. As stated by Jill M. Davies and Eleanor Lyon “*Family violence advocacy involves personal and private matters. Like everyone else, victims have the right to make the decisions about their lives, relationships, and family. They do not lose that right because a person in their family is violent.*”¹

Recent amendments to rules in Chapter 379 of the Texas Administrative Code (TAC), and the addition of [Chapter 93 of the Texas Family Code](#) surrounding Victim-Advocate privilege, necessitate an update to this manual. Throughout the rule revision process, family violence service provider participation guidance enhanced practical rule application in day-to-day program administration while promoting survivor-centered service delivery. Insights offered by survivors during TCFV’s listening projects at shelters around the state further shaped policy with an emphasis on survivor safety and more empowering practices.

In the recent amendments to the TAC it is important to highlight an overarching amendment to rule language, stating that programs must “*develop, maintain, and comply with written policies and procedures.*” The amendment aims to clarify monitoring requirements for providers. The rule language sets forth a comprehensive approach to rule compliance, requiring programs to demonstrate a working knowledge of and active compliance with their written policies and procedures. In order to achieve this holistic approach to meeting rule requirements, all staff should be trained on written policies and procedures as program materials are updated.

With the addition of Chapter 93 of the Texas Family Code, family violence advocates who work at family violence centers with 20 hours of training have privileged communication with survivors. This creates a shift in the way programs will need to protect survivor information.

Sample language has been formatted into adaptable templates so that programs may incorporate local considerations into their written policy and procedural requirements. Please contact the TCFV Policy Team for additional guidance regarding ***Guiding Services***. We are more than happy to assist as you adapt the model policies and procedures to fit your own program’s unique needs.

¹ Davies, J.M., & Lyon, E. (2014). *Domestic violence advocacy: Complex lives/difficult choices*. Los Angeles: Sage Publications. TCFV STRONGLY RECOMMENDS CONTACTING A LAWYER TO REVIEW YOUR SHELTER POLICIES. ANYTHING CONTAINED IN THIS DOCUMENT MAY NOT BE CONSTRUED AS LEGAL ADVICE.

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SECTION 1:
Facility, Safety, and
Health



Preparing, Providing, and Serving Food to Residents

HHSC Texas Administrative Rule:

[RULE §379.502 Preparing, Providing, and Serving Food to Residents](#)

A center must:

- (1) ensure food preparation, including storage of food, serving of food, and dining areas, is adequate and safe;
- (2) develop, maintain, and comply with written policies and procedures to ensure residents are provided with at least three well-balanced meals or ingredients for well-balanced meals and an additional two snacks a day for children;
- (3) develop, maintain, and comply with written policies and procedures that provide for alternative access to food and food preparation when the center's kitchen is closed;
- (4) develop, maintain, and comply with written policies and procedures that provide for alternative access to essential food and food preparation when the center's kitchen is inoperable;
- (5) make reasonable, Americans with Disabilities Act-compliant dietary accommodations for residents who require special medical diets, including those with food allergies;
- (6) not require residents to use Supplemental Nutrition Assistance Program (SNAP) food benefits (formerly known as food stamps) to purchase shelter meals;
- (7) when providing meals or food items, consider the diverse needs of the population of the center's service area; and
- (8) make reasonable accommodations for the center and residents regarding personal food items.

Considerations:

Flexible Food Policies

While developing your center's policies for preparing, providing, and serving food, incorporate flexibility to allow for the varying nutritional and cultural needs of survivors and their children. Meals can play a meaningful and stabilizing role for residents acclimating to shelter. Familiar foods and meal times can offer some level of normalcy during this chaotic period, particularly for children. Food options and meal times should reflect the culturally diverse needs of the survivors served by your program. Cultural food considerations may include facilitating access to customarily consumed foods, offering alternatives to prohibited foods, and respecting alternate meal times (such as breaking fast after sundown in observance of Ramadan).



The demands of operating a communal living environment can challenge shelter staff's goal of maintaining fair and consistent policies while also meeting individual nutritional needs. Engaging residents in meal planning and preparation can alleviate this. Active participation in balancing the food needs of the shelter can empower and foster buy-in from residents.

Dietary Restrictions

Accommodating the dietary needs of persons with disabilities and/or food allergies requires planning. Giving advance notice to applicable kitchen staff (including survivors and volunteers) and inquiring about dietary conditions and food allergies at intake can assist with effective meal planning. The following online resource may prove helpful in developing procedures, training residents, volunteers, and staff, and problem-solving around needed food accommodations: [Food Allergy Research & Education \(FARE\)](#).

Personal Food Storage

Personal food choice in shelter allows survivors to exercise autonomy over their lives and aligns with a survivor-centered service model. In order to support personal food choice, as outlined in rule §379.502 (8), shelters will need to create methods to store food items. Accommodations for storage of residents' personal food items will vary based on facility design and available resources. Some shelters may have sufficient space for refrigerated items, while others may only have storage for dry goods only. Consider adding food storage containers and equipment to the agency's donation wish list. Some useful donation items to solicit may include:

- Food storage containers
- Storage cubbies
- Padlocks
- Mini fridges

Sample Policies and Procedures: Preparing, Providing, and Serving Food

“Residents of (name of agency)'s shelter will receive nutritious meals or ingredients for three well-balanced and nutritious meals daily to be prepared in a safe and adequate environment. In addition, children residing in shelter will receive two nutritious snacks.

In the event of a temporary closure of the kitchen, staff shall make alternate arrangements for resident snacks and meals, as well as for access to essential foods.

In accordance with the [Americans with Disabilities Act](#), (name of agency) will make reasonable dietary accommodations for residents requiring special medical diets.

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(Name of agency) will make reasonable dietary accommodations to respect the diverse needs of residents, including dietary needs based on religious and other belief systems. The agency will also make reasonable accommodations for residents with food allergies. No doctor's note or any other form of verification is required for food accommodations relating to belief systems or allergy concerns. (Name of agency) will never require survivors to obtain such documentation. (Name of agency) will also not require residents to use SNAP food benefits to obtain meals.

(Name of agency) will provide reasonable accommodations to allow residents to store personal food items. (Name of agency) provides (insert storage methods) for the storage of residents' food items. Residents must maintain food in a safe and sanitary manner, keep packaging securely closed and promptly dispose of expired foods. Unfortunately, due to the communal nature of shelter, (name of agency) is not responsible for stolen or missing food items.”



Security Policies and Procedures

HHSC Texas Administrative Rule:

[RULE §379.504 Security Policies and Procedures](#)

Centers and satellite shelters must develop, maintain, and comply with written policies and procedures to promote the safety and security of residents, nonresidents, employees, and volunteers. These policies and procedures must address:

- (1) intruders on the property, such as a batterer;
- (2) assaults;
- (3) bomb threats;
- (4) threatening telephone calls;
- (5) power outages;
- (6) evacuations;
- (7) natural disasters (e.g., hurricanes, tornadoes, floods, fires); and
- (8) technology safety and data security.

Considerations:

Intruders

It's important to conduct ongoing conversations with residents of the shelter about how they perceive the risk of batterers locating or coming to the shelter. Hold these conversations and assess the risks using the expertise of staff. Consider maintaining a description (and picture, if available) of the batterer and the batterer's car on file. Develop a plan for staff and residents in the event that a batterer shows up at the shelter. Because each shelter is different in terms of layout as well as security and emergency response time, keep in mind the following considerations:

- Alert the police immediately. Decide whether you rely on emergency phone calls or use a panic button/alarm system. Keep in mind that some alarm systems may alert the batterer that police have been summoned.
- Do not open the door or allow entrance to the facility.
- Do not confirm or deny the presence of any given survivor.
- Provide a "safe room" for residents to go to until the police arrive. Ideally, this room will lock from the inside, have no or few windows/doors, and have a phone.²

² TCFV adapted portions of this section from the *North Carolina Coalition Against Domestic Violence (NCCADV) Best Practices Manual*. Retrieved from <http://www.nccadv.org/>

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While developing policies and procedures for dealing with intruders, refer to the [Texas Penal Code Chapter 30.05](#), which addresses criminal trespassing. Additionally, contact your local law enforcement agency to learn their policies for response to criminal trespassing. This may vary from county to county.

Your agency may also want to contact your local prosecutor's office to obtain their legal opinion regarding effective trespassing signs and methods for aiding in the successful prosecution of trespassers.

Sample Policies and Procedures: Intruders

“In the event an intruder is detected on the property (name of agency) staff will call 911 and follow the instruction of law enforcement. Staff will also make all reasonable efforts to alert residents and lead them to a safe area of the building. (Name of agency) staff will also make a reasonable effort to alert residents outside of shelter, if safely possible, of the situation and when it has been resolved.”

Considerations:

Assaults

If an assault occurs between two survivors and there are no major injuries, it may be appropriate for staff members to use dispute resolution techniques in order to restore peace to the shelter environment. Ideally, peaceful resolution to an assault situation will allow both survivors to remain in shelter and continue receiving the services they need. If major injuries occur, however, or a resolution is not possible, advocates should be prepared to call emergency services. Keep in mind that in this case, one or both of the survivors involved may be arrested.

Sample Policies and Procedures: Assaults

“If an assault occurs on the property, (name of agency) staff will attempt to utilize dispute resolution techniques to diffuse the situation and maintain the safety of all clients. If this is not successful, or if a client suffers major or life-threatening injuries, staff will call emergency services. When appropriate and possible, staff will consult with the victim of the assault before calling 911. (Name of agency) staff will call 911 for emergency intervention of a criminal assault occurring on the property.”

“(Name of agency) will contact emergency services while protecting client confidentiality and privilege to the greatest extent possible. In many cases, the survivor will be conscious and able to speak with Emergency Medical Technicians (EMT). When calling 911, remember not to share a survivor's whole case history or file. It is also not allowable to specifically comment on why they were receiving assistance from your

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agency. If time is of the essence, staff should first call 911 and notify the Executive Director or [fill in name of alternative decision maker, such as assistant director or shelter director] within a reasonably short amount of time. If the client cannot authorize the release or be found in a timely manner, staff may release pertinent information limited to the medical emergency without signed consent. The agency must notify the client of this action orally and in writing as soon as possible.”³

Considerations:

Bomb Threats

A shelter center must have a security plan to address bomb threats. The Department of the Treasury Bureau of Alcohol, Tobacco and Firearms (ATF) provides guidelines and resources including checklists and pamphlets to assist in developing procedures to address bomb threats (see Appendix Six). Be sure to have a plan for all buildings (such as shelter, thrift store, and outreach office) and consider contacting your local police, sheriff, or fire department to seek guidance about your plan.

Train all staff and volunteers on both the physical and bomb incident plans; use the *ATF Bomb Threat Checklist* or a similar form to train staff and volunteers who answer the hotline.⁴ Make this checklist readily accessible, such as on a bulletin board near the hotline crisis logs.

Evacuation

Fortunately, very few shelters have received bomb threats; nevertheless because of the possibility, agencies must develop carefully planned evacuation steps. Consider: Is the bomb threat real or is it a prank or attempt to disrupt the shelter? Is it an attempt to evacuate the building in order to gain access to a particular resident? The ATF document *Bomb Threats and Physical Security Planning* examines three alternatives and suggests that “initiating a search after a threat is received and evacuating a building after a suspicious package or device is found is perhaps (the) most desired approach.”⁵ Discuss the alternatives in advance, develop a bomb incident plan that incorporates alternatives, and work closely with your local agencies.

Media

News media coverage of a bomb threat can inadvertently precipitate further bomb threats, so carefully plan how to engage the media. The ATF pamphlet provides a brief discussion on this topic.

³ National Network to End Domestic Violence. (2010). Victim Confidentiality Considerations for Domestic Violence and Sexual Assault Programs when Responding to Rare or Emergency Situations.

http://nnedv.org/downloads/SafetyNet/OVW/NNEDVField_EmergenciesCrimesConfidentiality_2010.pdf

⁴ US Department of the Treasury: Bureau of Alcohol, Tobacco, and Firearms. (1987). Washington, DC 20226. Retrieved from <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=192803>

⁵ *Id.*

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For further information, refer to the Department of the Treasury Bureau of Alcohol, Tobacco and Firearms pamphlet *Bomb Threats and Physical Security Planning* (see Appendix Six).

Sample Policies and Procedures: Bomb Threats

“In the event of a bomb threat, (name of agency) will call 911 to report the threat. (Name of agency) will also refer to the Bureau of Alcohol, Tobacco and Firearms guidelines suggested in *Bomb Threats and Physical Security Planning* in the event of a bomb threat.”

Or

“In the event of a bomb threat, (name of agency) will follow the guidelines recommended by and developed in consultation with our local enforcement agencies.”

Sample Policies and Procedures: Threatening Phone Calls

“(Name of agency) shall report threatening phone calls that target the agency or shelter to law enforcement. Staff will discuss threatening phone calls that target a specific client or staff person with the individual whenever safely possible before calling 911. Further, staff will provide alternate safety planning for individuals who may be placed in greater danger by making a police report, such as survivors with abusers in law enforcement.”

Sample Policies and Procedures: Power Outages

“(Name of agency) will follow power outage procedures as determined by the Executive Director and Board of Directors.”

For additional information relevant to power outages see sample policy ‘*Disruption in Providing Services*’, [RULE §379.626](#).

Considerations:

Evacuations and Natural Disasters

Every county and city must have an emergency management operations plan and an emergency management coordinator. The coordinator should identify the most common potential disasters (such as a shelter building near a hazardous materials route or railroad) and natural disasters (such as flooding or hurricanes) specific to your location. The coordinator should help develop a list of contacts and resources to use in evacuation procedures, such as the Red Cross, law enforcement, and the mass transit system.

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Your Natural Disaster Preparedness Plan should be a simple document that prepares for two possibilities: evacuation or shelter in place. These represent the only options. For example, during a hazardous materials spill the Fire Department will advise the public to either evacuate or remain inside with the doors and windows closed. It is critical to identify a key person within your agency with responsibility for your Natural Disaster Preparedness plan (preferably the Executive Director, deputy director, or program coordinator), and to provide the names and phone numbers of the people in charge on a separate sheet of paper.

In the event of an emergency or national disaster, consider transferring all hotline calls to the National Domestic Violence Hotline. Find the procedures for transferring hotline calls below.

Sample Policies and Procedures: Hurricanes, Tornadoes, and Floods

“In the event of a natural disaster, such as a hurricane or flood, (name of agency) will follow emergency procedures as outlined by the [Texas Division of Emergency Management \(TDEM\)](#).”

Sample Policies and Procedures: Fires

“In the event of a fire (name of agency) will follow procedure in compliance with local fire codes as established by the local or state Fire Marshall.”

“In the event of a natural disaster or other emergency situation, (name of agency) may need to transfer hotline calls to the National Domestic Violence Hotline. To transfer hotline calls, (name of agency) will use the following procedures:

Procedures for Transferring Lines to the National Domestic Violence Hotline:

1. Contact the hotline at **1-800-799-7233** and ask to speak with a hotline coordinator.
2. Provide the hotline with details of the transfer.
3. The hotline will assign a number to which your hotline can be transferred.
4. Follow instructions from your local phone provider on how to transfer lines.
During this period, please update the hotline periodically regarding the status of your program.
5. When you are ready to cancel the transfer, please notify the hotline. To finalize the cancel, follow instructions provided by your local phone service provider.

When requesting to forward agency lines to the hotline the following information will be asked of you:

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1. Name of your agency.
2. Contact person name and cell number (Agency Director) and a back-up name and number for the contact person just in case they cannot be reached.
3. Alternate contact person name and cell number (Board Member, Program Director) and a backup name and number for the alternate contact person just in case they cannot be reached.
4. How long the lines will be forwarded.
5. Time and date the transfer will occur.
6. Time and date the lines will be taken back.
7. Details regarding the agency evacuation plan.
8. If available a contact name or number where we can direct concerned family members or clients that have been lost during evacuation i.e. if mother and children get separated.
9. If there is a need for the hotline to keep the agency line longer, then the hotline will need to be updated regularly.
10. The hotline needs to be contacted when the agency takes the lines back.

Considerations:

Data Security

The Texas Administrative Code now requires family violence centers to have policies regarding data security, including the maintenance and security of electronic files, if applicable. If your agency uses an electronic record keeping system rather than paper files, your policy should address the unique vulnerabilities associated with that type of file maintenance. Keep the below key areas in mind as your agency develops policies in this area. It is by no means an exhaustive list. Work with your Information Technology expert to design a secure and comprehensive policy.

Electronic Maintenance and Collection

Per rule [§379.617](#), only information related to funding purposes, establishing the need for services and intervention/advocacy goals, and protecting the liability of the organization and its employees may be entered into client files. The following questions can help an employee determine the necessity of recording information in a client file:

- What is the purpose of writing or recording this information?
- Is there another way to accomplish this purpose?
- What is the potential harm if the information were released or disclosed?
- How would the survivor feel about the entry?



- Is the information protected from data entry by, or inadvertent disclosure to, unauthorized persons?
- Is security for the system/network sufficient to prevent unauthorized access?⁶

Per rule [§379.619](#), family violence service providers must maintain a written plan for the maintenance of all records and designate a Custodian of the Records. This person will be responsible for the security of records in all situations, including the closure of the organization. The Custodian must also take responsibility for regulating access to client records. As few people as possible within the agency should handle confidential or privileged information.

Data Storage and Protection

Programs must keep client information confidential when it qualifies as identifying per the Family Violence Prevention and Service Act (FVPSA).⁷ They must also hold all information covered by Chapter 93 of the Texas Family Code as privileged. This information includes: a first and last name; a home or other physical address; contact information (including a postal, e-mail or Internet Protocol address, or telephone or facsimile number); 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 information would serve to identify the individual.⁸ Any policy regarding the collection and storage of this information must address how this information will be kept confidential and privileged

Like paper records, digital records are vulnerable to access breaches and should be maintained with stringent protections. Rule [§379.618](#) also requires that computerized client files are password-protected and only designated staff members have access to the passwords and authority to enter data. Users should select passwords based on their strength, change them often, and avoid using common words or references that easily known to others, such as birth dates.

Organizations must also consider the method by which they will keep their data safe. This may include encryption and other security measures. As stated above, this manual is not an in-depth guide to digital data security and TCFV strongly recommends consulting with information technology experts to design a strong system to protect your data. The highly confidential and privileged nature of the records coupled with the risks associated with computer security, require the utmost care.

⁶ Kunce Field, Julie et al. (2007). Confidentiality: An advocate's guide. Battered Women's Justice Project. Retrieved from <http://www.bwjp.org/resource-center/resource-results/confidentiality-an-advocate-s-guide.html>

⁷ Family Violence Prevention and Services Act 42 U.S.C. § 10401 et seq.

⁸ *Id.*



Implications and Considerations of Cloud Storage

Cloud storage has become an increasingly common way to store information. It generally refers to a system that allows users to store information on a remote server through the Internet. This potentially convenient and cost-effective way to house large quantities of data, accessible from any Internet-enabled location. Cloud technology simplifies data storage so that organizations do not have to purchase expensive servers. Although a convenient option, cloud technology carries complex security and confidentiality ramifications.

For instance, third parties own and operate remote servers with users paying a monthly or yearly fee to store data. As such, this introduces another agency with potential access to client information, so you should carefully examine your FVPSA requirements and any applicable intersections with Victim-Advocate privilege under Chapter 93 of the Family Code when considering this option. TCFV encourages you to access related resources available from the National Network to End Domestic Violence including their Cloud Computing information sheet.⁹

Data Destruction

Record retention requirements vary by funder. Programs can destroy records to protect client confidentiality and privilege after the required time period has elapsed as long as no effective and valid court mandate exists which governs the retention of the records. Destroying paper files is straightforward, but electronic files can become complicated: simply deleting the record or moving it to the “Trash Can” or “Recycle Bin” does not delete the file from the computer hard drive. As a first step in knowing how to delete sensitive information, determine where your computer system stores electronic files (including, but not limited to, desktops, shared drives, shortcuts, email accounts, and other locations).

Organizations should destroy electronic records in a way that guarantees no one can access the records at any time. Short of physically destroying the hard drive, it can be very difficult to assure complete destruction of a file. Work with your information technology staff to develop a protocol for record deletion in alignment with your current record retention policies.

Writing a Data Security Policy

When writing your agency’s policy on data security, consider addressing several key components and issues:

⁹ National Network to End Domestic Violence. (2011). Cloud Computing. Retrieved from <http://tools.nnedv.org/tipsheets-charts/tipsheets/107-cloudcomputing>

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- Describe the format of your agency's files and their location, making it clear your agency uses either paper or electronic records and you store these records either in a locked filing cabinet or a password protected computer located in the organization's building (or another location).
- Outline data security measures.
- Outline storage & backup procedures for data.
- If your organization stores survivor information via the Internet at a location not owned by your organization (such as cloud storage), note how your agency will follow federal and state confidentiality requirements.
- Per the Texas Administrative Code (TAC), outline how your electronic files are password protected and attributable and outline the measures in place to allow only authorized employees access to these files.
- Specify your Custodian of Records and that person's responsibilities related to data security.
- The policy should state that the program will maintain survivor files according to all other TAC rules and regulations, and the policy should provide a reference for your organization's policies regarding survivor file maintenance. Consider including a statement on the confidential nature of all hotline call records and that your program maintains these with the same data security methods used for other client files.
- Per the TAC requirements, your data security policy must address the length of retention of client files and how they will eventually be destroyed. Your policy must state your method of destruction of client files which may include confidential shredding of paper records, the use of data destruction software for electronic records, or even physical destruction of the hard drives of computers.
- Consider your organization's use of copiers, fax machines and phones. Many common office machines have the technology to store digital copies of documents. Many times larger companies may rent or oversee these machines and as such could improperly have access to this information. This policy might include your organization's procedures for deleting information on these hard drives, especially if leased from an outside supplier.
- Most importantly, survivors must always retain ownership of their data. If your agency uses electronic records, outline the procedures that will foster a survivor's continual access to their file at their request. These procedures should incorporate all applicable provisions necessary to meet confidentiality requirement as well as Chapter 93 of the Texas Family Code around Victim-Advocate Privilege.

Considerations:

Electronic Communication

Family violence programs should have clear policies regarding the use of electronic communication between staff and clients. Email, Skype, online chat, text messaging and other messaging services have vastly expanded the range of clients who can access

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services through family violence programs. Survivors who would otherwise experience isolation because of lack of transportation, extreme distance, or other reasons can now access services through the Internet. Overall, these technologies allow more people to access services.

Unfortunately, these technologies also come with disadvantages. Third parties can easily intercept email and other online communications which presents serious security issues. As compared with written or spoken language, many people exercise less caution in these types of communications. Moreover email records are difficult to destroy.¹⁰ Advocates should discuss the potential breach of confidentiality and applicable privilege associated with each type of electronic communication with the survivor and make certain they understand the risks involved; the survivor then decide on the best approach based on the unique situation. Employees should refrain from discussing confidential client issues with other employees via email, text, Skype, or other messaging services.

Although usually the primary mode of communication with survivors, even phone lines are difficult to protect against privacy breaches. An abuser could compromise a survivor's cell phone, and while unlikely, landlines can also be tapped. Always warn survivors of such possibilities and make every effort to keep calls confidential. Consider using a caller ID blocker on outgoing calls to make sure that anyone who may have access to a survivor's phone does not know that s/he is in communication with a hotline. Although not foolproof, this system does offer another layer of protection.

Writing an Electronic Communication Policy

When writing your policy on electronic communication, consider stating that your agency does not share identifying client information with anyone outside of the organization, unless a client has signed a time-limited release form.

Your agency's policy might also state appropriateness of the use of technology for service provision (such as Skype or email) in some circumstances. It could explain that advocates will discuss with the survivor all threats to confidentiality associated with the use of technology for service provision, so that the survivor can make an informed decision. Be sure to state that if a survivor prefers not to use technology, the program will make arrangements to provide services in person. Consider including that employees may not access confidential client information or provide services using a computer connected to an unsecure wireless network.

Employees of family violence organizations should follow the social media policies established by their agencies. These may include whether or not they should list their place of employment, policies around friending clients (that consider whether the employee and the survivor were friends prior to the advocacy relationship) and confidentiality and privacy considerations.

¹⁰ Kunce Field, Julie et al. (2007). Battered Women's Justice Project. Confidentiality: An Advocate's Guide. Retrieved from http://www.bwjp.org/assets/documents/pdfs/confidentiality_an_advocates_guide.pdf

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Again, it may be necessary to include that your agency uses a Caller ID blocker on outgoing calls to protect the confidentiality of client calls to the hotline. Your policy might specify that you make every effort to maintain the confidentiality of all agency and hotline calls, but your agency will inform survivors that abusers may circumvent these safeguards.

Considerations:

Technology Safety for Survivors

When considering a policy on client use of technology on agency property, keep in mind that empowering survivors of family violence represents one of the key underpinnings of the family violence movement. Implementing the least restrictive rules and policies possible helps to maintain an environment that focuses on the survivor's choices. It also maintains their connection to support networks and emergency services such as e911. Education and safety planning may represent the most appropriate strategies to employ when navigating issues of survivors' technology use. For example, instead of requiring a client to surrender a phone or other device upon intake into a shelter, an advocate may alert the client to the dangers of the GPS function on the device and ask that the survivor disable the function.

Also, prioritize conversations about the use of technology and safety concerns not only with clients but with staff as well. When creating a policy, consider including use of the following:

- GPS on cell phones, including in-app locators
- Social media
- Text
- Skype
- E-mail
- Wi-Fi
- Tablets
- Other agency-specific technology

A technology policy can be especially important in maintaining the confidential location of an organization's shelter. Organizations must gain awareness of the availability of information to the public. For example, if it is easy to find the shelter location on the Internet, then the usefulness of restrictive technology policies to maintain the confidentiality of the shelter location become less important.

Writing a Technology Safety Policy

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If your agency's shelter location is confidential its location does not appear in other reasonably accessible formats such as via Internet searches, phone books, etc., you may decide to require all survivors and staff to disable any GPS functions of personal cell phones or other electronic devices while on the premises. Consider stating that this applies to any apps and social media posts that advertise the location of the user.

If the location of your agency's shelter is not confidential or easily found, consider a policy that informs survivors and staff of the risks of GPS enabled devices..

Also consider including a policy on the use of computers within the shelter or agency. Consider asking survivors and employees to maintain the confidentiality of the shelter location by not advertising the shelter address on social media sites (if applicable). Think about addressing resident and staff privacy by requiring computer users to refrain from posting pictures of residents and staff without permission.

You may further decide to include a statement on Internet availability and security within your organization. If your agency uses a wireless Internet connection, this might include stating that the network is password protected to prevent outside users from accessing it, but that your agency cannot guarantee that Internet activity remains confidential. Your policy might also ask that residents and employees do not share the wireless network password with anyone outside of the agency. If your agency has a wired Internet connection only, this may not be necessary.

Due to the rapidly evolving nature of technology, this writing does not address every aspect of technology use in your agency. Instead, TCFV recommends approaching the issue with a larger picture, dual perspective: promoting confidentiality and information security at all times, while balancing survivors' access to devices.



Screening Safe Homes

HHSC Texas Administrative Rule:

[RULE §379.509 Additional Requirements if a Shelter Center Uses a Series of Safe Homes](#)

If the center uses a series of Safe Homes for shelter, it must:

- (1) have a written policy that addresses in-depth screening of each home, including the suitability of the house and host family or individual; and
- (2) meet the same standards as a regular 24-hour-a-day shelter except:
 - (A) it is not required to have 24-hour employee or volunteer coverage; and
 - (B) any material the Health and Human Services Commission requires to be posted in a Safe Home can instead be placed in a notebook that is clearly labeled and visibly available for residents to read.

Considerations:

If your agency decides to use a series of Safe Homes in place of, or in addition to a shelter facility, consider the suggestions below in developing a screening tool (application) to be utilized in assessing potential Safe Homes:

- Name
- Address/Phone Numbers/E-Mail
- Description of people in household and those who visit on a regular basis
- Occupations of people residing in the household and their work hours
- Criminal histories (free of family violence, violent crime, or other similar offenses for all household members)
- Description of house including number of bedrooms and bathrooms
- How applicant(s) heard about the Safe Home program and why they are interested in participating
- Experience with volunteer work, especially foster care or other housing-based volunteer work
- Experience with or knowledge of family violence (possibly include specific questions about knowledge of family violence)
- Experiences of household members that will assist in operating a Safe Home
- Confirmation that all members in the household are willing to participate in family violence training and willing to live with family violence survivors
- An explanation of how members of the household feel about living with domestic violence survivors of different races, ethnicities, cultures, sexual orientations, and religions



- A list of languages spoken in the household
- Specific dates that the provider cannot share their home and amount of notice needed before making a placement
- Length of time survivors may stay at the Safe Home
- Number of persons that can be accommodated in the home and whether or not they will provide housing to children
- Provider's willingness to assist with child care
- Medical concerns of any household members
- Household members' experiences with use of medication and/or substance abuse
- Household members' experiences with a protective order
- Proof of liability homeowner's or renter's insurance
- Information about the importance of confidentiality and a notice that Safe Homes will be required to sign a confidentiality agreement
- Information on the animals in the home and if they accept pets
- Ability to provide meals
- ADA accessibility of home
- Areas where smoking is permitted, if at all
- Whether Safe Home guests will be permitted to be at home when no one else is
- Area public transportation

Sample Policy: Safe Homes

“(Name of agency) will complete an in-depth screening and application process of each Safe Home. The host family will have a criminal background check, complete a family violence training program, and will be interviewed by a staff member(s). The home will also be assessed for physical environment (e.g. clean, safe, and secure). Each Safe Home will follow the same standards set forth for shelter centers with the exception of staffing and the provision that all information required to be posted may be kept in a notebook. Residents will be asked to fill out evaluations of the Safe Home.”



Health, Hygiene, Communicable Diseases, and Immunizations

HHSC Contract Requirement:

(jj) Health and hygiene policies

The center must have written health and hygiene policies and procedures that include but are not limited to:

- (1) practices to prevent the spread of contagious diseases;
- (2) hygienic practices for kitchen, bathroom, sleeping, and children's areas, including children's toys and highchairs;
- (3) provision of basic written information on:
 - (A) schedules for immunizations;
 - (B) vaccine-preventable and communicable diseases;
 - (C) the need for immunizations;
 - (D) any available government-funded health insurance programs;
- (4) the provision of services to individuals with a communicable disease and procedures that comply with local, regional, or state health departments and federal regulations, including the reporting of modifiable conditions; and
- (5) procedures that address the safety of the victim and ensure respectful treatment of the ill resident(s).

Considerations:

Communicable Diseases

For guidance on Universal and Standard Precautions relating to blood-borne pathogens, consult the websites of [National Safety Compliance for OSHA compliant materials](#), and the [Center for Disease Control and Prevention \(CDC\)](#).

Sample Policy: Communicable Diseases

“(Name of agency) will comply with [The Communicable Disease Prevention and Control Act under the Health & Safety Code, Chapter 81](#), and the Texas Department of Health’s rules and regulations governing reportable illnesses.

If a resident has a communicable disease, the agency will ask the resident to remain in her/his room as much as possible. (Name of agency) will balance respectful interaction and CDC best practices when responding to resident illnesses.

In extremely rare instances it may be necessary for (name of agency) to facilitate alternate shelter for a survivor with a highly contagious, potentially life threatening illness. In the rare event this should occur, the ill survivor will receive shelter services equal to those available in the communal shelter. (Name of agency) will prioritize the



safety of an ill survivor when making shelter arrangements that include CDC or local health department recommendations.

A designated staff person act as a liaison with the local health department to maintain current information on communicable diseases. The agency will provide training to staff and volunteers on issues related to communicable diseases.”

Sample Policy: Health, Hygiene and Immunizations

“(Name of agency) will post information about the availability of immunization assistance and government-funded health insurance programs in a highly visible area. (Name of agency) will also make written materials available on immunization schedules and vaccine-preventable and communicable diseases.

(Name of agency) will provide sanitizing spray, paper towels, and other tools to assist residents in keeping common areas clean and sanitary. (Name of agency) will also periodically provide staff assistance to aid in keeping areas clean and hygienic. (Name of agency) will provide basic personal health and hygiene products that meet the needs of all clients.”

SECTION 2:
Program
Administration





Client Eligibility According to Federal and State Laws and General Eligibility

HHSC Texas Administrative Rules:

[RULE §379.603 Eligibility](#)

Victims of family violence as defined in the Human Resources Code, Chapter 51, and adults subjected to sexual and/or emotional abuse by their batterers are eligible for services at the center.

[RULE §379.604 Federal and State Laws Regarding Eligibility](#)

When determining eligibility for services, a center must comply with the following applicable state and federal laws and any amendments made to each of these laws. Policies and procedures must be written to comply with:

- (1) Human Resources Code, Chapter 51;
- (2) Title VI of the Civil Rights Act of 1964 (Public Law 88 - 352);
- (3) Section 504 of the Rehabilitation Act of 1973 (Public Law 93 - 112);
- (4) Americans with Disabilities Act of 1990 (Public Law 101 - 336);
- (5) Age Discrimination Act of 1975 (42 U.S.C. §§6101 - 6107);
- (6) Health and Human Services Commission regulations regarding civil rights;
- (7) Texas Health and Safety Code, §85.113, relating to HIV/AIDS; and
- (8) The Family Violence Prevention and Services Act (42 U.S.C. Chapter 110).

[RULE §379.605 Eligibility Criteria](#)

A center must develop, maintain, and comply with written resident and nonresident eligibility and screening procedures that are based solely on the individual's status as a victim of family violence, without regard to:

- (1) income;
- (2) whether the individual contributes, donates, or pays for these services;
- (3) gender; or
- (4) sexual orientation.



[RULE §379.606 Denial of Services](#)

A center can deny services to an otherwise eligible victim of family violence only if it has written policies that outline specific behaviors that would make a victim ineligible. These policies must:

- (1) address only behaviors that threaten the safety and security of shelter staff and residents;
- (2) apply equally to all people;
- (3) comply with the laws and regulations described in §379.604 of this division (relating to Federal and State Laws Regarding Eligibility); and
- (4) contain procedures that take into consideration the safety of a victim.

[RULE §379.607 Eligibility of Previously Involuntarily Terminated Residents or Nonresidents](#)

A center must develop, maintain, and comply with written policies and procedures to assess the safety and appropriateness of providing services to a victim whose services were previously involuntarily terminated and who is currently requesting services.

[RULE §379.608 Access to Services for People with Limited English Proficiency](#)

A center must:

- (1) serve people with limited English proficiency and take reasonable steps to ensure meaningful access to the program; and
- (2) develop, maintain, and comply with written policies and procedures for the access and delivery of services to people with limited English proficiency.

[RULE §379.610 Emergency Shelter or Care for an Unaccompanied Minor](#)

- (a) For purposes of this division,
 - (1) "Emergency shelter or care" means shelter or care provided by a shelter center under Texas Family Code §32.201 and §32.202.
 - (2) "Minor" means a person under 18 years of age who:
 - (A) is not and has not been married; or
 - (B) has not had the disabilities of minority removed for general purposes.
 - (3) "Unaccompanied minor" means a minor who is not accompanied at the shelter center by the minor's parent, managing conservator, or guardian.
- (b) A shelter center may provide emergency shelter or care to an unaccompanied minor and the minor's child or children, if any, only during an emergency constituting an

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immediate danger to the physical health and safety of the minor or the minor's child(ren).

- (c) Except as provided in subsection (d) of this section, a shelter center may not provide emergency shelter or care to an unaccompanied minor or the minor's child(ren) after the 15th day following the date on which the center began to provide the shelter or care.
- (d) With or without the consent of the minor's parent, managing conservator, or guardian, the shelter center may continue to offer emergency shelter or care to an unaccompanied minor and the minor's child(ren), if any, after the 15th day if the minor:
 - (1) is unmarried and is pregnant or is the parent of a child;
 - (2) has qualified for financial assistance under Texas Human Resources Code, Chapter 31, and is on the waiting list for housing assistance; or
 - (3) is 16 years of age or older; and
 - (A) resides separate and apart from the minor's parent, managing conservator, or guardian, regardless of whether the parent, managing conservator, or guardian consents to the residence and regardless of the duration of the residence; and
 - (B) manages the minor's own financial affairs, regardless of the source of income.
- (e) The shelter center may rely on the minor's written statement containing the grounds on which the minor has the capacity to consent to emergency shelter or care.
- (f) A victim of family violence under 18 years of age may consent to 24-hour-a-day shelter services provided by a shelter center, at any time and for any duration, if:
 - (1) the victim is married or has been married; or
 - (2) the victim has had the disabilities of minority removed for general purposes (i.e., is legally emancipated).

Considerations:

Eligibility policies for centers must adhere to many state administrative rules as well as Federal and State laws. The sample policies/procedures listed below comply with those requirements. In the development of your own policies, programs will want to include more in-depth procedures for eligibility issues specific to their communities, including but not limited to:

- **Gender:** People of all genders experience family violence. Programs must, under rule [§379.605](#), serve any survivor of family violence without regard to gender. This includes male survivors, clients who identify as transgender, and teenaged sons of otherwise eligible clients.
- **Transgender Clients:** When serving transgender clients, make no assumptions and follow the lead of the survivor regarding the person's gender identity. When supporting transgender survivors in the process of adjusting to communal living, staff should realize that the transgender client may have elevated concerns for safety and privacy regarding the facility's shared spaces. These concerns are not unfounded—transgender individuals face a higher risk of violence than people



- who are not transgender.¹⁰ Opening dialogue, providing several options, and remaining flexible can help facilitate a positive and safe shelter stay.
- **Sexual Orientation:** Under rule [§379.605](#) and the Family Violence Prevention and Services Act, family violence programs must serve any survivor of family violence without regard to sexual orientation, and have policies in place regarding accessibility for survivors identifying as LGBTQ. In many instances, individuals in same-sex relationships face additional barriers to receiving help due to intolerance and discrimination. LGBTQ survivors may benefit from targeted outreach as members of an underserved population in your community, because marginalization puts people at higher risk of victimization. Please see TCFV’s Sample LGBTQ Accessibility Policy for further guidance.
 - **Unaccompanied Minors:** Family violence programs may, under sections [§32.201](#) & [§32.202](#) of the Texas Family Code, provide shelter or care to unaccompanied minors (age 18 and under) for up to 15 days in either residential or nonresidential services as explained by the sample policy below. Although optional, TCFV encourages programs to offer this vital service. All agencies may provide counseling services to minors without parental consent if those minors meet the criteria covered in section [§32.004](#) of the Texas Family Code, also explained in the sample policy below.
 - **Mental Health Issues:** Family violence programs must provide services to survivors without regard to their mental health status, unless they exhibit behaviors that pose a safety risk. Comprehensive policies around mental health issues that include coordination and cross-training with mental health service providers can assist both the program and the survivor. Customized service plans and flexibility are also important aspects of working with survivors with mental health issues.
 - **Substance Abuse Issues:** Programs should offer comprehensive services to family violence survivors with substance abuse issues. It is important to work with the survivor to address both issues. Screening out clients with substance abuse issues can leave those survivors who most need assistance without options and at increased risk and this also may conflict with the eligibility rule.

Sample Policy Part 1: Applicable Client Eligibility Laws

“When determining client eligibility, (name of agency) will comply with the Human Resources Code, Title II, 51.002; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; the Age Discrimination Act, Title 40; Commission regulations regarding civil rights; The Texas Health and Safety Code, 85.113; and the Family Violence Prevention and Services Act (42 U.S.C. Chapter 110).

¹⁰ Bolles, A. (2012). A Growing Issue: Findings from the 2011 NCAVP Hate Violence Report. Retrieved from <http://www.glaad.org/blog/violence-against-transgender-people-and-people-color-disproportionately-high-lgbtqh-murder-rate>
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These acts collectively provide in part that no persons in the United States shall be excluded from participating in or be denied any aid, care, service or other benefits provided by federal and or state funding. They may not otherwise be subjected to discrimination on the grounds of race, color, national origin, sex, age, disability, political beliefs or religion.

1. [The Human Resources Code, Title II, 51.002 \(9\)](#) states that a survivor of family violence means:
 - A. an adult member of a family or household who is subjected to an act of family violence; or
 - B. a member of the household of the adult described in Paragraph (A), other than the member of the household who commits the act of family violence, including an act of emotional abuse.

2. The [Texas Administrative Code](#) defines, for the purpose of eligibility, a survivor of family violence as:
 - A. an adult member of a family or household who is subjected to an act of family violence;
 - B. a member of the household of the adult described in subparagraph (A) of this paragraph, other than the member of the household who commits the act of family violence, including an act of emotional abuse;
 - C. survivors not directly served by a Commission family violence service provider;
 - D. a member of the family or household who may have been subjected to sexual abuse by a batterer; and
 - E. a survivor of dating violence.

3. [The Civil Rights Act of 1964, Title VI](#) states in part that potential clients cannot be denied services and benefits due to race, color, national origin, or religion in any program that receives funding from the Department of Health and Human Services (HHS).

4. [The Rehabilitation Act of 1973](#) applies to all recipients of federal assistance from HHS. This law prohibits excluding or denying individuals with disabilities equal opportunity to receive benefits and services.

5. [The Americans with Disabilities Act, Title III](#) prohibits discrimination against clients because of a mental or physical disability. This law provides qualified disabled clients with the right to access services and benefits by ensuring facility accessibility where benefits and services are provided. This law requires shelter centers to make every reasonable effort to accommodate clients who are protected under the intent of the Americans with Disabilities Act. The agency will document all accommodations made and will keep this information in an administrative folder.

6. [The Age Discrimination Act](#) requires equal access to services and benefits regardless of the client's age. This law states that no person, based on their age, can be denied

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benefits from, be excluded from participation in, or be limited in access to, any program or activity that receives federal financial assistance. This law prohibits policies or practices that would exclude a client based on her/his age or the age of any dependents.

7. [The Texas Family Code section §32.201 and §32.202](#) allows minors to consent to receive emergency shelter and care for up to 15 days if they are in immediate danger to their physical health or safety. (Name of agency) will provide emergency shelter and nonresidential services to minors that are in immediate danger to their physical health or safety for up to 15 days in accordance with the Texas Family Code. Before a minor is admitted into services under these circumstances, the staff person who receives the hotline call, or who interacts with the minor, will first attempt to contact a supervisor to determine whether the minor will be accepted into services. If (name of agency) accepts the minor into emergency shelter or nonresidential services and the minor continues to need those services past the 15th day, (name of agency) will assure that one of the following is true:
- The center receives consent from the minor victim to continue shelter or care, if the minor survivor:
 - i. is 16 years old or older;
 - ii. resides separately and apart from the minor survivor's parent, managing conservator, or guardian, regardless of the duration of the residence; and
 - iii. manages her or his own financial affairs, regardless of the source of income; or
 - Is unmarried and pregnant or the parent of a child; or
 - The minor survivor has qualified for financial assistance under the [Human Resources Code, Chapter 31](#), and is on the waiting list for housing assistance; or
 - The parent or guardian of the minor victim has consented to further services for the minor victim.

(Name of agency) will instruct the minor to provide a written statement containing the grounds on which the minor has capacity to consent to emergency shelter or care. *[Agencies that only provide nonresidential services should delete #7 from their policies. This section of the Family Code only pertains to emergency shelters.]*

8. Additionally, because (name of agency) provides counseling services by a licensed psychologist, social worker and/or professional counselor, (name of agency) can provide ongoing counseling services to minors who are survivors of sexual, physical, or emotional abuse, or who are contemplating suicide or suffering from a chemical or drug addiction or dependency without emancipation, parental consent or parental accompaniment, in compliance with the [Texas Family Code Section 32.004](#). Before admitting a minor into services under these circumstances, the staff person who receives the hotline call or interacts with the minor will first attempt to contact a supervisor to determine whether the center will accept the minor into services. *[Agencies that do not provide counseling services by licensed therapists should delete*

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8 from their policies. This section of the Family Code does not cover peer advocacy or services provided by non-licensed staff.]

9. [The Health and Human Services Commission’s \(HHSC\) regulations regarding civil rights in Chapter 395 of the Texas Administrative Code](#) prohibit discrimination in all HHSC programs based on race, color, national origin, sex, age, disability, and religion. All HHSC agencies must also provide access to potential clients with limited English proficiency. See Appendix 7 for more information.
10. [Texas Health and Safety Code, §85.113 and §85.114, relating to HIV/AIDS](#) requires that any organization under contract with the Department of Human Services must have workplace guidelines concerning HIV, similar to the following guidelines:
 - All employees will receive some education about methods of transmission and prevention of HIV infection and related conditions.
 - Programs will make accommodations to keep persons with HIV infection employed and productive for as long as possible.
 - The program will protect confidentiality of employee medical records.
 - The program will make HIV-related policies consistent with current information from public health authorities, such as the Centers for Disease Control of the United States Public Health Service, and with state and federal law and regulations.
 - Persons with HIV infection are entitled to the same rights and opportunities as persons with other communicable diseases.
 - Employers and employees should not engage in discrimination against persons with HIV infection unless based on accurate scientific information.

Clients served by these organizations must also receive education about HIV based on the HIV education program developed by the Texas Department of Health and Safety.

11. [The Family Violence Prevention and Services Act as outlined in 42 U.S.C. Chapter 110](#) prohibits programs from imposing fees or income based eligibility standards in exchange for assistance or services. It also confers specific requirements to all grantees and sub-grantees to support access to services for survivors of family violence who identify as LGBTQ.

Staff and volunteers of (name of agency) will receive training on client eligibility and all applicable federal and state laws.

Sample Policy Part 2: General Client Eligibility

“(Name of agency) assesses eligibility through respectful, rapport-building dialogue, being mindful that the hotline assessment may often serve as the first point of contact for a survivor reaching out for help. In determining eligibility for individuals seeking services from (name of agency), this agency bases screening procedures *solely* on the

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individual's status as a survivor of family violence, as defined by Chapter 51 of the Texas Human Resources Code. Survivors of family violence are eligible for services without regard to the following:

1. Income
2. Ability to contribute, donate, or pay for services
3. Gender or gender identity
4. Sexual orientation or identification
5. Relationship to the abuser
6. Disabilities, as defined by the Americans with Disabilities Act
7. Number of times services have been sought previously from this organization
8. Cultural barriers of this organization, including language
9. Number and age of children accompanying the survivor
10. Immigration status
11. Geographic location

“In compliance with Title VI of the Civil Rights Act of 1964, (name of agency) will provide meaningful access to services for limited English proficient (LEP) populations, including persons who are d/Deaf or hearing impaired. For cases in which staff or volunteers do not speak the survivor's primary language, staff or volunteers will utilize existing community resources to provide interpretation and translation services. Staff or volunteers will seek assistance via language line services only when face-to-face communications cannot be facilitated. Review (name of agency)'s LEP procedures for more information on how to do this.

If the program previously terminated services and an otherwise eligible survivor requests re-admission, (name of agency) will assess eligibility in accordance with state and federal laws, using the following procedures:

- When determining the appropriateness of re-admittance, the program will take into account the survivor's immediate safety concerns and will weigh these along with the potential risk that the survivor will repeat past behaviors.
- The program will further assess the survivor's current circumstances to determine if the threatening behaviors that resulted in the previous termination still present themselves.
- If the staff determines that the threatening behaviors are no longer present, the agency will re-admit the survivor.
- When the immediate safety concerns of the survivor in question outweigh the risk that a previous issue will repeat upon re-admittance into shelter, the program will re-admit the survivor into shelter.
- A program will not deny services to a family violence survivor for non-threatening behaviors during past shelter stays; an example includes a write-up for non-completion of chores.

If the organization has direct knowledge that the survivor exhibits threatening behaviors posing an immediate risk to the safety and security of staff and residents, the organization

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may preclude otherwise eligible survivors of family violence from receiving services. At (name of agency) these threatening behaviors include the following: (agency will insert list. Items may include assault, possession of a weapon, etc.)

A staff member or volunteer will make every reasonable effort to develop a safety plan with a survivor denied services. The agency will apply this policy equally to all persons and comply with all laws previously cited.”

Sample Policy Part 3: LGBTQ Accessibility Policy

“Please see (name of agency’s) LGBTQ Accessibility Policy.”

See Appendix 14 for example.



Access to Services for People with Limited English Proficiency (LEP)

HHSC Texas Administrative Rule:

[RULE §379.608 Access to Services for People with Limited English Proficiency](#)

A center must:

- (1) serve people with limited English proficiency and take reasonable steps to ensure meaningful access to the program; and
- (2) develop, maintain, and comply with written policies and procedures for the access and delivery of services to people with limited English proficiency.

Considerations:

Funding Requirements and Federal Law

Any organization or individual who receives federal financial assistance, such as through the Victims of Crime Act (VOCA) or the Violence Against Women Act (VAWA), either directly or indirectly, through a grant, contract, or subcontract, must comply with several federal civil rights laws regarding equal access to services for Limited English Proficient (LEP) populations. These laws prohibit discrimination on the basis of age, disability, national origin, race, religion, genetics, or sex (gender) in the delivery of services. [Title VI of the Civil Rights Act of 1964](#) and the [Omnibus Crime Control and Safe Streets Act of 1968, as amended](#), provide LEP individuals meaningful access to services. The Americans with Disabilities Act protects access for individuals who are d/Deaf or hard of hearing or have other disabilities affecting language abilities.

LEP Procedural Design

Your program's LEP procedures will depend on a variety of factors, including the diverse needs of your community, size of the population(s) served, and resources available. Programs have a number of options for providing oral and written language assistance, like hiring bilingual staff for client contact positions, hiring staff interpreters, contracting for interpreter services, engaging community volunteers, and contracting with a telephone interpreter service.

TCFV, in conjunction with the Kentucky Domestic Violence Association, has negotiated a reduced rate for phone interpreter services through Pacific Interpreters. Programs can



access interpreter phone services 24 hours a day in over 200 languages. Please contact TCFV for further details.

Other family violence programs throughout the state may already have program documents translated into languages other than English. Resource sharing among programs represents a cost-effective way to meet some of the needs of LEP populations.

Screening Interpreters

U.S. Department of Justice policy guidance discourages agencies from using informal interpreters.¹¹ It also discourages the use of friends, family members, children, and other untrained interpreters. Interpretation by friends or family of family violence survivors is particularly problematic and may put the interpreter or survivor in harm's way. Children should never act as interpreters, because this creates an unhealthy dynamic in the parent-child relationship and exposes children to inappropriate information. The guidance stresses the use of certified interpreters, particularly in the context of important legal rights such as in court.

Prohibited Practices

Examples of prohibited practices that may violate Title VI include:

- Providing services to LEP clients that are more limited in scope or are lower in quality than those provided to other clients
- Unreasonable delay in the delivery of services
- Limiting participation in a program or activity on the basis of English proficiency
- Failing to inform LEP clients of their right to receive free interpreter services
- Requiring LEP clients to pay for or provide their own interpreters

Sample Procedures: LEP

1. In order to stand ready to serve survivors with limited English proficiency, identify existing LEP populations and languages within your community.
2. Create a resource list of possible qualified interpreter/ translator services. Interpreters and translators perform similar tasks but in different settings. Interpreters translate orally while translators interpret written text.
3. Determine the LEP person's primary language at their initial contact with the program.
4. Provide information about the individual's specific language needs to everyone in contact with the client. Distribute the procedures for accessing a qualified interpreter or the interpreter line.
5. Contact a qualified interpreter and review the importance of confidentiality and privilege as well as your agency's applicable policies.

¹¹ US Department of Justice. (2002). LEP Guidance for Recipients and Agencies. Retrieved from http://www.lep.gov/guidance/guidance_DOJ_Guidance.html

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6. Ask each interpreter to sign a confidentiality and privilege agreement and an agreement regarding services rendered.
7. Inform the client of your policies for providing access to services. Also tell the client that they have the right to a qualified interpreter when and if they go to court.
8. Make sure the client feels comfortable with the interpreter. This includes ruling out conflicts of interest between the interpreter and the client, as individuals in insular communities may have existing relationships that could create privacy and safety concerns.
9. With the help of a qualified interpreter, tell the client how to contact the police and explain their legal rights, as well as what to expect from a police response. Keep in mind that some clients may not feel comfortable working with the police. Assist them with the process, or offer alternate safety planning outside the criminal justice system.
10. Confirm that the interpreter effectively communicates with the client by conducting, for instance, a quick assessment for satisfaction through another interpreter, such as via language line. Consult with the interpreter before the session to determine their comfort with relaying information of a violent or sexual nature exactly as the client says it, even if it contains profane language.
11. Construct a plan for communication between program advocates and the client in the future.
12. Work with the client on a safety plan that includes language access and continuing contact with the agency.
13. Provide intake forms to the client in their own language and include confidentiality agreements as mentioned above.
14. Provide all essential written materials to the client in their own language and explain the materials with the help of an interpreter.
15. With the help of a qualified interpreter, explain that the client can participate in shelter and nonresidential meetings (such as house meetings, parenting meetings, and individual and support group meetings) with the assistance of an interpreter, or that they can participate in groups/meetings in their own language.
16. With the help of an interpreter, tell the client about the available resources for adults and children in the shelter (such as food, clothing, children's program, legal advocacy program) and how to access those services.
17. If the client has children with limited English proficiency, schedule time to meet with each child individually, along with a qualified interpreter, to deliver all required and requested children's services.
18. With the help of a qualified interpreter, plan for scheduling appointments and meetings, including services in the community.¹²
19. To provide equal access, offer interpreter services for all other client services offered by your organization.

¹² Washington State Coalition Against Domestic Violence. (2002). Model Protocol on Services for Limited English Proficient Immigrant and Refugee Survivors of Domestic Violence. Retrieved from <http://wscadv.org/wp-content/uploads/2015/06/Services-for-Limited-English-Proficient-Immigrant-and-Refugee-Victims-of-Domestic-Violence.pdf>

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Services at Capacity

HHSC Texas Administrative Rule:

[RULE §379.609 Services at Capacity](#)

A center must develop, maintain, and comply with written referral procedures for helping victims of family violence obtain other temporary shelter if the primary method of providing shelter is full.

Sample Policy: Services at Capacity

“When (name of agency) reaches capacity and a survivor of family violence requests shelter, staff will provide the survivor with contact information for other family violence shelters in the surrounding area. These include: (insert names and hotline numbers). If the eligible survivor would like the shelter’s assistance in accessing one of these alternatives, shelter staff will obtain a written release for service coordination from the survivor and assist with making arrangements. If another family violence shelter is not available in the community, (name of agency) may look for other shelter alternatives. These may include a hotel stay until space opens up for those with serious safety concerns. If there no shelter options remain, (name of agency) will offer safety planning through a nonresidential advocate or the hotline until shelter becomes available and discuss other community options.”



Termination and Denial of Services

HHSC Texas Administrative Rules:

[RULE §379.612 Termination of Services](#)

- (a) A center must develop, maintain, and comply with written policies and procedures that:
- (1) outline behaviors that threaten the safety and security of shelter staff and residents for which services can be terminated;
 - (2) address how current and former residents and nonresidents can appeal terminations and file grievances with the center;
 - (3) apply equally to all people; and
 - (4) comply with the Americans with Disabilities Act, Title VI of the Civil Rights Act, §504 of the Rehabilitation Act, the Age Discrimination Act of 1975, and other applicable laws and regulations.
- (b) When terminating services to the residents or nonresidents, whether voluntarily or involuntarily, the center must make reasonable efforts to:
- (1) assist the residents or nonresidents in re-evaluating their safety plans;
 - (2) assist in obtaining alternate resources for residents whose services are terminated;
 - (3) provide written notice to the residents or nonresidents of the termination;
 - (4) provide written notice of the right to file a grievance with the center and the explanation of the center's grievance procedure; and
 - (5) upon request of the residents or nonresidents, provide contact information for the Health and Human Services Commission Family Violence Program for complaint purposes.

[RULE §379.607 Eligibility of Previously Involuntarily Terminated Residents or Nonresidents](#)

A center must develop, maintain, and comply with written policies and procedures to assess the safety and appropriateness of providing services to a victim whose services were previously involuntarily terminated and who is currently requesting services.

[RULE §379.606 Denial of Services](#)

A center can deny services to an otherwise eligible victim of family violence only if it has written policies that outline specific behaviors that would make a victim ineligible. These policies must:



- (1) address only behaviors that threaten the safety and security of shelter staff and residents;
- (2) apply equally to all people;
- (3) comply with the laws and regulations described in §379.604 of this division (relating to Federal and State Laws Regarding Eligibility); and
- (4) contain procedures that take into consideration the safety of a victim.

Considerations:

Rules §379.606 and §379.612 state that each agency must outline specific behaviors that threaten the safety and security of shelter staff and residents and warrant termination or denial of services. This includes services for otherwise eligible new, returning, or current clients. Agency policy must detail these behaviors and the program must provide these to all residents or nonresidents at the time of orientation as applicable.

The sample policy below lists a few instances of threatening behaviors that could lead to termination or denial of services including assault or possession of a firearm, but each agency must develop its own specific guidelines. Programs may not include non-threatening behaviors in guidelines for denial or termination of services. Instead address these in cooperative living policy documents that outline communal living rules and consequences for breaking them.

In the development of a policy, each agency must strike a careful balance between maintaining a safe and empowering atmosphere for all current or potential clients and the individual needs of residents. Make sure to document your agency's rationale for terminating or denying client services. In doing so, your agency will create a blueprint for balancing agency liability with other considerations, such as how documenting client service-termination information could later prove to be harmful to the survivor.

The appeal or grievance process should have a few simple and transparent steps. For example: "The client speaks directly to the Executive Director." It should have a short timeline, because of the critical nature of shelter services. For example, "The Executive Director will respond within five days and in writing."

Although programs may only terminate an active shelter stay for behaviors that threaten safety and security, shelters with a maximum length-of-stay policy may exit residents at the end of the time limit stated in their policy.

Sample Policy Part 1: Denial & Termination of Services: Applicable Laws

"When terminating a client from services, (name of agency) will comply with the Americans with Disabilities Act; Title VI of the Civil Rights Act; §504 of the



Rehabilitation Act; the Age Discrimination Act of 1975; and other applicable laws and regulations.

1. [The Americans with Disabilities Act, Title III](#) prohibits discrimination against clients because of a mental or physical disability. This law provides qualified disabled clients with the right to access services and benefits by accomplishing facility accessibility wherever such benefits and services are provided. This law requires shelter centers to make every reasonable effort to accommodate clients protected under the Americans with Disabilities Act.
2. [The Civil Rights Act of 1964, Title VI](#) states, in part, that programs cannot deny potential clients services and benefits due to race, color, national origin, or religion in any program that receives funding from the Department of Health and Human Services (HHS).
3. [The Rehabilitation Act of 1973](#) applies to all recipients of federal assistance from HHS. This law prohibits excluding or denying individuals with disabilities equal opportunity to receive benefits and services.
4. [The Age Discrimination Act](#) requires equal access to services and benefits regardless of the client's age. This law states that programs cannot deny benefits to any person based on the person's age nor can they exclude anyone from participation, or limit a person's access to any program or activity that receives federal financial assistance. This law prohibits policies or practices that would exclude a client based on her/his age or the age of any dependents.
5. Staff and volunteers will receive training in client termination policies and procedures and all applicable federal and state laws."

Sample Policy Part 2: Denial of Services

“(Name of agency) may deny services to an otherwise eligible survivor for behaviors that threaten the safety and security of clients, staff, and/or volunteers. At (name of agency) these behaviors include: (list behaviors that threaten safety). (Name of agency) will apply this policy equally to all persons and will only take this step after taking into consideration the safety of the survivor. (Name of agency) will attempt to create a safety plan with survivor and provide referrals to other shelters and community resources as applicable.

Sample Policy Part 3: Termination of Services

“When a resident or nonresident terminates the agency's services, (name of agency) will:

1. Give the client an opportunity to participate in an exit interview;

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2. Ask the client to return borrowed shelter property (for example, linens);
3. Return stored personal belongings to the client (for example, jewelry or medications);
4. Give the client an overview of the agency's policy regarding retention and destruction of client files;
5. Discuss if and how the agency will forward mail;
6. Help the client to revise the client's safety plan;
7. Give the client referrals to other shelters and community resources and assist in locating additional shelter;
8. Review the grievance and appeals policy; and
9. Provide the Health and Human Service Commission's Family Violence Program contact information if requested.

If a program involuntarily terminates a resident's or nonresident's access to services, the agency will follow the procedures outlined above and document the reasons for termination. In addition, (name of agency) will give the client a written copy of grievance-filing procedures and explain them orally whenever possible.

(Name of agency) may terminate services to residents or non-residents for threatening behaviors that put the safety of clients, staff, or volunteers at risk. At (name of agency) these behaviors include: possessing a weapon and being violent or otherwise abusive toward staff or other residents. (Name of agency) shall apply this policy equally to all persons.

If the agency previously terminated services and an eligible survivor requests re-admission, (name of agency) will assess eligibility in accordance with state and federal laws, using the following procedures:

- When determining the appropriateness of re-admittance, the agency will take into considerations the survivor's immediate safety concerns and will weigh the decision against the potential risk that past behaviors will be repeated.
- The agency will assess the survivor's current circumstances to determine if the survivor continues to exhibit the threatening behaviors that resulted in the previous termination.
- If the agency determines the survivor no longer exhibits threatening behavior have ceased, the agency will re-admit the survivor.
- When immediate safety concerns for the survivor in question outweigh the risk that a previous issue will be repeated upon re-admittance into shelter, the agency will re-admit the survivor.
- Agencies will not deny services to survivors will not be denied services for non-threatening behaviors during past shelter stays; these would include write-ups for non-completion of chores.
- If the agency determines the survivor continues to exhibit the threatening behaviors and poses a threat to safety, a staff member or volunteer will make every reasonable effort to develop a safety plan with the survivor and provide information and referrals to other community resources.

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Termination may also occur in accordance with (name of agency's) maximum length of stay policy. Please see that policy for more information.”

Confidentiality

Overview:

These guidelines provide information on the many issues and areas vital to maintaining the safety, confidentiality, and privacy of family violence survivors, programs, staff, volunteers and board members.

- I. Relevant HHSC Texas Administrative Rules
- II. Relevant State Laws
- III. Relevant Federal Laws
- IV. Sample Policy/Staff Confidentiality Agreement divided into the following sections:
 - a. Introduction and General Principles of Confidentiality
 - b. Definitions
 - c. Overview of Training Requirements and Required Agreements by Staff
 - d. Parameters for Maintaining Confidentiality and for Releasing Information:
 - i. Maintaining Confidentiality
 - ii. Client Initiated Releases
 - iii. Court Orders
 - iv. Mandated Reporting for Suspected Abuse and Neglect
 - v. Program Initiated Releases
 - vi. Public Information Act Requests
- V. Information Collected about Clients
 - i. Content of Case Files
 - ii. Access to Case Files
 - iii. Maintenance/Destruction of Case Files

HHSC Texas Administrative Rules:

[RULE §379.613 General Confidentiality Policy](#)

A center must have a written general confidentiality policy that provides:

- (1) that all information will be kept confidential, including all personal information and all communications, observations, and information made by and between or about adult and child residents and nonresidents, employees, volunteers, student interns, and board members;

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- (2) a statement about the importance of confidentiality in maintaining the safety of:
 - (A) victims;
 - (B) victims' families;
 - (C) volunteers;
 - (D) employees; and
 - (E) others related to the program;
- (3) the parameters of what must be held confidential and by whom, including internal communications between staff regarding clients;
- (4) the limits of confidentiality under the law;
- (5) a designation of custodian of the records; and
- (6) procedures for:
 - (A) retention and destruction of records;
 - (B) responses to court orders;
 - (C) release of information;
 - (D) reports of abuse or suspected abuse of:
 - i. children;
 - ii. the elderly; and
 - iii. people with disabilities;
 - (E) requests for information under the Public Information Act;
 - (F) maintenance of records; and
 - (G) access to records that comply with confidentiality provisions in state and federal law.

[RULE §379.614 Confidentiality Information for Adult Residents and Nonresidents](#)

A center must provide to adult residents and nonresidents, in writing, at least the following:

- (1) the right to see their records;
- (2) the kind of information recorded, why, and the methods of collection;
- (3) who within the center has access to the resident's or nonresident's case files and records;
- (4) an overview of the center's policy and practices on confidentiality;
- (5) current state and federal laws regarding the limits of confidentiality under the law, including mandatory reporting for abuse or suspected abuse of:
 - (A) children;
 - (B) the elderly; and
 - (C) people with disabilities;
- (6) an overview of the center's policy for responding to court orders;
- (7) an overview of the center's policy for requests for information under the Public Information Act;
- (8) an overview of the center's policy for release of information;
- (9) when the records will be decoded or destroyed; and
- (10) an overview of what kind of information will remain in the file once a resident or nonresident terminates services.

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RULE §379.615 Confidentiality Agreements

A center must have all employees, volunteers, board members, student interns, and adult residents, and adult nonresidents sign a confidentiality agreement. The agreement must have a provision that states that confidentiality must be maintained after an employee, volunteer, board member, student intern, resident, or nonresident leaves the center. The signed agreements must be placed:

- (1) in the personnel files of the employees;
- (2) in the corporate records of the board members; and
- (3) in the individual files of volunteers, student interns, residents, and nonresidents.

RULE §379.616 Confidentiality Training

A center must provide training to employees, board members, volunteers who have access to personally identifying information, and interns on:

- (1) confidentiality policies and procedures;
- (2) the importance of confidentiality for victims of family violence;
- (3) how information is recorded; and
- (4) state and federal laws regarding confidentiality.

RULE §379.617 Information in Resident or Nonresident Files

A center must limit the information kept in a resident's or a nonresident's files to information necessary for:

- (1) statistical and funding purposes;
- (2) establishing goals for intervention and advocacy;
- (3) documenting the need for and delivery of services; and
- (4) protecting the liability of the center and its employees, volunteers, and board members.

RULE §379.618 Policies and Procedures Regarding Entries in a Resident or Nonresident File

- (a) A center must develop, maintain, and comply with written policies and procedures regarding entries into a resident or nonresident file that require that:
 - (1) each entry must be attributed to and dated by the employee or volunteer entering the information;



- (2) a resident or nonresident file must not include the names of other residents or nonresidents; and
 - (3) if the center provides direct services for both the victim and the violent family member, the center must, at a minimum, maintain separate case records to promote victim safety and confidentiality.
- (b) A center must develop, maintain, and comply with written policies and procedures to ensure a resident or nonresident has access to review all information in her or his case file.
- (c) If a resident or nonresident contests a case file entry in her or his file, the center must either:
- (1) remove the entry from the file; or
 - (2) if the entry is not removed, note in the case file that the resident or nonresident believes the entry to be inaccurate.
- (d) A center may create and store entries to files electronically, provided that:
- (1) electronic entries are secure and attributed to an individual, which may include password-protected system access; and
 - (2) records are kept in compliance with applicable state and federal laws, including the Family Violence Prevention and Services Act (42 U.S.C. Chapter 110), and §§379.504, 379.619, and 379.625 of this subchapter (relating to Security Policies and Procedures; Maintaining Control over Resident and Nonresident Files; and Policies and Procedures for the Retention and Destruction of Documentation).

[RULE §379.619 Maintaining Control over Resident and Nonresident Files](#)

A center must develop, maintain, and comply with written procedures that:

- (1) outline the responsibilities of the custodian of the records, designated by the center's executive director, for maintaining control over the resident and nonresident records, including the court's access to the records;
- (2) require resident and nonresident records to be kept secure and not be removed from the center's premises without the written permission of the custodian of the records;
- (3) provide for the safekeeping of resident and nonresident records in the event of the center's closure; and
- (4) allow residents and nonresidents to access their records in the event of the center's closure.

[RULE §379.620 Release of Resident or Nonresident Information](#)

- (a) The center may release information, orally or in writing, only if it first obtains a written release of information from the resident or nonresident.



- (b) Regardless of whether a written release of information from a resident or nonresident is obtained, the center must release information in order to comply with the applicable state laws to report abuse or suspected abuse of:
 - (1) children;
 - (2) the elderly; and
 - (3) people with disabilities.

[RULE §379.621 Release of Resident or Nonresident Information Document](#)

The release of information document must include the following:

- (1) name of no more than one person or organization to which the information is being released;
- (2) specific information to be released;
- (3) beginning and ending dates the release is effective, not to exceed the resident's stay or the nonresident's active length of services;
- (4) date and the signatures of the resident or nonresident and the employee or volunteer; and
- (5) right to revoke a release of information at any time. This revocation request must be submitted in writing.

[RULE §379.622 Court Orders](#)

Individuals (current or former employees, volunteers, board members, or student interns) who receive a court order regarding any program records, residents, nonresidents, shelter center activities, or personnel issues must immediately notify the executive director or, in the executive director's absence, the designated staff.

[RULE §379.623 Procedures Regarding Court Orders](#)

A center must develop, maintain, and comply with written policies and procedures for responding to court orders, such as subpoenas, search warrants, or writs of attachment. The written procedures must include:

- (1) what to do when a process server arrives with a court order;
- (2) on whom court orders may be served, such as the custodian of the records;
- (3) which attorney(s) should be contacted;
- (4) who will discuss the subpoena and legal options with the resident or nonresident or other victim of family violence, and at what point;
- (5) compliance with state and federal confidentiality provisions; and
- (6) the circumstances under which records may be released.



[RULE §379.624 Notification of Court Orders](#)

The center must:

- (1) notify a resident when a court order affects the individual or the individual's records; and
- (2) attempt, whenever possible, to notify a nonresident, hotline caller, or other survivor of family violence when a court order affects the individual or the individual's records.

State Law:

Confidential and Privileged Communications

As a result of the 85th Texas Legislative Session, Texas state law now includes a Victim-Advocate privilege held in [Chapter 93 of the Texas Family Code](#). This law covers staff and volunteers with 20 hours of training working at a family violence center as outlined in Section 51.005 (b)(3) of the Human Resources Code. This statute specifically covers victims of family violence as defined by Texas Human Resources Code §51.002, as well as the further clarifications of definition outlined in 379.1 of the Texas Administrative Code which incorporate by referencedating violence and sexual abuse within family violence.

These protections apply to all communications (written, oral, etc.) between eligible comprehensive program staff or volunteers and a survivor. Limited exceptions apply as outlined within the law below.

Chapter 93 of the Texas Family Code – CONFIDENTIAL AND PRIVILEGED COMMUNICATIONS

Sec. 93.001. DEFINITIONS. In this chapter:

- (1) "Advocate" means a person who has at least 20 hours of training in assisting victims of family violence and is an employee or volunteer of a family violence center.
- (2) "Family violence center" means a public or private nonprofit organization that provides, as its primary purpose, services to victims of family violence, including the services described by Section 51.005(b)(3), Human Resources Code.
- (3) "Victim" has the meaning assigned to "victim of family violence" by Section 51.002, Human Resources Code.

Sec. 93.002. CONFIDENTIAL COMMUNICATIONS. A written or oral communication between an advocate and a victim made in the course of advising, advocating for, counseling, or assisting the victim is confidential and may not be disclosed.

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Sec. 93.003. PRIVILEGED COMMUNICATIONS.

- (a) A victim has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication described by Section 93.002.
- (b) The privilege may be claimed by:
 - (1) a victim or a victim's attorney on a victim's behalf;
 - (2) a parent, guardian, or conservator of a victim under 18 years of age; or
 - (3) an advocate or a family violence center on a victim's behalf.

Sec. 93.004. EXCEPTIONS.

- (a) A communication that is confidential under this chapter may be disclosed only:
 - (1) to another individual employed by or volunteering for a family violence center for the purpose of furthering the advocacy process;
 - (2) for the purpose of seeking evidence that is admissible under Article 38.49, Code of Criminal Procedure, following an in camera review and a determination that the communication is admissible under that article;
 - (3) to other persons in the context of a support group or group counseling in which a victim is a participant; or
 - (4) for the purposes of making a report under Chapter 261 of this code or Section 48.051, Human Resources Code.
- (b) Notwithstanding Subsection (a), the Texas Rules of Evidence govern the disclosure of a communication that is confidential under this chapter in a criminal or civil proceeding by an expert witness who relies on facts or data from the communication to form the basis of the expert's opinion.
- (c) If the family violence center, at the request of the victim, discloses a communication privileged under this chapter for the purpose of a criminal or civil proceeding, the family violence center shall disclose the communication to all parties to that criminal or civil proceeding.

Federal Law:

The Family Violence Prevention and Services Act

The [Family Violence Prevention and Services Act](#) includes comprehensive confidentiality requirements for family violence survivors and programs. If your program receives FVPSA funding, your agency must comply with the following provisions. Importantly, Texas Health and Human Services state funding represents a combination of state and FVPSA dollars, such that agencies who receive HHSC funding also receive FVPSA funding by virtue of the “pass through” nature of the federal funding to the state

Chapter 110 of FVPSA, 42 USC §10406(5) – NONDISCLOSURE OF CONFIDENTIAL OR PRIVATE INFORMATION. -



- (A) **IN GENERAL.** - In order to ensure the safety of adult, youth, and child victims of family violence, domestic violence, or dating violence, and their families, grantees and subgrantees under this chapter shall protect the confidentiality and privacy of such victims and their families.
- (B) **NONDISCLOSURE.** - Subject to subparagraphs (C), (D), and (E), grantees and subgrantees shall not—
- (i) disclose any personally identifying information collected in connection with services requested (including services utilized or denied), through grantees' and subgrantees' programs; or
 - (ii) reveal personally identifying information without informed, written, reasonably time-limited consent by the person about whom information is sought, whether for this program or any other Federal or State grant program, which consent—
 - (I) shall be given by—
 - (aa) the person, except as provided in item (bb) or (cc);
 - (bb) in the case of an unemancipated minor, the minor and the minor's parent or guardian; or
 - (cc) in the case of an individual with a guardian, the individual's guardian; and
 - (II) may not be given by the abuser or suspected abuser of the minor or individual with a guardian, or the abuser or suspected abuser of the other parent of the minor.
- (C) **RELEASE.** - If release of information described in subparagraph (B) is compelled by statutory or court mandate—
- (i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the release of the information; and
 - (ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.
- (D) **INFORMATION SHARING.** - Grantees and subgrantees may share—
- (i) nonpersonally identifying information, in the aggregate, regarding services to their clients and demographic nonpersonally identifying information in order to comply with Federal, State, or tribal reporting, evaluation, or data collection requirements;
 - (ii) court-generated information and law enforcement-generated information contained in secure, governmental registries for protective order enforcement purposes; and
 - (iii) law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes.

Violence Against Women Act



[The Violence Against Women Act of 2013](#) includes in-depth confidentiality provisions for its grantees. If your organization receives VAWA funds the following provisions apply to your organization:

Section 3 of VAWA, 34 USC §12291(b)(2) - NONDISCLOSURE OF CONFIDENTIAL OR PRIVATE INFORMATION.—

“(A) **IN GENERAL.**—In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this title shall protect the confidentiality and privacy of persons receiving services.

(B) **NONDISCLOSURE.**—Subject to subparagraphs (C) and (D), grantees and subgrantees shall not —

(i) disclose, reveal, or release any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees’ and subgrantees’ programs, regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected; or

(ii) disclose, reveal, or release individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of legal incapacity, a court-appointed guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, incapacitated person, or the abuser of the other parent of the minor.

If a minor or a person with a legally appointed guardian is permitted by law to receive services without the parent’s or guardian’s consent, the minor or person with a guardian may release information without additional consent.

(C) **RELEASE.**— If release of information described in subparagraph (B) is compelled by statutory or court mandate—

(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; and

(ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

(D) **INFORMATION SHARING.**

(i) Grantees and subgrantees may share—

- (I) nonpersonally identifying data in the aggregate regarding services to their clients and nonpersonally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements;
- (II) court-generated information and law-enforcement generated information contained in secure, governmental registries for protection order enforcement purposes; and
- (III) law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes.



- (ii) In no circumstances may –
- (I) an adult, youth, or child victim of domestic violence, dating violence, sexual assault, or stalking be required to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the grantee or subgrantee;
 - (II) any personally identifying information be shared in order to comply with Federal, tribal, or State reporting, evaluation, or data collection requirements, whether for this program or any other Federal, tribal, or State grant program.”

Sample Policy and Procedures: Confidentiality

Introduction and General Principles

“As an agency addressing issues of family violence, dating violence, and sexual assault and stalking, (name of agency) becomes involved in particularly private and personal areas of peoples’ lives. Allowing victims to be in charge of their own privileged and confidential information, a fundamental underpinning to safety, integrity, and efficacy, is critical to the services and advocacy that family violence programs provide.

In order to maintain the safety and privacy of adult, youth, and child survivors of family violence, dating violence, sexual assault, and stalking, (name of agency) acts to protect the confidentiality, privilege, and privacy of those who seek services at the highest level available. It holds confidential and privilege all personally identifying or individual information, communications, observations, and other information made by, between, or about clients. The Board and all agents, employees, consultants, and volunteers must maintain the confidentiality of clients as outlined in this policy. In addition to strong confidentiality standards, (name of agency) upholds privileged communication with victims of family violence to the fullest allowable and appropriate extent.

(Name of agency) will not disclose any personally identifying information or individual information collected in connection with services requested, used, or denied through its programs. Furthermore, (name of agency) will not reveal any individual client information without the informed, written, subject-specific, and reasonably time-limited consent of the person about whom information is sought, unless otherwise required by law. (Name of agency) staff will review each properly issued release of information in cooperation with the client’s choice to screen for potential waivers of privilege. Agency staff will attempt to immediately contact the survivor if they are aware of any waiver of privilege through a release or other means.

The obligation to maintain privilege and confidentiality does not end when the service to a participant concludes. Privilege and confidentiality extend to all current and former clients, including those denied services. The obligation to maintain privilege and confidentiality also extends to every staff person and client even after the staff person or client leaves (name of agency).

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(Name of agency) keeps the physical address of any undisclosed agency locations, as well as the employment, residence, and family addresses of clients, staff and [fill in other roles in the shelter/agency/program] absolutely confidential. [NOTE: Delete this section if the agency has completed the process with their Board of Directors to make their shelter a public location.]

The agency expressly requires as a condition of employment of staff, volunteers, and [fill in other relevant roles in the shelter/agency/program] adherence to confidentiality and privileged communication. (Name of agency) will attempt to provide a legal defense to any staff person or volunteer that becomes subject to a lawsuit because of their compliance with this policy.

Confidential and privileged information can be released only in accordance with the guidelines set out below.

Definitions

Confidential information includes any written or spoken information shared between a client and a staff person in the course of that relationship, includes any information that might identify the location or identity of someone who has sought services, and includes any information that would disclose personal details about a client's situation or experiences. Confidential communication includes all information received by the client and any advice, report, or working paper given or made by the counselor or advocate. Any and all knowledge, advice, records, logs, client and organizational records, or working papers (including electronically maintained records relating to a client) remain confidential and representatives of the agency may not share these with a third party. Communications remain confidential even if the client shares the information with third parties working to further the interest of the client. Confidential documents received from other agencies (for which a client had to execute a written release) also remain confidential as within the scope of confidential communications.

Privileged communication includes any confidential communication as outlined in Section 93.002 of the Texas Family Code, whether written or oral, between a family violence center's staff or volunteers with 20 hours of training and victim of family violence as defined by Texas Human Resources Code §51.002 and 379.1 of the Texas Administrative Code.

The state legislation protects privileged communication at a higher standard than federal confidentiality provisions and creates a prohibition to disclosing communications for any reason outside of the few exceptions detailed in Texas Family Code §93.004. In some instances, communications shared with third parties might affect a client's privileged information. Agency staff should share that possibility with clients when executing a release of information and limit shared information to what is relevant for the third party and as outlined by the Family Violence Prevention and Services Act and the Texas

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Administrative Code. They should also inform clients of the possible effects of having a third party present when communicating with a survivor. If privilege is waived for any reason, (name of agency) will continue to protect their information under all applicable state and federal regulations.

Personally identifying information or personal information is identifying information about an individual. It includes information likely to disclose the location of a survivor of family violence, dating violence, sexual assault, or stalking. Agencies serving those in rural areas should exercise special care. Additionally, people of certain races, religions, sexual orientations and other categories may be much easier to identify in smaller populations. Per the Violence Against Women Act and the Family Violence Prevention and Services Act, personally identifying information or personal information includes:

- a. First and last name
- b. Home or other physical address
- c. Contact information (including a postal, e-mail, Internet Protocol address, and telephone or facsimile number)
- d. Social Security number
- e. Any other information (including date of birth, racial or ethnic background, or religious affiliation) that, in combination with (a) through (d), would serve to identify an individual

Client is any person, including any adult, youth, child, or family who contacts (name of agency) or receives any residential or nonresidential services from (name of agency), whether the survivor receives those services by telephone, fax, electronically, or in person and whether the survivor seeks those services for themselves or for someone else.

Staff includes all paid and unpaid staff, volunteers, counselors, advocates, consultants, board members, student interns, contractors (for such tasks as IT support, shelter repairs or interpreting services) and [fill in other roles in the shelter/agency/program] of (name of agency).

Advocate- Per Chapter 93 of the Texas Family Code an advocate is defined as a person who has at least 20 hours of training in assisting victims of family violence and is an employee or volunteer of a family violence center.

Training on Confidentiality and Written Agreement to Maintain Confidentiality

“All staff will receive training regarding confidentiality and privileged communication that covers the details of this policy, the importance of confidentiality, state and federal law regarding confidentiality and privileged communication, and methods used by (name of agency) to record and maintain information in a confidential and privileged manner. All staff and adult clients must also sign a written agreement to maintain confidentiality and privilege. (Name of agency) will maintain this agreement in the personnel files of the staff and in the individual files of clients.

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For obvious reasons, accompanied minors need not sign confidentiality agreements. (Name of agency) staff will discuss confidentiality and privileged communication with the child client in an age appropriate manner in conjunction with the parent and document the delivery of this information in the parent's or child's client file.

Volunteers who may come into contact with clients or the personally identifying information of clients at any point in their service will receive training regarding confidentiality and privilege that covers the details of this policy, state and federal law regarding confidentiality and privileged communication, the importance of confidentiality, and methods used by (name of agency) to record and maintain information in a confidential manner. All volunteers must also sign a written agreement to maintain confidentiality and privileged communication. (Name of agency) will maintain this agreement in the file of the volunteer.

Privileged communication currently extends only to victims of domestic violence as previously defined. If a sexual assault client discloses any victimization of family or dating violence in a current or past relationship, staff should document it appropriately as soon as possible to indicate and record the heightened level of privacy. All staff will receive training and ongoing direction on how a client's victimizations can affect their privacy protections and how to properly note it in the case file.

[NOTE: Delete this section if you are a stand alone family violence center and do not serve survivors with only sexual assault victimizations]"

***Parameters for Maintaining Confidentiality, Privilege, and for Releasing Information:
Maintaining Confidentiality***

“Shelter address: (Name of agency) keeps the address and location of the shelter confidential. The address and location of the shelter shall not be disclosed to any source outside (name of agency). Staff and clients shall avoid inadvertent disclosure of the shelter address and location when possible. *[NOTE: Delete this section if the agency undertaken and completed the process with their Board of Directors to make their shelter a public location.]*”

“Staff information: The personal information, including home address, personal telephone numbers, etc., of staff are absolutely confidential and the agency shall not disclose this information to any entity outside (name of agency) unless such disclosure is required by law.

Survivor information: Staff must not disclose **any** information about a client to anyone outside of (name of agency) without an informed, written, subject-specific, reasonably time-limited consent of the adult client or unless required to do so by court mandate.

1. Survivor information includes the following:



- a. Staff should not disclose any personally identifying or personal information, including the location or identity of any person who receives or received services. This includes information that, by itself or in addition to other information, could identify or provide the location of a client. Similarly, disclosing the identity of any person who has NOT received services also represents a breach of confidentiality. Appropriate response to an inquiry includes “*I would be happy to take a message.*”
- b. Staff should not disclose whether or not a person sought, received, or currently receives services. For example, staff must not confirm or deny the presence of an individual or family at the shelter. Appropriate responses would be, “*I would be happy to take a message.*”
- c. Unless required to do so by law, staff should not acknowledge someone receiving services without a specific, informed, subject-specific, and time-limited release by the client. If asked to take a message, the advocate should respond with the agency’s standard phrase: “*I’d be happy to take a message.*”
- d. The custodian of records should not disclose information when ordered to do so by a court mandate without first asserting privilege, when applicable, and contacting (name of agency)’s attorney.
- e. The custodian of records should not make a decision to disclose information or disclose privileged communications as a result of a perceived statutory mandate without consulting (name of agency)’s attorney.

If (d) or (e) occurs, the custodian of records must immediately contact the designated staff person. (See sections regarding court orders and mandatory reporting of suspected abuse or neglect for more information.)

1. Supervisory staff will maintain the confidentiality of physical and electronic records. All staff should commit to efforts to avoid the inadvertent disclosure of confidential and privileged communication. Staff members should contact supervisors when they receive requests for information regarding clients.
2. No materials used for teaching, public announcements, community education, or in written or verbal reports given to someone outside (name of agency) should identify clients. An exception to this would be if the client gives (name of agency) permission in writing.
3. Funders who must audit service records will only be offered redacted files to protect confidentiality and privilege. Program staff will cover, redact, or remove personally identifying information from records before funders or auditors view them. As with any visitor to the program, the agency will notify clients in advance of the visit in order to protect privacy and confidentiality.

Client Overview of Confidentiality

“Upon entry to services, (name of agency) will provide each client with a written and oral overview of the center’s policies and practices regarding confidentiality and privilege. This overview will describe the importance of confidentiality, state and federal laws relating to confidentiality, agency response to court orders, agency response to requests

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for information under the Public Information Act, release of information, how privilege could be waived, exceptions to privilege, and what kind of information will remain in the file once services are terminated.

Staff will also inform survivors of potential waivers of privilege within the context of the program and outside the program. After informed consent of potential waivers and confidentiality standards, staff should always follow the client's decision.

Client-Initiated Releases of Information

“Staff members may disclose personally identifying information if the adult client provides explicit, informed, written, subject-specific, reasonably time-limited consent to do so. Staff must clearly advise clients of the possible consequences of any release of confidential information by (name of agency) and of their rights to revoke the release at any point.

1. Before adult clients authorize the release or disclosure of their or their children's information by (name of agency), clients should review the information released and evaluate the benefits and drawbacks of releasing that information including potential waivers of privilege. (Name of agency) will provide the client with the scope of the information disclosed, the purpose for which (name of agency) will release the information, the duration of the release, and the ramifications of disclosure, including whether a partial disclosure of information might legally require full disclosure of *all* confidential or privileged information.
2. Releases must be in writing, signed, and dated. Each written release must:
 - a. Designate only one individual or agency for release of the information;
 - b. Specify the information being released;
 - c. Outline the purpose for the release of the information;
 - d. Specify a time limit for the release, including effective beginning and end dates, not to exceed the length of time the client spends in shelter or the active length of service for clients receiving nonresidential services. Individual circumstances should dictate the basis for determining a reasonable time limit. For example, a survivor with multiple upcoming court dates or a client on a six month waitlist for housing may need to broaden this time limit to prevent any delays in the program providing the specified information;
 - e. If needed, the agency can extend a release if the staff person reaffirms with the survivor in writing the continuing validity of the release.
3. The adult client's advocate should witness the signing of the release. The release form shall state the client may revoke the release at any time, in writing. If a client verbally revokes an authorization to release information or records, staff should attempt to get that revocation in writing. Even without written revocation, staff members must honor the verbal revocation immediately and not release any information. After the client signs the release, agency staff will place the release in the client's file. Agency staff should offer a copy of the release to the client as well.



4. (Name of agency) does not require a survivor to provide a release of information in order to receive services. The agency will never deny services because a survivor chooses not to sign a release of information.
5. Limited releases: If the adult client gives informed, written, subject-specific, reasonably time-limited consent for release of confidential information, an advocate shall release the specific, limited information per the survivor's request. Under no circumstances should an advocate release more information than authorized by the survivor in the limited release.
6. Serving minors: Before releasing information, the minor's non-abusive parent or legal guardian must sign the release as well as the minor, if possible, unless the staff must legally report suspected abuse or neglect. [See the section on mandatory reporting of suspected abuse or neglect for more information.] Under VAWA, (name of agency) cannot release information from the child's file or services provided to the abusive parent without a release from the non-abusive parent. [NOTE: An agency can provide services to a child without the signature of a parent in certain circumstances. See sample eligibility policy and procedures for more details].
7. (Name of agency) does not require accompanied children in services to sign any documents, including confidentiality agreements and releases. Staff will discuss confidentiality with each child in an age-appropriate manner.
8. If an adult client has been legally adjudicated unable to sign legal documents and the court appoints a legal guardian, then the guardian may consent to disclosure of confidential information maintained by (name of agency). The legal guardian must provide a certified copy of the order of appointment. The agency should nevertheless still inform the adult client of the anticipated disclosure.
9. Blank release forms or release of information forms created by another agency, even if signed by the adult client, do not represent an effective release of confidential information from (name of agency).
10. When more than one adult is involved in a counseling setting, the agency must receive consent of all parties for the release of any information.
11. Notwithstanding any of the above, in rare exceptions, (name of agency) may determine not to disclose any information subject to confidential or privileged communications even though a client executes a written release. This would occur only when (name of agency) concludes that the requested release would endanger the client, (name of agency), other clients, staff, student interns, volunteers or board members, at which point the Executive Director is not bound by the written release. (Name of agency) may also conclude that disclosure in a particular case will create an appearance of non-confidential services that will deter other survivors of family violence from seeking life-preserving services. The Executive Director may resist disclosure by all appropriate means, citing statute, public policy, contractual obligation, constitutional privacy claims, or other reasons."

Court Orders and Subpoenas

“(Name of agency) commits itself to avoiding court appearances except as necessary to further the interests of justice or to protect the survivor of abuse from further violence.

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For this reason, any response to outside requests for a survivor's information will comply with state and federal confidentiality and privilege provisions and the agency will handle them as follows:

1. If a staff member becomes aware of a court record pertaining to any program records, clients, (name of agency) activities, or personnel issues, they must immediately notify the Executive Director, the Custodian of Records (if not the ED), or in the Executive Director's absence, the named designee, [staff name] at [list phone number].
2. The Executive Director and [staff name], the Custodian of Records, are the proper recipients and decision makers regarding court orders.
3. The Executive Director or [staff name], the Custodian of Records, must contact (name of agency)'s attorney immediately after receipt of a subpoena or court order. A client's privilege will be asserted on behalf of the survivor in the absence of the client's decision to waive their privilege.
4. No other staff member may release information or respond to outside requests for records.
5. Subject to the legal advice of counsel, when (name of agency) receives court orders, (name of agency)'s attorney will file a Motion to Quash, a request to render the court order invalid based on a valid legal counter-argument. (*Note: See Appendix One for Template Motion to Quash.*)
6. By federal law, the agency must notify current clients of (name of agency) when a court order affects them or their records. (Name of agency) will attempt, whenever possible, to notify nonresidents, former residents, or hotline callers when court orders affect them or their records.
7. The agency will provide the resident or nonresident information on legal options in the community and possible next steps, though the program cannot provide legal guidance or counseling. When possible, (name of agency) will refer clients to the staff attorney or (insert legal resource) for legal guidance in responding to court orders."

Mandatory Reporting for Suspected Abuse or Neglect of Children, Survivors with Disabilities and Elderly Survivors

"Under Texas law ([Section 261.101](#) of the Texas Family Code and [Section 48.051](#) of the Human Resources), any staff member must make a report to the Department of Family and Protective Services (DFPS) when they have cause to believe abuse, neglect or exploitation has occurred. This applies to victims who are children as well as to adult victims of family violence who have disabilities and/or are elderly (over 65 years old). Whenever possible, the agency will inform all clients of the organization's reporting requirements prior to that person disclosing abuse or neglect. Privileged communication does not affect the requirement for mandatory reporting under Texas Family Code Chapter 93.

All participants in (name of agency)'s services must receive notice of the agency's reporting requirement. All staff members will also review and become familiar with the

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Memorandum of Understanding (MOU) that (name of agency) has with DFPS, and the Guidance document about this MOU.

Staff members must also follow the procedures described below:

1. Reporting Suspected Abuse or Neglect of Children:

- a. When a staff member of (name of agency) has cause to believe, during a face-to-face or telephone contact, that a child's physical or mental health or welfare has been adversely affected by abuse (either physically or sexually) or through neglect, they must report this immediately to DFPS (Children's Protective Services). TCFV recommends that the staff person attempt to advise the parent (unless the outcry is made against the parent in the family violence center) that the agency has received an outcry and will submit a report. Child witnessing of family violence does not in itself constitute a form of child abuse or neglect as defined by the Texas Family Code. Agencies should not break confidentiality to report child witnessing of family violence for this reason without the presence of additional facts.
- b. If possible, before reporting the suspected abuse or neglect, the staff person should try to contact the (name of agency)'s liaison with DFPS, [staff name] or, if unavailable, the staff person's supervisor to discuss the situation.
- c. If possible, appropriate, and safe for the child, staff should encourage the parent/guardian to report the suspected abuse or neglect. Staff must nevertheless make certain that either the parent or the staff make the report and do so in a timely manner.
- d. The staff member who suspects the abuse or neglect must make the report to DFPS online within 48 hours. Do not delegate the obligation to report to another staff person. File DFPS online reports [here](#).
- e. The online report will detail, if applicable, specific information about the identity of the alleged perpetrator and what protective capacities the non-offending parent has exhibited.
- f. (Name of agency) will provide ongoing advocacy and coordination of services with the DFPS Liaison on behalf of the client. In accordance with the MOU with DFPS, however, a release of information must be obtained before sharing information beyond the initial report with DPFS. This level of information sharing goes beyond mandatory reporting and would break confidentiality requirements.

2. Reporting Suspected Abuse or Neglect of Survivors with Disabilities or Elderly Survivors:

- a. When a staff member of (name of agency) has a face-to-face or telephone contact with a survivor with disabilities or an elderly survivor (over 65 years old), the staff member must report the abuse to DFPS (Adult Protective Services).
- b. Before reporting the suspected abuse or neglect, the staff person should try to contact (name of agency)'s liaison with DFPS, [Staff Name] or, if unavailable, the staff member should consult with the staff person's supervisor to discuss the situation and determine how to make the report.

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- c. Discuss the need to report with the client and, when possible, make that report with the client present. This is particularly important in the case of an elderly or disabled client, because the agency will need to make the report prior to entry to the shelter.
- d. Make sure to provide ongoing advocacy and coordination of services with the DFPS liaison on behalf of the client. The staff person must obtain a release of information, however, because this level of information sharing goes beyond mandatory reporting.”

Possible Program-Initiated Releases of Information

“In some circumstances, (name of agency) may disclose confidential information without the consent of a client. The Executive Director or a specific designee alone has the authority to make a decision regarding disclosure without written consent of a client unless the disclosure regards a legally mandated report of abuse. This decision to disclose should only happen in the specific circumstances detailed in the procedures below:

1. Life threatening emergencies or emergencies likely to result in serious bodily harm. To the extent possible, contact emergency services without revealing any privileged or confidential information about any client. In many cases, the survivor will be conscious and able to speak with Emergency Medical Technicians (EMTs). Remember that even if you must call 911, do not share a survivor’s whole case history or file. Unnecessary additional information includes comments on why the survivor has contact with your agency. Staff members may disclose pertinent confidential information only (such as name of the injured person etc.) when under a reasonable belief of a danger of a life threatening nature or serious bodily harm to the person. When appropriate and possible, the Executive Director or [fill in name of alternative decision maker, such as assistant director or shelter director] should make this determination. The Executive Director or [alternative decision maker] should make decisions while considering how a client’s privileged communication protections would be affected prior to disclosing any information. If time represents an important factor, staff should first call 911. Notify the Executive Director or [fill in name of alternative decision maker, such as assistant director or shelter director] as soon as reasonably possible. If the client cannot authorize the information release or the agency cannot locate the client in time, the agency may release pertinent information limited to the medical emergency without signed consent. The agency must notify the client of this action orally and in writing as soon as possible.
2. In Texas, more than 100 women are murdered each year by intimate partners. A situation could arise wherein an adult family violence survivor who received services from (name of agency) has died under circumstances that suggest homicide. (Name of Agency) is aware there is currently no clear Federal statutory language that covers confidentiality when a survivor of family violence has died. If (name of agency) decides to disclose that a deceased adult was a client of (name of agency) in the

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interests of justice or on behalf of the deceased survivor, the Executive Director will, where possible and practicable, obtain permission from a supportive family member other than the alleged abuser. Where possible, (name of agency) will obtain the permission of the non-abusive parent in the event that a child who received services from (name of agency) has died under circumstances that suggest homicide.

In this context, (name of agency) may:

- a. Disclose pertinent information related to the adult family violence client, the abuser, and the history of violence perpetrated by the abuser to the district attorney;
- b. Disclose minimal information to the media after consultation with the district attorney or other applicable entity; and
Disclose pertinent information if (name of agency) participates in a legally designated community family violence fatality review.”¹³

Public Information Act Requests

“As a family violence and/or dual sexual assault program, (name of agency) has an exemption from releasing personally identifying information if someone makes a Public Information Act (PIA) request. The agency must follow a very specific protocol, however, to comply with the PIA. Staff members should review (name of agency)’s more detailed PIA policy in (name of agency)’s policy manual. If a staff member receives a written request, either formal or informal, for information about a client, staff, or agency activities, that staff member will immediately contact the Executive Director or a specific designee about the request so that they may begin to assert exemptions contained in [Section 552.138](#) of the Government Code.”

Information Collected about Clients

“(Name of agency) maintains records on clients for statistical and funding purposes, establishing goals for intervention and advocacy, documenting the need for and delivery of services, and protecting the liability of (name of agency) and its staff.

In order to maintain confidentiality and privilege, (name of agency)’s staff must closely monitor the content, access and retention of all client information collected and stored. “Client information” refers to all forms of information collected, including paper and electronic files, internal databases, electronic documents, phone records, etc. The following procedures address information that all staff members must consider when collecting, storing or accessing client information.

Methods of Communication

¹³ For more information about confidentiality provisions for Adult Fatality Review and Investigations go to: <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.672.htm#672.001>

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“Staff members should only use the following means to communicate with a client after advising the client of the potential risks to confidentiality and still prefers to use one of these forms: email (internal or external), Outlook calendars, cell phones, text messages, cordless phones, or other communication devices. Staff members should not share personally identifiable information through these forms of communication except in an emergency. Staff members may communicate with clients electronically if the client is informed of the risks, and the client believes this to be the best method of communication. (Example: a client who is deaf and uses technology to communicate, or a client who may not be able to come in to the agency for every appointment.)”

Internal Communications

“Internal staff communications regarding client information should be for the purpose of delivering and coordinating services.

1. As a best practice, obtain permission from the survivor before discussing the case in-depth with another agency co-worker.
2. Confidentiality should be maintained by ensuring that client information is exchanged in private meeting spaces. Clients should never be discussed in public areas such as the shelter desk, break rooms, or waiting areas.
3. Notes such as shelter logs should be shredded within a 72 hour period or as soon as possible after night and day shift staff have had an opportunity to review notices and updates in the shelter log.”

Content of Case Files

“The term “case files” refers to information kept in paper or electronic files. You should not store client-identifiable information on computers with Internet access or in externally shared community databases. These methods may expose the client to increased safety risk. For additional information on data security and technology safety see (name of agency’s) policy.

1. Do not include verbatim statements made by or concerning a client in the client file.
2. Any person writing in the client file should sign and date each entry. For electronic files, a password protected electronic signature must be used to sign and date each entry. Clients may not be required to sign entries made into their files. *[If your agency determines to keep client file information and case notes electronically, your agency must have methods to back up the data to be able to prove to funders that services were provided. The safety and confidentiality risks of using electronic case files should also be explored thoroughly before deciding to use this method of case files.]*
3. The client must sign certain documents necessary to protect (name of agency)’s liability, such as, but not limited to, service plans, individual rights, house rules,



confidentiality statements, medical and child care releases, and releases of information. The agency may store such documents in client files.

4. Information received from sources other than the client may be included in client files as appropriate. Copies of protective orders, as well as petitions and orders in other family law matters, may be retained in the client file. Otherwise, client files should not contain legal documents or statements containing legal conclusions, except when made by a court of law or by an attorney acting as counsel for the client and when deemed appropriate for inclusion by the custodian of records.
5. Never keep copies of safety plans in files. Instead, staff members should note the completion of safety plans in case notes or service plans.
6. If photos of injuries are taken and maintained (name of agency) will always seek the consent of the survivor first. (Name of Agency) will also work with Law Enforcement to take these when possible and with the clear consent and request of the survivor.
7. Do not maintain written statements, letters, or comments of a client in the client file. When a client asks that (name of agency) hold personal papers for safekeeping, those papers should not become part of the client file. Keep such documents in a locked place where your agency stores other client valuables. Such materials are not deemed client records. Counseling centers should not hold papers for safekeeping for any of their clients, but they should assist the survivor in finding a safe place for such papers.
8. Shelter logs and/or telephone logs should use only the first name of clients or initials whenever reasonable. These logs must be factual only and must not include interpretive or evaluative remarks about the client. These should not be retained as a part of the client's records.
9. Essential communications about individual clients that cannot effectively be made orally to other program staff should be noted and immediately destroyed by the recipient staff.
10. Students or interns working at (name of agency) should not make entries in the client files. Counseling notes of the student should be kept in the student's supervision file in (name of agency)'s facility. If and when (name of agency) releases student notes to college instructors, the agency must remove all identifying material from these notes, including the names of staff, volunteers, clients and their children, and other students.
11. In the event of a request for a client's records from an attorney (name of agency) will offer them to the survivor directly since it is their file. The client can then make any applicable decision about sharing the file with external parties such as attorneys.
12. The presence of privileged communication protections should not change procedures for keeping specific information in a client's case file or records."

Custodian of Records

“(Name of agency) will designate a Custodian of Records, whose responsibilities regarding case files shall include:

- Maintaining security and control over client and administrative files;

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- Overseeing the retention and destruction of files as well as reviewing them when a survivor leaves services;
- Responding to client requests for information in the client file;
- Communicating with the staff attorney regarding requests for client or program files and information;
- Responding to court orders;
- Responding to requests for information under the Public Information Act; and
- Facilitating the transfer of client files in the event of an unexpected closure.”

Access to Files

“(Name of agency) will maintain paper files in a locked file cabinet at all times. The Executive Director or the Custodian of Records will control access to both client and administrative files. (Name of agency) will keep electronic files on computers that do not have Internet access or on separate hard drives.”

Staff Access

“A confidentiality statement must be signed by any staff requesting access to the files. If staff use files in the process of their daily work, they must maintain close control of those files when using them. Paper files should never be taken away from the office premises. Electronic files should never be taken off-site or be accessed remotely. The only exception to this is when the Custodian of Records gives written permission to do so.”

Client Access

1. “(Name of agency) maintains a strong commitment to providing clients with access to their own files and their children’s files at all times. All requests by clients to review their files will be honored by (name of agency).
2. Requests by any third party, including but not limited to a client’s attorney, will not be honored without a client’s informed, written consent. These requests will be directed to the client and release of the file will be directly to the survivor whenever practicable. The Executive Director or a named delegate must perform a review of the file. The client may make notes about the contents of the file and may make a written request for all or part of the file. The request and the response to the request will then become a part of the record.
3. The agency should inform the client if a copy of the client file is requested or released to any third party. It is possible that it may not be covered by privilege, confidentiality and disclosure laws, or thereafter be claimed as confidential, either in whole or part, related to the person or proceeding to which the copy was released, and may be used in a harmful manner.
4. The client may request the correction or removal of inaccurate, irrelevant, outdated, or incomplete information from the case file. Such requests shall be considered. Documents or notations required by contract funders may remain in the file. The file may be corrected to make it accurate; however, if (name of agency) and client dispute the accuracy of a proposed correction, the dispute shall be noted, and the file will

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remain as is. The Executive Director or the Program Director may make appropriate corrections in the record.

5. Written documents/materials held by (name of agency) merely for safe-keeping for the client are not to be kept in the client's file and must be released upon the client's request. These materials are not subject to review even by authorized persons who otherwise have access to client and administrative files. Original client files may not be removed by clients from the agency except with the prior written permission of the Executive Director or a named delegate."

Access by Board Members

"All members of (name of agency)'s Board of Directors must sign an agreement to maintain confidentiality. Board members may not access open or closed client files, nor may they access information that identifies a client. Exceptions to this prohibition would be made exclusively by the Executive Director or a named delegate."

Access by General Public:

"Neither the general public nor the justice system, except as outlined in the rest of this policy, may access (name of agency)'s records. Names and other case information that, standing alone or collectively, could identify a client must never be used in training or public speaking. Disclosure should be made only with the explicit written permission of the client or by court order.

Maintenance/Destruction of Case Files

1. "Open and closed client files must be kept in locked file cabinets or a locked area, which is secure at all times. Access to the keys should not be less restricted than access to the files. The keeper of the records is [fill in staff name, such as Assistant Director or Shelter Director], and is responsible for the secure maintenance of all client and administrative files.
2. At the time of service termination:
 - a. The client should sign a statement acknowledging understanding of the case file retention, destruction, and transfer procedures of (name of agency).
 - b. The Executive Director or a named delegate will review the file and supervise the destruction of the information from former client files and written staff-to-staff communication not needed for funding or liability reasons.
3. All files will be maintained as contractually required. (Name of agency) keeps information in client files needed for funding or liability reasons for five years or until the resolution of any pending litigation.
4. Under no circumstances may the agency or a person acting on behalf of or in concert with the agency destroy a file, or any part thereof, to avoid a subpoena. To do so would subject the agency and the individual to possible criminal and civil actions.
5. In the rare event of the agency's closure, (name of agency) will transfer all paper and electronic client files to (name of transfer agency). (Name of transfer agency) maintains the same confidentiality standards as (name of agency), and will uphold the

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confidentiality of the files. Under no circumstances will (name of agency) transfer files to an agency whose mission conflicts with that of this organization (e.g. law enforcement). Clients may access their transferred files by contacting the custodian of records at (name of transfer agency). (Name of transfer agency) abides by the same retention and destruction procedures as (name of agency). Written consent to transfer files in the event of closure will be obtained from clients entering services.

Or

In the rare event of the center's closure, (name of agency) will transfer all paper and electronic client files to (name of storage facility). Client files will remain in storage for the length of time specified in the record retention policy, and will be destroyed at the end of this time period. (Emergency custodian of records) can be contacted through for client access to records and all other inquiries regarding records access. (Emergency custodian of records) will maintain all the confidentiality standards of (name of agency). Written consent to transfer files in the event of closure will be obtained from clients entering services.”

Or

In the rare event of the center's closure, (name of agency) will transfer all electronic client files to a hard drive or other backup device, which will be placed in the safekeeping of the Board Chair. (Board Chair name and contact information) for client access to records and all other inquiries regarding records access. The Board Chair will maintain all the confidentiality standards of (name of agency). Written consent to transfer files in the event of closure will be obtained from clients entering services.”

I have received and read a copy of (name of agency)'s policy on confidentiality and understand that as a staff person I am bound by this policy.

Signature¹⁴

¹⁴ Portions of this sample policy are based on policies created by National Network to End Domestic Violence (NNEDV) and by Pennsylvania Coalition against Domestic Violence.
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Disruption of Services

HHSC Texas Administrative Rule:

[RULE §379.626 Disruption in Providing Services](#)

- (a) A center must develop, maintain, and comply with written policies and procedures for any disruption in the ability to provide services.
- (b) Any disruption in the ability to provide services must be verbally reported immediately to the Health and Human Services Commission (HHSC).
- (c) After the initial verbal notification, the center must submit to HHSC, within two weeks, a written description of the disruption and how services will be or were maintained.

Sample Policy: Disruption of Services

“In the event of a disruption in services (name of agency) will adhere to the following procedures to provide access for survivors of family violence:

1. Hotline: If (name of agency) cannot provide twenty-four-hour access to the hotline, we will do one of the following:
 - I. Transfer all incoming calls to the National Domestic Violence Hotline
 - II. Subcontract with a service provider to provide access to hotline services
2. Shelter Services: If (name of agency) cannot provide shelter services, we will develop a system to address the delivery of services, such as using safe homes, in compliance with Rule §379.509, or through the use of motel vouchers. If this is not possible, (name of agency) will try to transfer all residents to the closest area family violence shelter.
3. Non-Residential Services: In the event (name of agency) cannot provide non-residential services at our facility, we will seek to secure an alternative location for the interim period. If this is not possible, we will seek to provide non-residential services through other methods such as co-locating at a temporary alternative space or meeting clients in neutral locations.

(Name of agency) will verbally report any disruption of services immediately to the Health and Human Services Commission Family Violence Program (HHSC FVP). In addition, the agency will explain in writing the reason, anticipated length of the disruption, and provisions for the maintenance of services to HHSC FVP within two weeks of the disruption of services.



Maximum Length of Stay

HHSC Texas Administrative Rule:

[RULE §379.627 Maximum Length of Stay for Shelter Center Residents](#)

- (a) The Health and Human Services Commission (HHSC) does not impose a maximum length of stay for a center resident.
- (b) If a center has a maximum length of stay, it must have a written policy explaining its necessity and the length of the maximum stay.

Considerations:

HHSC does not require organizations to have a maximum length of stay. When considering whether or not to impose a length of stay, examine such factors as: capacity and usage rates for shelter services, safety needs of survivors in your community, availability of affordable housing for shelter residents to access upon departure, and other related issues.

While some communities have a high demand for shelter and continuous wait lists throughout the year, others do not. Consideration should be given to making lengths of stay flexible whenever possible. The lack of affordable housing across the state makes family violence survivors particularly vulnerable to homelessness or to returning to the abuser when independent housing cannot be obtained.

Securing safe, stable housing in a short period of time can be extremely challenging for survivors of domestic violence. Therefore, programs should not impose a maximum length of stay that is shorter than 30 days. Allowing survivors to stay in shelter for at least 30 days will provide them the time and space to safely navigate the challenges of creating a life independent of their abuser. A shorter length of stay may force some survivors to return to an abusive situation in order to avoid homelessness.

Sample Policy: (Optional) Maximum Length of Stay

“When (name of agency) is at capacity, the agency will observe the following maximum length of stay policy in order to reduce the wait for shelter services in the community:

Residents may initially stay at the shelter for (__) days. After that time, (__) day extensions may be granted, depending on individual circumstances. This will be determined by (name of staff person) and will be based on factors including space availability and the ongoing safety concerns of the survivor. A resident may stay for up to (__) days. This maximum length of stay policy will be applied equally to everyone.”

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Resident and Nonresident Rights

HHSC Texas Administrative Rule:

[RULE §379.628 Resident and Nonresident Rights](#)

A center must:

- (1) provide written rights to all residents and nonresidents;
- (2) make reasonable accommodations to provide written rights for residents and nonresidents with limited English proficiency; and
- (3) post resident and nonresident rights in a visible area within all center facilities.

Sample Policy: Resident and Nonresident Rights

“Everyone at (name of agency) has the following rights and responsibilities:

- Participate in creating a safe environment. We ask that you help prevent abuse and violence by not committing physical, emotional, or verbal abuse with staff, volunteers, or other clients. We also ask that you not bring drugs, alcohol, weapons, or other unsafe items onto (name of agency) property.
- Receive respect without discrimination on the basis of national origin, language, religion, race, color, gender identity, gender expression, or sexual orientation.
- Have your interests and personal choices recognized without blame or judgement. We are here to support you in making your own decisions.
- Have your civil and legal rights honored and upheld.
- With the exception of mandatory reporting as required by law or a court order, to have information that would identify you kept confidential and privileged and only released with your specific written consent. We ask that you respect the private information and safety of other clients by not discussing names of, or information about, other clients, except with (name of agency) staff, if necessary.
- Have all policies, procedures, expectations, client rights, and other relevant information, especially any document requiring your signature, explained to you in your chosen primary language.
- Be responded to respectfully without opinion or judgment when offering your statement of events. If a conflict with a staff member arises that you feel cannot be resolved, you can speak with (list name of agency staff position), as outlined in (name of agency)’s Grievance Policy.
- Have an advocate, when requested and when possible, advocate on your behalf.
- Be provided with personalized services, including referrals that are in your best interest. You also have the right to refuse any services offered in this agency and to discuss with staff any concerns or disagreements regarding services.

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- Ask for what you want and need, to change your mind, and to choose not to answer a question.
- View or request a copy of your client file anytime you ask for it.
- Not be exploited or abused in any way by a staff, volunteer, or board member of this organization.”



Children's Rights

HHSC Texas Administrative Rule:

[RULE §379.628 Resident and Nonresident Rights](#)

A center must:

- (1) provide written rights to all residents and nonresidents;
- (2) make reasonable accommodations to provide written rights for residents and nonresidents with limited English proficiency; and
- (3) post resident and nonresident rights in a visible area within all center facilities.

Considerations:

When posting the rights of children in your facility, make the posting as accessible as possible to children as well as adults. Use color and graphics, post in play areas and within children's line of vision. A child advocate should provide an explanation of these rights orally to each child resident in age-appropriate terms. It is also recommended to express the rights below in various versions of child-friendly and age-appropriate text.

Sample Policy: Children's Rights

"All child residents and nonresidents have the following rights. A Child Advocate will explain these rights to you in an age-appropriate way. These include:

1. To be safe;
2. To have your privacy and beliefs respected;
3. To have your interests and self-determination recognized as our primary responsibility;
4. To have your civil and legal rights honored and upheld;
5. To have your private information kept confidential and privileged and only released with your parent or guardian's written consent, except when the information disclosed is subject to mandatory reporting as required by laws and regulations;
6. To be responded to respectfully without opinion or judgment when offering your statement of events;
7. To have services provided in an empowerment-based environment, without attributing blame;
8. To have a survivor's advocate, when requested, act on behalf of your stated needs within the social and legal parameters of this organization;

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9. To be provided with personalized services agreed upon by you and your parent or guardian, including referrals in your best interest. Your parent or guardian also has the right to refuse any services offered to you in this program; and
10. To not be exploited or abused in any way by a staff person, volunteer, or board member of this organization.”

Agreed to at the World Summit for Children on September 30, 1990:

“All children must be given the chance to find their identity and realize their worth in a safe and supportive environment, through families and other care-givers committed to their welfare. They must be prepared for responsible life in a free society. They should, from their early years, be encouraged to participate in the cultural life of their societies.”¹⁵

¹⁵ World Declaration on the Survival, Protection, and Development of Children. Retrieved from <http://www.unicef.org/wsc/declare.htm>



Residents' Belongings

HHSC Texas Administrative Rule:

[RULE §379.629 Resident's Belongings](#)

- (a) A center must develop, maintain, and comply with written policies and procedures regarding the security of residents' belongings.
- (b) Residents must be informed in writing of:
 - (1) how long personal belongings will be stored if they leave the 24-hour-a-day shelter; and
 - (2) what will happen to their items if they do not pick them up by the deadline.

Sample Policy: Resident's Belongings

“Due to the communal living situations, and the unavailability of storage in this facility, (name of agency) does not take responsibility or liability for the security of residents' belongings.

[If available] If a resident has small belongings for storage, such as jewelry, shelter staff will ask the resident to sign and date a written acknowledgment that the staff possesses these belongings. A staff person will place the belongings in a marked envelope and store the envelope in a locking file cabinet or other securable location.

Upon exiting or termination of shelter services, (name of agency) will store the resident's belongings for () days. If the belongings have not been retrieved and the former resident has not contacted the shelter with a reasonable plan for obtaining the belongings within () days, then the shelter may dispose of the belongings. (Name of agency) may give away any belongings that have not been collected in () days.”



Cooperation with Criminal Justice Officials

HHSC Texas Administrative Rule:

[RULE §379.630 Cooperation with Criminal Justice Officials](#)

A center must develop and maintain a written plan that outlines efforts to cooperate with criminal justice officials in each county where services are provided, including:

- (1) establishing an ongoing working relationship with local criminal justice officials;
- (2) encouraging the justice system to develop policies and procedures that are responsive to the needs of victims of family violence and enhance collaboration among justice system agencies and service providers;
- (3) pursuing opportunities to participate in the training of law enforcement officers and other criminal justice officials;
- (4) providing information and education to law enforcement and criminal justice officials about the dynamics of family violence, services available, and support from the criminal justice system; and
- (5) encouraging local criminal justice professionals to post signs and leave brochures in their offices about family violence and the availability of services.

Sample Policy: Cooperation with Criminal Justice Officials

“(Name of agency) shall have a designated legal advocate. That person or their designee shall develop plans and strategies to work with local criminal justice officials in order to help maintain the safety of family violence survivors and their children, and to aid survivors in obtaining justice. The legal advocate will cooperate with criminal justice officials in the following ways:

1. Establish and maintain a working relationship with local criminal justice officials including an understanding of how survivors’ privacy and confidentiality is protected within the working partnership;
2. Work with the justice system to maintain, when possible, that the policies and procedures address the needs of all survivors of family violence;
3. Collaboratively work within the justice system to assist survivors of family violence;
4. Accompany survivors through the legal system, i.e. filing charges, securing protective orders, and making contacts for clients at appropriate criminal justice agencies;
5. Actively train law enforcement, prosecutors, and legal aid attorneys about the dynamics of family violence in order to promote increased understanding of and improved response to family violence;
6. Develop an attorney referral list;

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7. Encourage local criminal justice professionals to distribute brochures, post notices, and disseminate other information about family violence; and
8. Develop collaborative partnerships on the issues that intersect, such as task forces, joint trainings, and collaboration on activities related to Domestic Violence Awareness Month (DVAM).

(Name of agency) will maintain the following written plan outlining efforts to cooperate with criminal justice officials for each county where services are provided:

In all the counties, the legal advocate will try to meet with and distribute family violence awareness literature to the district or county attorneys, judges, sheriffs, chiefs of police and their staffs. In () counties the Legal Advocate will offer to provide the police and/or sheriff department with the family violence awareness and resource card that law enforcement must give to survivors. In () counties the agency will provide () trainings to judges, and try to develop cooperative training.

The agency plan will be assessed and updated annually for its effectiveness and will reflect the changing cooperative efforts between the shelter and criminal justice officials.”



Community Education

HHSC Texas Administrative Rule:

[RULE §379.631 Community Education](#)

- (a) A center must have written policies and procedures about community education that:
- (1) ensure that community education is provided to as many diverse groups as possible in each county where services are provided;
 - (2) focus part of the community education on informing victims of family violence of existing family violence services; and
 - (3) comply with §379.608 of this division (relating to Access to Services for People with Limited English Proficiency).
- (b) When providing community education, a center must:
- (1) use presentations;
 - (2) distribute written materials; and
 - (3) establish and use media contacts.

Considerations:

Developing a Community Education Plan

- Identify the diverse groups that exist within your service area. Examples of such communities include communities of color, LGBTQ populations, minors, teens and young adults, incarcerated survivors, male survivors, and limited English proficient populations.
- Identify a person(s) from each diverse group who can act as a liaison between the community and the agency. This person should be a known and trusted member of that community.
- Work with each individual liaison to identify ways to make contact with the respective communities for whom you are trying to provide education (for example, radio stations, newsletters, health centers, churches).
- Respect your audiences. Being thoughtful and sensitive to culturally specific beliefs and needs requires self-education and preparation.
- Send information that is appropriate and sensitive to each diverse group (such as language translation needs and larger print materials for senior citizens).
- Be prepared to address the special needs of the audience to whom you are presenting (for example, wheelchair accessibility and language).



Possible Avenues for Community Education

- Public Housing Authority properties
- School systems
- Jails and prisons
- Faith based organizations and churches, synagogues, or mosques
- Universities
- Hospitals and doctors' offices and other medical settings
- Chemical dependency centers and their staff
- Court staff
- Law enforcement
- Civic organizations
- DFPS (regional CPS and APS staff)
- Other community service agencies

Sample Policy: Community Education

“(Name of agency) will provide community education to the diverse groups of people (diverse in race, ethnicity, national origin, cultural background, language, abilities, sexual orientation, gender, age, religion and other categories) in each county that receives services from this agency. (Name of agency) will also educate limited English proficient populations in the community on the scope of available services. Community education will include, but is not limited to: family violence prevention, dynamics and effects of family violence, and the availability of existing family violence services. This education will be delivered through presentations and distribution of written materials, as well as utilize the media. Other types of community education may also be performed in order to meet the needs of our community.

As resources permit, the agency will also develop public education materials in the primary language of every cultural and ethnic group identified within the service area.”



Volunteer Recruitment

HHSC Texas Administrative Rule:

[RULE §379.632 Volunteer Program](#)

A center must develop, maintain, and comply with written policies and procedures regarding:

- (1) Recruitment methods that reach diverse groups of people from the communities of each county where services are provided; and
- (2) Screening, training, supervising, evaluating, and terminating volunteers.

[RULE §379.633 Volunteer Recruitment](#)

The center must have an ongoing recruitment program for volunteers to help with the center's programs that complies with:

- (1) Civil rights laws that allow qualified people an opportunity to volunteer; and
- (2) The Human Resources Code, Chapter 51, which states that the center must find support for the center through volunteer work, especially volunteer work by people who have been victims of family violence.

Considerations for Written Procedures:

Recruitment

- Make survivors of family violence a priority population to recruit for volunteer work.
- Identify all of the diverse populations in your community from which to recruit.
- Connect with leaders from diverse populations in the service area and collaborate to identify ways to recruit, like speaking opportunities, PSAs or news coverage on television and radio, newsletters, etc.
- Send appropriate and sensitive information to that particular group, such as culturally relevant information, translated materials to LEP groups, and large-font print materials for senior citizens.



Screening

- Consider the following questions:
- Will the agency require criminal background checks?
 - Will the agency check for protective orders against potential volunteers?
 - Will the agency require personal references?
 - Who will interview the volunteers and how will the agency assess the volunteer's ability to provide direct services?

Training

- Train volunteers two or more times a year on the dynamics of family violence and safety planning. Include all other Texas Administrative Code specified training and the 20 hour requirement for privileged communication under the Texas Family Code.
- Be prepared to accommodate accessibility needs of all volunteers, such as wheel chair accessibility and interpretation services for d/Deaf volunteers.

Supervision and Evaluation

- Provide volunteers with a job description, expectations, and grievance procedure.
- Establish a plan of supervision with the volunteer.
- Conduct evaluations at least annually.

Termination

- The program should consider establishing grounds for termination and eligibility for future service.
- For volunteers who are involuntarily terminated from the program, complete a final evaluation that clearly states the incident(s) that led to termination and whether or not the individual may volunteer in the future at your organization.
- Ask volunteers who voluntarily depart to participate in an exit interview to provide program feedback.

Sample Policy: Volunteer Recruitment

“(Name of agency) will find support for the program through volunteer work, especially volunteer work by people who have been survivors of family violence. (Name of agency) will conduct volunteer recruitment activities throughout the community, to include as many diverse sectors as possible. (Name of agency) does not discriminate based on age, disability, national origin, race, religion, genetics, or gender and maintains compliance with all applicable civil rights laws. Volunteer training will be offered



(number [2] or more) times a year. All volunteers will be screened, trained, supervised, and evaluated by the volunteer coordinator.

SECTION 3:

Service Delivery





Shelter Center Services

HHSC Texas Administrative Rule:

[RULE §379.701 Shelter Center Services](#)

The center must provide, at a minimum, access to the following services, directly, by referral, or through formal arrangements with other agencies, and have written procedures regarding these services as described in this subchapter:

- (1) 24-hour-a-day shelter;
- (2) a crisis call hotline available 24 hours a day;
- (3) emergency medical care;
- (4) intervention services, including safety planning, understanding and support, information, education, referrals, resource assistance, and individual service plans
- (5) emergency transportation;
- (6) legal assistance in the civil and criminal justice systems, including identifying individual needs, legal rights and legal options and providing support and accompaniment in pursuing those options
- (7) information about educational arrangements for children;
- (8) information about training for and seeking employment; and
- (9) a referral system to existing community services.

Considerations:

24-Hour-a-Day Crisis Call Hotline

Program staff members should remember that hotline calls are often emergencies, and survivors may need immediate assistance with safety planning. A hotline call is often the first point of contact a survivor has with a program, and the survivor's first impression of the program may determine whether or not they seek services. As such, the hotline should be considered a critical access point and the quality of the service provided must be considered a key priority of the agency, along with training those staff members who answer calls.

Sample Procedures: 24-Hour-a-Day Crisis Call Hotline

“(Name of agency) provides a crisis hotline to victims of family violence, and will provide immediate intervention twenty-four hours a day every day of the year. Trained staff and volunteers will answer the crisis hotline, assess the victim's safety and particular needs, and provide immediate intervention.”

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“All collect calls from victims of family violence on the crisis hotline, even if they are on the 1-800 number, will be accepted. If shelter staff or volunteers determine that the caller is not a victim of family violence, but rather is the victim’s abuser, friend, or a family member calling for information, or that it is an inappropriate caller, the shelter center need not continue the call.”

Sample Policy: Emergency Medical Care

“(Name of agency) will identify emergency medical facilities and assist residents and nonresidents in obtaining emergency medical services and when appropriate, will provide or make arrangements for emergency transportation. (Name of agency) is not required to pay for emergency services.”

Sample Policy: Individual Service Plan

“(Name of agency) will develop a written individual service plan with each resident and nonresident that reflects the resident's or nonresident's particular self-identified needs in compliance with §379.710.”

Considerations:

Emergency Transportation

The shelter transportation area does not necessarily have to include all the counties included in the shelter service area. For example, a shelter may have four counties in its service area but only be able to provide emergency transportation to two counties. This should be made clear in all policies and a plan must be in place for transport from all uncovered counties. When arranging the emergency transportation, the pick-up location should be a safe place for both the victim and the staff or volunteer providing the transportation.

Sample Policy: Emergency Transportation

“(Name of agency) shall provide victims of family violence who are coming into shelter as residents of the facility with transportation to the shelter. Transportation is only available within the shelter’s service area, which includes (insert names) counties. Shelter staff or volunteers will provide the transportation or make arrangements for the transportation by calling another staff member, volunteer, a local transportation service, or local law enforcement.”

“(Name of agency) shall arrange for transportation to or from a medical facility for a current shelter resident, or for a victim of family violence being considered for



acceptance to the shelter, who has injuries sustained in an abusive incident or due to a serious illness or accident while staying at the shelter. Shelter staff or volunteers will provide transportation or make arrangements for transportation by calling another staff member, volunteer, or a local transportation service.”

Sample Policy: Legal Assistance:

“(Name of agency) will provide legal assistance in the civil and criminal justice systems, including identifying survivors’ individual needs, legal rights, and legal options. The agency expressly limits the scope of such legal assistance to a coordinating effort rather than acting in any fashion as an attorney would in providing legal advice or representation to a victim. Within these limits, the agency will provide support and accompaniment in pursuing criminal and civil options through the following activities:

1. Maintaining a current list of local criminal justice agencies and contact people in each county where the agency provides services
2. Offering support and accompaniment to residents and nonresidents in their pursuit of legal options
3. Ensuring the availability of legal advocacy services, specific to the needs of victims of family violence
4. Monitoring and encouraging the justice system to respond consistently to the needs of victims of family violence and to hold abusers accountable.”

Sample Policy: Educational Arrangements for Children

For more information and a sample policy for educational arrangements see [RULE §379.718](#) Educational Services for Children of Adult Residents.

Sample Procedures: Employment Training and Placement

“(Name of agency) will assist survivors with resources to promote job training and employment-seeking activities. Employment assistance will include the following:

1. Individual assessment of job skills and education
2. Information and referrals about job training and job placement
3. Access to educational programs and activities that enhance and promote self-esteem, job interviewing skills, and résumé writing
4. Identifying transportation resources to attend job interviews and job training
5. Identifying child care resources to attend job interviews and job training
6. Identifying viable employment opportunities
7. Locating appropriate clothing for job interviewing and employment”



Sample Policy: Referrals to Community Services

“(Name of agency) will provide clients with referrals to community services to meet, at a minimum, the following needs: emergency shelter, crisis and intervention services, emergency and nonemergency medical care, emergency transportation, legal services, education, and employment.



Promoting Cooperative Living in the Shelter

HHSC Texas Administrative Rule:

[RULE §379.703 Promoting Cooperative Living in the Shelter](#)

A center must:

- (1) have a written cooperative living agreement that outlines what can be reasonably expected from the staff and residents, including the center's and residents' responsibilities; and
- (2) post this agreement in a visible area.

Considerations:

As stated in Rule §379.703, a center must outline in a cooperative living agreement what can be reasonably expected of staff and residents. Recommendations from advocates, survivors, and administrators across the state contributed to the resident agreement portion in the sample policy below. The agency portion is derived from a variety of rules established by HHSC. Many agencies may have additional services or rights about which they want clients to know. Agencies should adapt this section to fit their needs.

While establishing your own cooperative living agreement, remember that survivors of family violence have just left a situation in which a high level of control was exerted over their daily actions. Stringent house rules run the risk of mimicking the patterns of power and control exerted over the survivor while in an abusive relationship, and unnecessary rule sets can be alienating for survivors fleeing abusive situations. Guidelines that facilitate choice for survivors allow clients to feel safe *and* empowered.

While Rule §379.703 requires a written cooperative living agreement, it does not require that shelters create house rules. A well-written cooperative living agreement can replace traditional house rules by promoting collaboration between survivors and staff, and empowering survivors to take a lead role in creating a positive communal living environment.

If your program decides to use a set of house rules, the consequence of termination from services can only be applied to violent behaviors that threaten the safety of other residents or staff. See the considerations and sample policies for rules §379.606 *Denial of Services* and §379.612 *Termination of Services* for additional guidance on terminating services.



Sample Policy: Cooperative Living Agreement

(Name of agency) agrees that every resident has the right to:

- Participate in creating a safe environment.
- Receive respect without discrimination on the basis of national origin, religion, race, color, gender identity or sexual orientation.
- Have your interests and self-determination recognized without blame or judgement. We are here to support you in making your own decisions.
- Have your civil and legal rights honored and upheld.
- Have your private information kept confidential and only released with your specific written consent, except when the information disclosed is subject to mandatory reporting as required by laws and regulations.
- An explanation of all policies, procedures, expectations, client rights, and other relevant information, especially any document requiring your signature in your preferred language.
- Be responded to respectfully without opinion or judgment when offering your statement of events. If a conflict with a staff member arises that you feel cannot be resolved, you can speak with (list name of agency staff position), as outlined in (name of agency)'s Grievance Policy.
- Have an advocate, when requested and when possible, advocate on your behalf.
- Be provided with personalized services, including referrals that are in your best interest. You also have the right to refuse any services and to discuss with staff any concerns or disagreements regarding services.
- Be supported in your role as a parent. Staff and volunteers will ask permission before caring for your children or providing them with food or medicine. We want your children to understand that you, not we, are watching out for them and meeting their needs.
- Not be exploited or abused in any way by a staff, volunteer, or board member of this organization.

As a part of creating a safe, healthy, and non-abusive community, I agree to the following:

- Preventing abuse and violence by not engaging in physical, emotional, or verbal abuse with other residents, staff, or volunteers. I will not bring drugs, alcohol, weapons, or other unsafe items onto (name of agency) property.
- Respecting the private information and safety of other clients by not discussing names of, or information about, other clients except with (name of agency) staff if necessary.
- Committing to create a cooperative living space by maintaining the shared spaces.
- (Insert Agency's policy on children in shelter ex: "I understand that all children under 10 must be supervised by an adult at all times")
- Valuing other clients' and staff's beliefs, and being respectful of opinions that differ from my own.

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Subcontracting the Crisis Call Line

HHSC Texas Administrative Rule:

[RULE §379.705 Subcontracting the Crisis Call Hotline](#)

If a center subcontracts the answering of the hotline, it must have the subcontractor arrangement approved by the Health and Human Services Commission (HHSC) and must develop, maintain, and comply with a written policy and procedure that addresses how the subcontractor meets HHSC's training requirements for all direct service staff and will ensure immediate access to the center's 24-hour-a-day services.

[RULE §379.404 New Employee Orientation and Training](#)

- (a) A center must provide an oral orientation about the organization for all new employees within the first two days of employment.
- (b) Within two weeks after the first day of employment, all new employees must receive basic oral or written information regarding:
 - (1) Dynamics of family violence;
 - (2) A brief history of the Texas Battered Women's Movement;
 - (3) A brief summary of current Texas laws that address family violence issues; and
 - (4) Federal, state, and program requirements regarding confidentiality.
- (c) Direct service employees and their supervisors must also receive training on the following:
 - (1) Crisis intervention;
 - (2) Hotline skills, if applicable;
 - (3) Peer counseling techniques;
 - (4) Risk assessment and safety planning for victims of family violence;
 - (5) Legal options for victims of family violence;
 - (6) Economic options for victims of family violence;
 - (7) The center's policies and procedures, including all Health and Human Services Commission required policies and procedures;
 - (8) Sensitivity to cultural diversity;
 - (9) Applicable civil rights laws and regulations;
 - (10) All required documentation and procedures related to resident and nonresident issues; and
 - (11) Confidentiality.
- (d) Training described in subsections (b) and (c) of this section may be provided electronically.



Considerations:

In instances where an agency needs to subcontract its crisis call line, there are many considerations that must be examined. First, it is difficult to ensure that those who answer the hotline, if they are not paid employees or trained volunteers of the agency, will have a similar level of skill and experience in answering crisis calls from family violence survivors. Secondly, agencies that subcontract their hotline must address a myriad of issues that are specific to the operation of a hotline for victims of family violence.

Requirements for subcontracting the crisis hotline include administering an orientation and training of all hotline staff as outlined in rule §379.404, ensuring the confidentiality and privilege of the caller and any subsequent documentation, and making sure those who answer the phone are skilled in safety planning with victims of family violence. When selecting a subcontractor, careful consideration to the partnership's compatibility with your agency's mission statement and confidentiality standards is critical. For example, contracting with local law enforcement could interfere with a survivor's confidentiality or privilege, as well as their ability to seek safety planning and support outside of the criminal justice system.

Sample Policy:

(Name of Agency) subcontracts the hotline call (insert when/in what instances) to (insert entity). This subcontracting agreement was approved by HHSC on (insert date). As required by the Texas Administrative Code, those who answer the hotline at our subcontracting agency, (insert entity), will comply with (name of agency)'s confidentiality requirements and all maintenance and record-keeping guidelines. Additionally, (name of agency) provided all required training, as outlined in rule §379.404, on (insert date). All callers will be provided with immediate access to services in accordance with our eligibility policies.



Residents' Medication

HHSC Texas Administrative Rule:

[RULE §379.707 Residents' Medications](#)

A center must develop, maintain, and comply with written policies and procedures regarding all prescribed and non-prescribed medications used by residents, including but not limited to:

- (1) self-administration of drugs and medications;
- (2) methods for safekeeping of drugs and medications;
- (3) staff's role relating to safekeeping of drugs and medications; and
- (4) a system that ensures adult residents have direct or immediate access to their own and their children's medication.

Considerations:

When developing policies and procedures for access to and storage of prescribed and non-prescribed medications, consider the following issues:

- How medications will be kept out of the reach of children
- If medications are locked in a central location, how residents will have immediate access
- Creative options such as locking self-storage compartments or lockers
- Liability issues and risks that exist, such as staff or volunteers recommending certain medications or dosages to residents, giving medicine to minors, watching and documenting the amount of medication taken by residents, or not providing a resident immediate access to her/his medication
- Careful consideration should be given to whether or not the practices of shelter staff could be construed as dispensing medications.

Sample Policy: Residents' Medication

Option A

“(Name of agency) provides locked self-storage to residents for the safekeeping of, and immediate access to, medications. Residents will be advised that they must safely store all medications out of the reach of children.



Special accommodations should be arranged with shelter staff. For medication requiring refrigeration or that needs to be carried on the person, such as inhalers for asthma or nitroglycerin for heart conditions, (name of agency) staff will provide immediate access upon request.

(Name of agency) staff will facilitate the above-described access and storage methods for residents' medications. (Name of agency) staff *may not* administer medications, recommend dosages, or otherwise counsel residents regarding the use of medications. Staff members will refer residents back to the prescribing doctor or (insert local clinic or medical resource) for advice regarding the use of medications.”

Option B

“(Name of agency) provides for the safekeeping of prescription medications of residents in a locked central location. The house manager or other designated shelter staff on duty during each shift will be responsible for providing immediate access to resident medications. Instructions on how to access staff immediately are posted in this facility (location of posting). All medications will be safely stored out of the reach of children.

Special accommodations required for the storage of medications should be arranged with shelter staff, such as for medication that requires refrigeration or needs to be carried on the person (for example, inhalers for asthma or nitroglycerin for heart conditions). (Name of agency) staff will provide immediate access to these stored medications.

(Name of agency) staff will facilitate the above stated access and storage methods for residents' medications. (Name of agency) staff *may not* administer medications, recommend dosages, document usage, or otherwise counsel residents regarding the use of medications. Staff members will refer residents back to the prescribing doctor or (insert local clinic or medical resource) for advice regarding the use of medications.”



Residents' Orientation

HHSC Texas Administrative Rule:

[RULE §379.708 Resident's Orientation](#)

A center must ensure that an orientation is provided to a resident orally and in writing within 24 hours, is documented, and includes but is not limited to:

- (1) explanation of services available;
- (2) cooperative living agreement;
- (3) length of stay;
- (4) termination policy;
- (5) residents' rights;
- (6) nondiscrimination statement;
- (7) grievance procedures;
- (8) safety and security procedures, including medication;
- (9) confidentiality and limits of confidentiality;
- (10) waivers of liability; and
- (11) a wellness check for all family members that addresses their immediate needs.

Considerations:

Orienting Adult Residents

It is recommended that programs provide as much flexibility as possible to the new resident on when and how orientation is offered within the 24-hour requirement. Additionally, consider developing a checklist that is signed and dated by the resident to document that orientation has been provided within the required 24-hour timeframe. The checklist should include all items listed in the rule above, as well as any additional items your agency provided at orientation.

Orienting Child Residents

Before developing procedures for the orientation consider the following:

- Will the orientation be conducted with or without the parent, and how will the parent be involved?
- Will the orientation be held individually or in a group?
- What is the primary goal of the orientation (such as general tour, therapeutic assessment, or a combination of various goals)?

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- What can you do to create a child-friendly orientation, and how can the orientation meet the various developmental needs of the children?

Wellness Checks

- The purpose of a wellness check is to address the immediate needs of survivors and accompanying family members, which new residents may not self-identify. Perform the wellness check before conducting all other areas of orientation.
- A wellness check should be formatted in a welcoming way, and be an ideal opportunity to build rapport and respect between new residents and shelter staff.
- A wellness check should include offering immediate access to basic needs including food, water, and bathroom facilities. Check to see if the resident or a family member is on medication or has special medical conditions, and help the resident take time out to address any immediate needs.
- The orientation timeframe has expanded to a 24-hour time period, which allows for flexibility in accommodating immediate needs before completing orientation requirements.

Sample Policy: Resident's Orientation

“(Name of agency) will provide each shelter resident with a written and oral orientation within 24 hours of entering the shelter. While orientation must be completed within the required timeframe, (name of agency) will pace the orientation to meet the needs of each individual survivor and any accompanying children. (Name of agency) recognizes that the first 24 hours in shelter can be a challenging time and retaining the overwhelming amount of program information conveyed can be difficult. (Name of agency) prioritizes being empathetic to the sensitive nature of the first 24 hours in shelter for survivors. Orientation materials will be summarized in a checklist so that survivors may review items with an advocate as needed over the course of the shelter stay.

Proof of orientation will be documented and must include, at a minimum: a wellness check for all family members, explanation of services available, cooperative living agreement, length of stay policy (if the program imposes a length of stay), termination policy, residents' rights, nondiscrimination statement, grievance procedures, safety and security procedures, medication policy, confidentiality, privilege, and limits of confidentiality and exceptions to privilege, and waivers of liability.

“(Name of agency) will provide each child with an orientation by children's staff within their first 24 hours of entering the shelter. The orientation will be documented in the parent's or the child's file depending on the child's age.”



Nonresidents' Orientation

HHSC Texas Administrative Rule

[RULE §379.709 Nonresident's Orientation](#)

A center must ensure orientation is provided orally and in writing, is documented, and includes, but is not limited to:

- (1) explanation of services available;
- (2) termination policy;
- (3) nonresidents' rights;
- (4) nondiscrimination statement;
- (5) grievance procedures;
- (6) safety and security procedures;
- (7) confidentiality and limits of confidentiality;
- (8) waivers of liability; and
- (9) a wellness check for all family members that addresses their immediate needs.

Considerations:

Please see the considerations outlined under Shelter Orientation. The main difference between these rules is that there is no required timeframe in which an agency must complete the nonresidential orientation. Factors such as length of appointment etc. may guide the completion of this process, however, completing it as soon as reasonably possible allows the survivor to be fully aware of the parameters of service provision.

Sample Policy: Nonresident's Orientation

“It is the policy of (name of agency) to provide each nonresident program participant with a written and oral orientation to services. While orientation is an important requirement, (name of agency) will pace the orientation to meet the needs of each individual survivor and any accompanying children. (Name of agency) is empathetic to the sensitive nature of the first contact with services for survivors, which is a challenging time for retaining the overwhelming amount of program information that is conveyed. Orientation materials will be summarized in a checklist so that survivors may revisit items with an advocate as needed during future appointments.

Proof of Orientation will be documented and must include, at a minimum: a wellness check for all family members, explanation of services available, termination policy, nonresidents' rights, nondiscrimination statement, grievance procedures, safety and



security procedures, confidentiality, privilege, and limits of confidentiality and exceptions to privilege, and waivers of liability.”

Nonresidential Services Proof of Orientation Sample Procedure for Family Violence Victims

Considerations:

Family violence programs offer a variety of crisis intervention services. Completing an orientation for nonresidential services maintains the quality of these services and informs those accessing services of their rights as a client. To accomplish this goal the orientation requires informational forms, a detailed explanation of their meaning, and the services offered.

In some cases, however, victims are in need of one-time critical assistance only. One-time critical assistance circumstances are time sensitive and are not usually compatible with the time a full orientation may require. Therefore, though the orientation is a necessary HHSC requirement, it is under these circumstances that it has the potential to be an unintentional barrier to services for victims seeking one-time critical assistance. In addition, often when a victim comes in for a one-time critical service, s/he may still be in contact with the abuser. In these situations giving the victim detailed orientation information about family violence services may put them in further danger if the abuser finds it.

The proof of nonresidential services orientation sample procedure and attached form found in Appendix Two will list the types of one-time critical assistance circumstances for which this procedure is appropriate. It will lay out guidelines for implementation of this procedure and a sample template to satisfy the requirements of the aforementioned HHSC rules. This procedure will also address the concerns regarding a client’s access to emergency services and maintenance of their safety.

For further assistance, please contact your HHSC Family Violence Program Contract Manager or the Texas Council on Family Violence (TCFV) for technical assistance and/or further interpretation of this procedure.

Sample Policy: Nonresidential Services Proof of Orientation Sample Procedure for Family Violence Victims

“Please see (name of agency’s) Nonresidential Services Proof of Orientation Sample Procedure for Family Violence Victims guidance and form.

See Appendix Two for template policy.”

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Delivering Services to Children

HHSC Texas Administrative Rule:

[RULE §379.715 Safety Policies and Procedures for Delivering Services to Children](#)

- (a) A center must develop, maintain, and comply with written nonviolent disciplinary policies and procedures regarding child residents and child nonresidents, including policies and procedures for adult residents and adult nonresidents, employees, and volunteers who provide services to children.
- (b) The center must develop, maintain, and comply with written policies and procedures to:
 - (1) ensure the safety of children in its facilities; and
 - (2) maintain the safety of children when employees or volunteers take children on outings.

Considerations:

Safety Planning with Children

Safety planning for children should be undertaken in an age-appropriate manner and in conjunction with the protective, non-abusive, parent. Key guidelines to follow include:

- Keep the safety planning realistic and simple
- The safety plan is optional (the child is not required to develop a safety plan if the parent declines)
- The safety plan is age-appropriate (safety plans should be for children 8 years old and older; plans for children under 8 years old must not rely on the child for implementation)¹⁶

Delivering Services to Children: Sample Safety Policies and Procedures

“(Name of agency) observes the following policies and procedures to maintain the safety of children in the center’s residential and nonresidential facilities, and to maintain the safety of children when staff or volunteers take them on outings:

1. **Nonviolent Discipline:** Residents, nonresidents, employees, and volunteers will use nonviolent methods of discipline while supervising child residents and nonresidents.

¹⁶ Pennsylvania Coalition Against Domestic Violence. Safety Planning for Children: Strategy for Unsupervised Visits with Batterers. Retrieved from <http://www.pcadv.org/>
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2. Buildings, equipment, and furniture: To maintain the safety of children, the agency's buildings, playscapes, playroom, furniture, and toys will be inspected periodically and maintained or removed from children's access. When appropriate, cabinets, gates, etc., will be childproofed.
3. Informing parents: Before the children attend an outing outside the facility, the parent of every child will be informed of that outing. Parents who give permission for the outing will be asked to fill out a liability form. Parents will be informed where the outing will take place and will be asked if there is a likelihood that the abuser may be nearby. Accommodations will be made for children who are not able to attend the outing because of safety concerns.
4. Informing the children: Before the children attend an outing, they will be told where they are going, who they are going with (a staff member will always be present), how long they will be out, and any appropriate safety rules.
5. Transportation: When transporting children on outings, Texas law will be followed regarding car seats and seat belts. Vehicles transporting children will be current with Texas state vehicle inspection laws.

All children's staff (shelter and outreach) will be trained on these procedures before utilizing them. The children's staff will maintain current information regarding safety planning for children."



Educational Services for Children of Adult Residents

HHSC Texas Administrative Rule:

[RULE §379.718 Educational Services for Children of Adult Residents](#)

- (a) A center must inform an adult resident about educational services for her or his child.
- (b) At the resident's request, the center must:
 - (1) help the resident make arrangements for the child's continued education;
 - (2) accompany the resident to school meetings regarding the child's special needs; and
 - (3) act as a liaison to the school regarding provisions in a protective order that may directly affect the child's safety.
- (c) A center must develop, maintain, and comply with written policies and procedures regarding its educational services for children.

Considerations:

Protective Orders

Some survivors of family violence will have protective orders in effect that include their children. In many instances, a protective order that includes children will state that the offender is not permitted on school grounds and does not have the right to pick up the children from school. If the protective order does not specifically include children, advocates can assist clients in reviewing it for any instance that would affect the children while in school. Additionally, it is important for advocates to work with the school system on case-specific instances, as well as general education about family violence, in order to address safety protocols for these children.

Location and Type of School Program

Various programs and schools satisfy the compulsory attendance requirements of the Education Code. For example, children can attend home schools and schools located on shelter sites designed specifically for child residents. In conjunction with the parent, your agency will need to decide what program best meets the children's needs and is realistic in relation to your shelter's resources.

Transportation

How will the children get to their schools? If the school district provides transportation, several issues will need to be addressed. For example, how will the location of the



shelter remain confidential, if necessary, from the other children riding on the bus? Is the bus driver trained to be sensitive to the needs of children living in shelters? How can you help minimize the labeling of the children as riding the “shelter bus”?

Applicable Laws:

1. [The McKinney-Vento Homeless Assistance Act](#) (42 USC 11431 et seq.), originally authored in 1987 and reauthorized by the [No Child Left Behind Act of 2001](#), federally offers protections to homeless children in regards to school systems. McKinney-Vento states that local districts must do the following:
 - Allow the child to remain in their school of origin, unless it is against their wishes, or allow the student to enroll in the public school in the attendance area in which they are currently living
 - Provide free transportation for eligible students to their school of origin
 - Engage an educational liaison for each school district to assist with obtaining educational services
2. [The Texas Education Code](#) (TEC) §25.001 provides even more options to homeless students. Under this code, a homeless student may attend any school district they choose regardless of their parent or guardian’s address.

Sample Policy: Educational Services for Children of Adult Residents

“All child residents will be enrolled in a school, engaged in home-schooling, or enrolled in a program that satisfies the compulsory attendance requirements as defined in the Texas Education Code. (Name of agency) will create an environment that is child friendly and enables children to regularly attend school. (Name of agency) will assist all clients with obtaining education services for their children per their request. (Name of agency) will also assist, at a resident’s request, with accompanying a resident and their child to meetings focusing on any special needs of the child. (Name of agency) will assist all clients, at their request, in discussing safety aspects related to the protective order while the child is in the care of the school.”

SECTION 4:

Appendices

Appendix 1: Templates for Motion to Quash Subpoena, ¹⁷

Double click the document to open it in your pdf viewer.

Version A

Privilege Included Within All Possible Objections Section

SAMPLE FORM: MOTION TO QUASH55

**SAMPLE FORM:
Motion to Quash**

NO. _____

	§	IN THE DISTRICT COURT
	§	
VS	§	_____TH JUDICIAL DISTRICT
	§	
	§	_____ COUNTY, TEXAS

MOTION TO QUASH SUBPOENA

Comes now _____ [person under subpoena], Movant, and files this Motion to Quash Subpoena. In support, Movant shows the following:

1. Movant was served with subpoena on _____ [date] at the request of _____ [attorney or party requesting information], ordering Movant to personally appear as stated in the subpoena on _____ [date] at _____ [location/place].
A copy of the subpoena is attached to this Motion.
2. Movant is _____ [position] at _____ [agency], a [describe your agency or program, i.e. "nonprofit incorporated under section 501(c)(3) of the Internal Revenue Code"]
3. ***The subpoena is subject to objection.***

_____ Movant requests that the subpoena be quashed based on one or more of the

.....
UNDERSTANDING SUBPOENAS

¹⁷ Texas C-BAR Texas Rio Grande Legal Aid. (2011). Sample motion to quash subpoena from: *Understanding Subpoenas: A Guide for Texas Family Crisis Centers*.

Version B
Contains Separate Privilege Objection Section

SAMPLE FORM: MOTION TO QUASH		55
 SAMPLE FORM: Motion to Quash 		
NO. _____		
_____	§	IN THE DISTRICT COURT
	§	
VS	§	_____TH JUDICIAL DISTRICT
	§	
_____	§	_____ COUNTY, TEXAS
 MOTION TO QUASH SUBPOENA 		
Comes now _____ [person under subpoena], Movant, and files this Motion to Quash Subpoena. In support, Movant shows the following:		
1. Movant was served with subpoena on _____ [date] at the request of _____ [attorney or party requesting information], ordering Movant to personally appear as stated in the subpoena on _____ [date] at _____ [location/place]. A copy of the subpoena is attached to this Motion.		
2. Movant is _____ [position] at _____ [agency], a [describe your agency or program, i.e. "nonprofit incorporated under section 501(c) (3) of the Internal Revenue Code"]		
3. <i>This subpoena is subject to objection.</i>		
_____ Movant requests that the subpoena be quashed based on one or more of the		
.....		
UNDERSTANDING SUBPOENAS		

Appendix 2: HHSC Nonresidential Services Proof of Orientation Sample Procedure for Family Violence Victims

Double click the document to open it in your pdf viewer.

SAMPLE FORM: FAMILY VIOLENCE NONRESIDENTIAL SERVICES PROOF OF ORIENTATION

Agency Name ITS Number

BASIC DEMOGRAPHIC INFORMATION (IF AVAILABLE): THIS INFORMATION IN NO WAY EFFECTS ELIGIBILITY FOR SERVICES

Victimization: _____

Gender: _____ Age: _____

Race: _____ Family Size: _____

Ethnicity: _____ Income: _____

ORIENTATION INFORMATION OFFERED PLEASE CHECK THAT ALL HAVE BEEN DISCUSSED:

explanation of services available; safety plan;

nonresident's rights; confidentiality and limits of confidentiality

nondiscrimination statement;

In instances where the form is offered over the phone this section is not applicable and only the checklist above and the signature from staff below are necessary.

I, _____ have the right to make an informed decision about accessing the

Client's Name

services provided from _____. A verbal explanation about the orientation

Agency Name

information listed above was provided by _____.

Staff member Name and Position

PLEASE SELECT ONE OF THE FOLLOWING CHOICES:

I also received orientation information in writing and understand if I receive more services in the future, this information will be reviewed with in more depth by _____ staff.

Agency Name

For safety purposes, I am declining to take this information in writing and understand that I can access it both verbally and in writing if I utilize services in the future from _____.

Agency Name

Client Signature (if in person) Parent or Guardian (if applicable and in person)

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Appendix 3: [NNEDV Client Notice of Rights](#)¹⁸ ([Spanish also available](#))

Ctrl + click link to be directed to resource

[\[YOUR LETTERHEAD HERE\]](#)

Note: Organizations are welcome to adapt these sample materials to fit your needs and the work you do. You may change wording to match the language your organization prefers (e.g., survivor or service participant). Before using this template, be sure to remove all notes in blue and replace [Program/Agency Name] with your organizational name.

Client Notice of Rights/Confidentiality Form for Advocacy Organizations

As a client of [Program/Agency Name], you have the following rights regarding the confidentiality of your personal information and communications with [Program/Agency Name] staff and volunteers:

1. The information that you provide to [Program/Agency Name] will be kept confidential to the greatest extent allowed by law.
2. You may choose what information you want to provide to [Program/Agency Name]. You will not be denied access to services if you choose to not provide certain identifying information.
3. The information that you provide to [Program/Agency Name], including your name, address, phone number, and other personal information will not be shared with other individuals or agencies without your permission.
4. [Program/Agency Name] staff may be required by law to report certain situations even if you don't give them permission to share or report the situations, such as suspected child abuse or neglect. (Note: List other things that are reportable, as required by state law, such as threats to self or others, elder or at-risk adult abuse, commission of a crime or a civil claim against the [Program/Agency Name] or staff etc.). Staff and advocates will inform you of any reporting requirements prior to having conversations with you and will tell you when they must make a report and what information will be shared. Even when these reports are made, [Program/Agency Name] should not share information beyond what is required by law.
5. Some general information about the types of services provided and overall demographics (e.g., age and income ranges, average number of children, ethnicities) of people that use [Program/Agency Name] services must be shared with the agencies that fund [Program/Agency Name]. However, information that specifically could identify you as someone who used [Program/Agency Name] services will never be shared unless specifically authorized in writing by you.
6. After your intake with [Program/Agency Name], you may choose to be referred to other agencies for additional help and support. Agencies we partner with include: (Note: List here, names and types of services, if not clear from the description).
7. You can decide how much or how little of your personal information [Program/Agency Name] will or will not be shared with each partner agency. You will be told, in general, what each partner's obligations are to keep your information confidential. If you choose to have [Program/Agency Name] share some of your personal information with an agency we partner with, you will be told exactly how and what information will be shared. If you later decide that you don't want the information you have provided to be shared with any of [Program/Agency Name] partners, let us know and we won't share any more information with those partners.
8. If you have any questions or concerns about this notice or your rights, or if you have a concern that your confidential information was not treated appropriately, please contact (name and number of confidentiality monitor).

Client: I, _____, have received notice of my rights to confidentiality. Date: _____

Advocate: I, _____, have explained this notice to the client. Date: _____

Template: Client Notice of Rights/Confidentiality Form Created for adaptation by Julie Kurose Field, J.D. and NNEDV.

¹⁸ National Network to End Domestic Violence. Client Notice of Rights. Retrieved from <http://nnedv.org/pages/430-resources-for-ovw-grantees-on-technology-confidentiality-a-relocation.html?highlight=W>

TCFV STRONGLY RECOMMENDS CONTACTING A LAWYER TO REVIEW YOUR SHELTER POLICIES. ANYTHING CONTAINED IN THIS DOCUMENT MAY NOT BE CONSTRUED AS LEGAL ADVICE.

Appendix 4: [NNEDV Client Limited Release English](#)¹⁹

Ctrl + click link to be directed to resource

[APPROPRIATE AGENCY LETTERHEAD]	
READ FIRST: Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] 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 [Program/Agency Name] 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 [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.	
I, _____, authorize [Program/Agency Name] to share the following specific information with: name	
Who I want to have my information:	Name: Specific Office at Agency: Phone Number:
The information may be shared: <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by e-mail <input type="checkbox"/> 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 [Program/Agency Name].	
I understand:	
<input type="checkbox"/> That I do not have to sign a release form. I do not have to allow [Program/Agency Name] 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 [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.	
<input type="checkbox"/> 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 [Program/Agency Name].	
<input type="checkbox"/> That [Program/Agency Name] 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 _____	<i>Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.</i>
Date	Time
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.	

¹⁹ National Network to End Domestic Violence. (2010). Client Limited Release of Information Form. Retrieved from <http://nnedv.org/resources/safetynetdocs/survivor-confidentiality/client-limited-release-of-information-form.html>
TCFV STRONGLY RECOMMENDS CONTACTING A LAWYER TO REVIEW YOUR SHELTER POLICIES. ANYTHING CONTAINED IN THIS DOCUMENT MAY NOT BE CONSTRUED AS LEGAL ADVICE.

Appendix 5: [NNEDV Client Limited Release Spanish](#)²⁰

Ctrl + click link to be directed to resource

Template: Client Limited Release of the Essential Form Created for adaptations by Julie Kerner Field, JD, and 100 DV
PAPEL CON MEMBRETE APROPIADO DE LA AGENCIA

Lea Primero: Antes de que usted decida en si o no dejar compartir con [Programa/Nombre de Agencia] algo confidencial con otra agencia o persona, un abogado de [Programa/Nombre de Agencia] discutirá con usted todos los alternativos y cualquier riesgos y ventajas potenciales que podrían resultar por compartir su información confidencial. Si usted decide que desea manifestar [Programa/Nombre de Agencia] algo de su información confidencial, usted puede utilizar esta forma para elegir lo que se comparte, cómo se comparte, con quien, y por cuánto tiempo.

Entiendo que [Programa/Nombre de Agencia] tiene una obligación de guardar mi información personal, identificando la información, y mis expedientes confidenciales. También entiendo que puedo elegir permitir que el [Programa/Nombre de Agencia] pueda compartir algo de mi información personal a ciertos individuos o agencias.

Yo, _____, autorizo [Programa/Nombre de Agencia] que comparte la siguiente información específica con:

A quien deseo que tenga mi información:	Nombre: Oficina específica o Agencia: Número de Teléfono:
---	---

La información puede ser compartida:
 en persona por teléfono por fax por correo por correo electrónico
 Entiendo que el correo electrónico (E-mail) no es confidencial y puede ser interceptado y leído por la gente.

Qué información sobre mí será compartida:	(Indica tan específicamente como sea posible, por ejemplo, nombre, fechas del servicio, cualquier documentos)
Por qué deseo compartir mi información (propósito):	(Indica tan específicamente como sea posible, por ejemplo, para recibir servicios)

Por Favor Note: Hay un riesgo que un lanzamiento limitado de la información puede potencialmente abrir el acceso por otros a toda su información confidencial llevada a cabo [Programa/Nombre de Agencia].
Yo entiendo:

Que no tengo que firmar una forma del lanzamiento. No tengo que permitir [Programa/Nombre de Agencia] que comparta mi información. La firma de una forma del lanzamiento es totalmente voluntaria. Que este lanzamiento está limitado a lo que escribo arriba. Si quisiera [Programa/Nombre de Agencia] lanzar la información sobre mí en el futuro, necesitaré firmar otro lanzamiento por tiempo limitado por escrito.

Que lanzar la información sobre mí podría darle información de la agencia o de la persona sobre mi localización y información que he estado recibiendo servicios de [Programa/Nombre de Agencia].

Que el [Programa/Nombre de Agencia] y yo podemos continuar lo que sucede con mi información una vez se ha lanzado a la persona o a la agencia antedicha, y que la agencia o la persona que obtenga mi información se puede require por la ley o la práctica de compartirla con otras.

La expiración debe resolver las necesidades de la víctima que es típicamente no más de 15-30 días, pero puede ser más corta o más de largo.

Este lanzamiento se vence _____
 Fecha Hora

Entiendo que este lanzamiento es válido cuando lo firmo y puedo refinar mi consentimiento a este lanzamiento en cualquier momento u oral o en la escritura.

Firmado: _____ Fecha: _____
 Hora: _____ Testigo: _____

Reafirmación y extensión (si el tiempo adicional es necesario resolver el propósito de este lanzamiento)

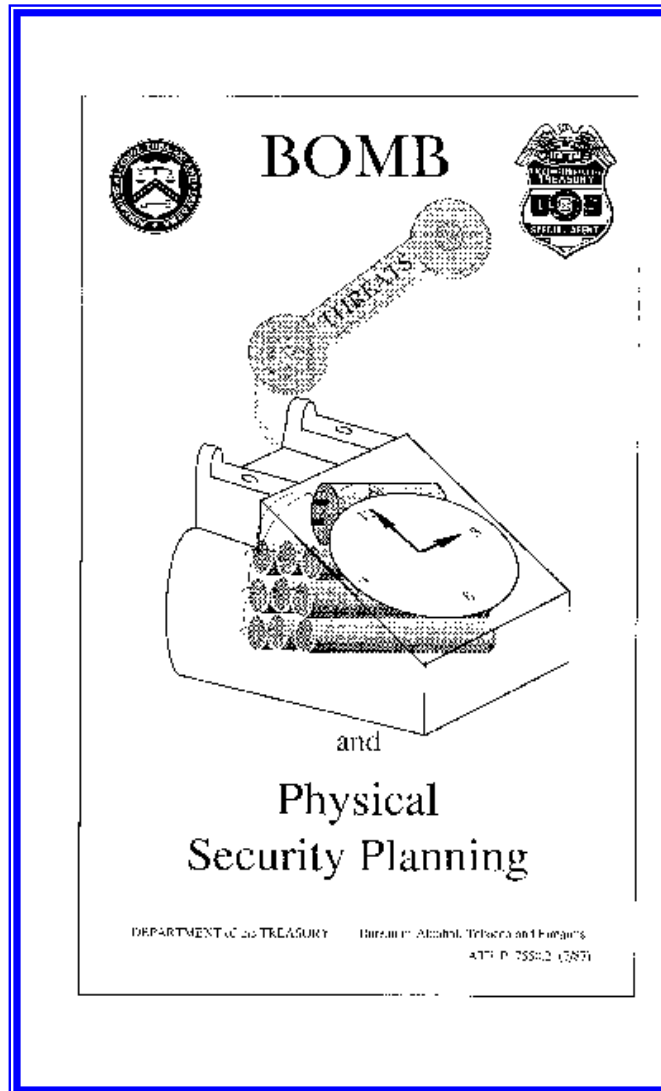
Confirmando que este lanzamiento sigue siendo válido, y quisiera extender el lanzamiento hasta _____ del _____
 Nueva Fecha Nueva Hora

Firma: _____ Fecha: _____ Testigo: _____

²⁰ National Network to End Domestic Violence. (2010). Papel con membrete apropiado de la agencia. Retrieved from <http://nnedv.org/resources/safetynetdocs/survivor-confidentiality/client-limited-release-of-information-form.html>
 TCFV STRONGLY RECOMMENDS CONTACTING A LAWYER TO REVIEW YOUR SHELTER POLICIES. ANYTHING CONTAINED IN THIS DOCUMENT MAY NOT BE CONSTRUED AS LEGAL ADVICE.

Appendix 6: Bomb and Physical Security Planning ²¹


Double click the document to open it in your pdf viewer.



²¹ This document is from: US Department of the Treasury: Bureau of Alcohol, Tobacco, and Firearms. (1987). Washington, DC 20226. Retrieved from <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=192803>
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Appendix 7: HHSC Civil Rights Policies²²

Double click the document to open it in your pdf viewer.



HHS CIRCULAR C-001
Civil Rights Policy for HHS Service Delivery

Purpose

To ensure non-discrimination in the delivery and provision of services to Texas Health and Human Services (HHS) applicants, clients, and beneficiaries.

Policy

Based on applicable legal provisions, HHS agencies will not, directly or through contractual or other arrangements, exclude, deny benefits, limit participation, or otherwise discriminate against any person in the administration of services on the basis of age, color, disability, national origin, political belief, race, religion, sex, or sexual orientation. (Not all bases apply to all programs.)

HHS agencies will take reasonable steps to provide meaningful access to programs, services, and activities to persons with limited English proficiency (LEP) and persons with disabilities.

Furthermore, HHS agencies will not, directly or through contractual or other arrangements, intimidate, threaten, coerce, discriminate, or take any retaliatory action against any person for the purpose of interfering with any right protected under civil rights laws, statutes, or policies or because he/she has:

- opposed any discriminatory practice; or
- filed a charge or complaint, or testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under any civil rights law, regulation, or policy.

Legal Bases

The Civil Rights Policy for HHS Service Delivery is governed by state and federal laws and regulations, including, but not limited to the following:

- [Title VI of the Civil Rights Act of 1964, as amended \(42 U.S.C. 2000d et seq.\)](#)
- [Age Discrimination Act of 1975, as amended \(42 U.S.C. 6101\)](#)
- [Rehabilitation Act of 1973, Section 504, as amended \(29 U.S.C. 794\)](#)
- [Americans with Disabilities Act of 1990, as amended \(42 U.S.C. 12101 et seq.\)](#)
- [Food and Nutrition Act of 2008, as amended \(7 U.S.C. 2011 et seq.\)](#)
- [Title IX of Educational Amendments of 1972, as amended \(20 U.S.C. §§ 1681 et seq.\)](#)


Revised: 02-15-12
Revised: 11-05-04
Issued: 10-19-04

C-001 -1-

²² Texas Health and Human Services System. Retrieved from <http://www.hhsc.state.tx.us/news/circulars/C-001.pdf>
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Appendix 8: NNEDV Technology Safety Plan English²³

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NNEDV

Technology Safety Plan

A Guide for Survivors and Advocates

This document contains general information about safety planning with victims of domestic and sexual violence, stalking and trafficking in situations of technology abuse. As an overview, this document provides general tips and suggestions. For more specific safety planning strategies, please consult one of our safety planning guides to a particular technology or situation and please contact a local victim advocate who can help you with a more thorough safety plan.

Trust your instincts. If you suspect that the abusive person is harassing, stalking, or monitoring you using technology, it is possible and likely. Abusers, stalkers and perpetrators can be incredibly persistent and creative in maintaining control and technology is another tool for them to misuse.

Get more information. Navigating violence, abuse, and stalking is very difficult and dangerous. Work with a victim advocate to discuss your options and to help you plan for your safety. You can call the National Domestic Violence Hotline at 1-800-799-7233, the National Sexual Assault Hotline at 1-800-656-4673, or the National Human Trafficking hotline at 1-888-373-7888.

Look for patterns to identify misused technology. Carefully try to figure out how or which technology is being used to harass, stalk, or monitor you. For example, if you suspect you're being watched, is it in a particular room in your house? If you suspect you're being followed, is it just when you're in your car or wherever you go? Narrowing down the potential source of technology will help you create a more precise safety plan.

General safety tips. If it seems like the person knows too much about your activity, it could be from a variety of sources. The abuser could be monitoring your computer or cell phone. The perpetrator could be accessing your online accounts or gathering information about you online. Or the stalker could be monitoring your location.

Use a safer computer/device. If you suspect that the abusive person is monitoring your computer activities try using a safer computer, tablet, or device to prevent the abusive person from seeing what you're doing.

Change passwords and usernames. Change the usernames and passwords of your online accounts on the safe computer. Don't use the new username and password on the computer that is being likely monitored. Consider creating brand new accounts, such as a new email address. Also consider using a non-identifying username instead of your actual name and don't use the same password for your accounts.

Check your cell phone settings. Go through your phone's settings to ensure that other devices aren't connected to the phone and that Bluetooth and location access is limited or turned off. If your phone allows apps to be downloaded, make sure you know what each of the apps do; if you don't use it or don't know what it is, delete the app. Pay attention to excessive battery or data usage as that may indicate that a program may be in use on your phone constantly. Call your phone carrier to ask about location settings or third-part applications.


Technology Safety Plan: A Guide for Survivors and Advocates Page 1
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Supported by US DOJ-OVC Grant # 2011-VF-GX-K016. Opinions, findings, and conclusions or recommendations expressed are the authors and do not necessarily represent the views of DOJ.

²³ National Network to End Domestic Violence. (2008). Technology safety plan. Retrieved from http://nnedv.org/downloads/SafetyNet/NNEDV_TechSafetyPlan_English.pdf

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Appendix 9: NNEDV Technology Safety Plan Spanish²⁴

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Un Plan de Protección de la Tecnología para las(os) Sobrevivientes

NNEDV *Unos consejos para analizar si usted conoce a una persona que está en peligro*

La tecnología puede ser de mucha ayuda para las víctimas de la violencia doméstica, de la violencia sexual, y del acoso, pero es importante considerar que también puede ser usada indebidamente.

1. Confíe en sus instintos. Si usted sospecha que la persona abusiva sabe demasiado, es posible que su teléfono, su computadora, su correo electrónico, o que sus otras actividades estén siendo monitoreadas. Los agresores y los acosadores pueden ser muy persistentes y crean maneras para mantener el poder físico y el control psicológico.
2. Planee su protección. Es muy difícil y peligroso navegar con la violencia, el abuso, y el acoso. Los representantes de la Línea Nacional de la Violencia Doméstica están entrenados tecnológicamente, y pueden platicar con usted acerca de sus opciones y pueden ayudarlo a planear su protección. También los programas locales pueden ayudarlo con el plan. (Línea Nacional de la Violencia Doméstica: 1-800-799-7233 o TTY 800-787-3224)
3. Sea precavida(o) si el agresor es un "técnico". Confíe en sus instintos propios si las computadoras y la tecnología son la profesión o el pasatiempo del agresor/acosador. Si usted piensa que él/ella puede estar controlándole o vigilándole, hable con la línea nacional o con la policía.
4. Use una computadora que esté más protegida. Si una persona abusiva tiene acceso a su computadora, él/ella pudiera estar observando sus actividades en la misma. Trate de usar una computadora que esté más protegida cuando busque ayuda, cuando esté buscando otro lugar para vivir, etc. Podría ser más seguro si usa una computadora en la biblioteca pública, o en el centro comunitario, o en un café de Internet.
5. Cree una dirección nueva en su correo electrónico. Si usted sospecha que una persona abusiva puede tener acceso a su correo electrónico, considere crear otra cuenta en una computadora más segura. No abra o vea esta cuenta nueva en la computadora que el agresor pudiera usar, en caso de que ésta esté siendo vigilada. Use anónimos (por ejemplo: galbanu@icemail.com, no use su NombreReal@gmail.com) Use el correo electrónico gratis, y no le proporcione información detallada de usted.
6. Revise su teléfono celular. Si usted está usando un teléfono que la persona abusiva le dio, considere apagarlo cuando no lo esté usando. También muchos teléfonos le permiten "cerrar" las teclas para que el teléfono no conteste automáticamente o para que no llame automáticamente en caso de que se golpee en algún lugar. Cuando esté prendido, revise la programación, si su teléfono tiene un servicio de colicación, querrá apagar/prender ese servicio cambiando la programación apagando y prendiendo el teléfono.
7. Cambie la contraseña y sus números de identificación personal (PIN). Algunos agresores usan el correo electrónico de la víctima y otras cuentas para hacerse pasar por ellas(os) y causar un daño. Si una persona abusiva sabe la contraseña de su correo electrónico o puede adivinarla, cámbiela rápido y frecuentemente. Piense en las cuentas que son protegidas con una contraseña - como el banco a través del Internet, el sistema de mensajes, etc.
8. Trate de no usar teléfonos sin cordón o los monitores para los bebés. Si usted no quiere que otros escuchen sus conversaciones, apague los monitores para bebés cuando no los use y use un teléfono con cordón cuando tenga conversaciones sensitivas.
9. Use un teléfono celular donado ó un celular nuevo. Cuando llame o reciba llamadas privadas o para preparar el escape, trate de no usar un teléfono compartido o en un plan familiar, por que los cobros vienen con detalles que podrían revelar sus planes al agresor. Comuníquese con la línea local para aprender más acerca de los programas que donan teléfonos celulares nuevos y/o tarjetas de teléfono prepagadas para las víctimas del abuso y del acoso.
10. Pregunte acerca de sus documentos y de sus datos. Muchos sistemas en las cortes y en las agencias de gobierno están publicando los documentos en el Internet. Pregúntales cómo protegen o cómo publican sus datos y pídale a la corte, al gobierno, al correo y otras agencias que nadie tenga acceso a sus documentos para proteger su seguridad o que sellen los documentos.
11. Obtenga un servicio de mensajes privado y no proporcione su dirección verdadera. Cuando un negocio, o el doctor, u otras personas le pregunten por su dirección, tenga listo un correo postal o una dirección segura. Trate de mantener su dirección lejos de la colección de información nacional.
12. Busque su nombre en el Internet. Los buscadores más grandes como "Google" o "Yahoo" pudieran tener enlaces a su información. Busque su nombre entre comillas: "Nombre Completo". Revise las páginas del directorio telefónico, por que los números que no deben de ser enlistados pudieran estar en la lista si usted se lo ha dado a alguien.

Para más información sobre la protección, llame a la Línea Nacional de la Violencia Doméstica al 1-800-799-SAFE (7233) ó TTY 800-787-3224

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Web: nnev.org/safeynet - Email: [safeynet\[at\]nnev.org](mailto:safeynet[at]nnev.org) - Phone: 202-543-5566

[Revised 2008]


Note: [other languages available](#)

- Chinese
- Korean
- Vietnamese
- Somali
- Russian
- French

²⁴ National Network to End Domestic Violence. (2008). Un plan de protección de la tecnología para las(os) sobrevivientes. Retrieved from http://nnev.org/downloads/SafetyNet/NNEDV_TechSafetyPlan_Spanish.pdf
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Appendix 10: NNEDV Data Security Checklist to Increase Victim Safety & Privacy²⁵

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Data Security Checklist to Increase Victim Safety & Privacy

In this electronic age, we all have heightened data privacy needs. However, victims of domestic violence, sexual violence, and stalking have even greater security and safety concerns. Any data collection initiative within a local program or between several service providers must be carefully planned, implemented, and evaluated regularly - the safety and privacy of survivors depend on it.

Data security includes a range of issues – from preventing unauthorized access to minimizing information collected and shared. Given the complex safety risks in this work, such databases may need to be stored on separate servers with tight security within and between different service providers, to maintain privilege and confidentiality.

Safety Net: the National Safe & Strategic Technology Project provides training around the country on all forms of technology and it's relevance to victims and their advocates. Read more on our website, www.nnedv.org.

IMPORTANT NOTE: This checklist is meant to give local programs a starting point in discussing client safety and data security; it is not intended to replace intensive training. Please work with your State Domestic Violence and Sexual Assault Coalitions to increase your community's awareness of data security.

Before You Begin Your Data Collection Initiative

<input type="checkbox"/>	Minimize Data Collected	Minimize what is collected to lessen the safety risks to victims and your organization's liability. Review the goals of your organization/project and evaluate your data collection process. Are there less invasive alternatives to measure outcomes and streamline intake? How could the data you plan to collect be misused if accessed through legitimate or illegitimate means?
<input type="checkbox"/>	Develop and Implement Clear Policies	Develop clear policies and procedures that outline privacy practices for handling sensitive victim data. Communicate these policies regularly at orientation and meetings. Data security policies should address: <ul style="list-style-type: none"> • The content of the record, how long it will exist, and who may have access to it • Processes for survivors to opt-out, inspect, withdraw, or correct their data/records • Collection, modification, use, and disclosure procedures for client identifiable data • Procedures for the secure disposal of computers or other electronic media that contain client identified data • Screening, training, and background check processes of individuals who have access to sensitive information • Procedures to protect against unauthorized use and unauthorized access
<input type="checkbox"/>	Conduct Privacy Impact Assessments	Government agencies are beginning to conduct Privacy Impact Assessments (PIA) to address: types of information collected, purposes for collection, the intended uses of information, information sharing, client notification, and information security. The Center for Democracy and Technology offers educational tools for additional information. Please see their website: www.cdt.org/egov/handbook/privacy.shtml
<input type="checkbox"/>	Keep data Separate	Databases with casenotes and other sensitive information must be carefully protected. It's important to keep a victim advocate's confidential electronic records separate from prosecution databases since defense attorneys may have the right to see prosecutor notes and may attempt to argue that various entities have access to each other's data if the databases are combined or even on the same server. Work with attorneys who specialize in confidentiality and privilege in addition to technology experts. Important Note: If data is shared it should be minimal and should not invade a victim's privacy.
<input type="checkbox"/>	Limit Access Levels	Limit the number of users who are authorized to view the most sensitive information. When determining access levels, your organization must consider safety risks if the data will be shared internally within one organization or across many organizations. It is critical to review the local, state, federal laws that stipulate who can access victim data.

Data Security Checklist To Increase Victim Safety & Privacy
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Page 1 of 2
[Revised 2008]

²⁵ National Network to End Domestic Violence. (2008). Data security checklist to increase victim safety & privacy. Retrieved from http://nnedv.org/downloads/SafetyNet/NNEDV_DataSecurity.pdf
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Appendix 11: NCDVTMH Model Medication Policy for DV Shelters²⁶


Double click the document to open it in your pdf viewer.

The image shows a document page with a blue border. At the top left is the logo for the National Center on Domestic Violence, Trauma & Mental Health. The title of the document is "MODEL MEDICATION POLICY FOR DV SHELTERS" in bold, purple, underlined text. Below the title is a section titled "Introduction" in bold, black text. The text of the introduction discusses the purpose of the policy, which is to provide guidance to domestic violence shelters on medication policies. It mentions that the policy was developed in response to requests from shelters and advocates for guidance on designing medication policies that better serve survivors with mental health symptoms or living with mental health disabilities. The policy is intended to provide coalitions and programs with guidance on designing medication policies that reflect survivor-centered values and to help to create more accessible and trauma-informed shelter environments. It also responds to requests from domestic violence programs for guidance on drafting policies that comply with their ethical and legal obligations under the Americans with Disabilities Act (ADA),¹ the Fair Housing Act (FHA),² and Section 504 of the Rehabilitation Act.³ These three federal statutes have implications for how domestic violence shelters screen and admit survivors and how they store and handle medications. While this Model Policy is intended to guide domestic violence coalitions and programs as they work to draft medication policies and train staff in ways that support survivors and their children who are experiencing mental health symptoms or living with mental health disabilities, it is not a substitute for legal counsel. Domestic violence programs should consult with an attorney to ensure that their policies comply with all relevant local, state, and federal laws. For more information or to provide feedback on this Model Policy, please contact the National Center on Domestic Violence, Trauma & Mental Health at 312-726-7020 (P), 312-726-4110 (TTY), or info@nationalcenterdvtraumamh.org. At the bottom of the page, there is a footer with the page number "Page 1 of 9 | November 2011", the copyright notice "Copyright © 2011 National Center on Domestic Violence, Trauma & Mental Health", and contact information: "P: (312) 726-7020, TTY: (312) 726-4110, www.nationalcenterdvtraumamh.org".

²⁶ National Center on Domestic Violence, Trauma & Mental Health. Model medication policy for DV shelters. Retrieved from <http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Model-Medication-Policy-for-DV-Shelters.pdf>. TCFV STRONGLY RECOMMENDS CONTACTING A LAWYER TO REVIEW YOUR SHELTER POLICIES. ANYTHING CONTAINED IN THIS DOCUMENT MAY NOT BE CONSTRUED AS LEGAL ADVICE.

Appendix 12: FAQ on Survivor Confidentiality Releases²⁷

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FAQ's on Survivor Confidentiality Releases

Confidentiality Institute & The Safety Net Project at the
National Network to End Domestic Violence

NNEDV

What this is:
This document addresses common questions regarding confidentiality and releases of information. It takes into account the confidentiality and privacy provisions in the U.S. federal Violence Against Women and Department of Justice Reauthorization Act of 2013 (VAWA 2013) and the Family Violence Prevention Services Act of 2010 (FVPSA 2010). In analyzing the meaning and application of the confidentiality and privacy provisions of these statutes, their purpose (to protect adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking and their families) must be kept at the forefront.

What this is not:
Confidentiality and privilege laws vary from state to state, as do other laws that may be impacted by this legislation. The National Network to End Domestic Violence (NNEDV) is not an expert on individual state laws and does not provide legal advice to VAWA and FVPSA grantees. The analysis below is not intended to be a substitute for local, legal advice from an attorney who is familiar with a particular jurisdiction's laws related to confidentiality and privilege of victim/victim advocate relationships. If you have specific questions or situations that you wish to discuss further, please feel free to contact NNEDV's Safety Net Project: safetynet@nnedv.org.

In general, this information is intended for advocates employed by nonprofit agencies. Nevertheless, it is also important for other partner agencies and professionals to understand as well. As a partner of a nonprofit agency, when requesting information from another agency, you want to be sure that the information you're getting has been obtained properly. Furthermore, it is important for partners to understand that nonprofit advocates must abide by certain legal limitations when releasing information.

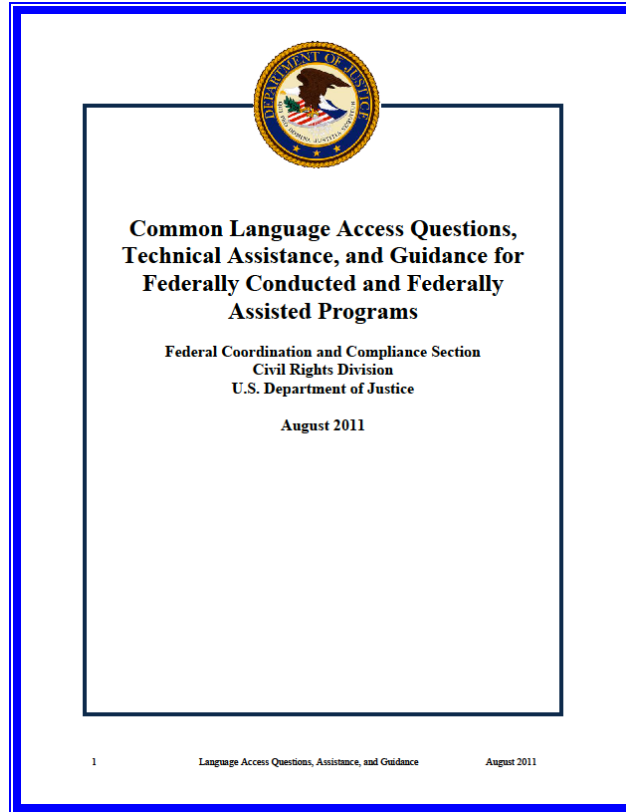
This project was supported by Grant No. 2013-TA-AX-K006 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

FAQ on Survivor Confidentiality Releases.
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If you have questions, please email: safetynet@nnedv.orgPage 1 of 14

²⁷ National Network to End Domestic Violence. (2011). Frequently Asked Questions on Survivor Confidentiality Releases. Retrieved from <http://nnedv.org/resources/safetynetdocs/208--faqs-on-survivors-confidentiality-releases.html>
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Appendix 13: Common Language Access Questions, Technical Assistance and Guidance for Federally Conducted and Federally Assisted Programs²⁸

Double click the document to open it in your pdf viewer.



²⁸ U.S. Department of Justice. Common Language Access Questions, Technical Assistance, and Guidance for Federally Conducted and Federally Assisted Programs. http://www.lep.gov/resources/081511_Language_Access_CAQ_TA_Guidance.pdf
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Appendix 14: TCFV's LGBTQ Accessibility Sample Policy

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Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Accessibility Policy

Best Practices and Considerations

Thank you for taking the steps to create a violence-free world for everyone! Your agency belongs to a historical effort to reach all survivors of intimate partner violence and now stands as a key player in expanding our movement to embrace LGBTQ equality in our mission. Programs can create an accessible environment with available resources which should include, but is not limited to, all of the items on the checklist below. These items were derived from both national best practices, the Texas Council on Family Violence (TCFV), and the recommendations of a Texas-based LGBTQ Stakeholder Workgroup.

- A critical component of meaningful implementation is surveying your agency's spaces with an eye to fostering an environment of inclusivity. Assess your agency for inclusivity using the "Quick Organizational Audit: LGBT Visibility & Inclusion" developed by Northwest Network and located [on their website](#). Secondly, take the "[Assessment: How inclusive is your agency to LGBTQ survivors?](#)" developed by the Network la Red. Make adjustments as needed.
- In many instances terms used in advocacy play a key role in establishing a supportive environment. Use terms that are inclusive of all survivors of family violence such as "partner" rather than "husband/wife" & "boyfriend/girlfriend." Assess intake and other case file forms and redesign without heteronormative or gender-conforming language.
- Designate at least one gender-neutral rest room.
- Provide the "Equality in Service Delivery" compendium of resources TCFV compiled from key national leaders on LGBTQ access such as Northwest Network and the Network la red to all new staff.
- Use the physical environment of your program to communicate welcome and connection to LGBTQ people by including posters, brochures, magazines, and other material that is LGBTQ-oriented in your waiting room and throughout your building.
- Staff members may have varying levels of training on creating inclusive environments for LGBTQ survivors of family violence. Provide required training as well as ongoing training opportunities for staff.
- Consider the intersections of your LGBTQ accessibility and other agency policies and make adaptations that support and strengthen this policy.
- Consider your current outreach and community education and look for opportunities to partner with LGBTQ community organizations.

Portions of this policy adapted from the Network la Red, Virginia Anti-Violence Project, and the LA Gay & Lesbian Center.

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Appendix 15: Family Violence Option (Good Cause) and Family Violence Exemption Policy and Procedure

Double click the document to open it in your pdf viewer.

Family Violence Option (Good Cause) and Family Violence Exemption Policy and Procedure

Plan of Operations Contractual Agreement

VI. Temporary Assistance to Needy Families (TANF) Family Violence Option*

Completion of the contract Plan of Operations indicates the following assurances regarding the TANF Family Violence Option.*

- (1) Assurance that at least two designated staff have been trained about the TANF Family Violence Option and are available during normal business hours to respond immediately to good cause exemption request phone calls.
- (2) Assurance that if the designated staff changes at any point in the contract year, the contractor will send HHSC an updated Plan of Operations with the names of the newly designated staff within 14 calendar days.
- (3) Assurance that all staff that answers phone understands these procedures and how to direct these good cause exemption request calls.
- (4) Assurance to maintain written internal policies/procedures related to good cause recommendations.
- (5) Assurance to record these calls as hotline call in the Integrated Tracking System (ITS).**

*This policy and procedure also applies to the recently created Family Violence Exemption for Medicaid and the Children's Health Insurance Program (CHIP).

**Pursuant to recent Health and Human Services Commission (HHSC) guidance, this Policy and Procedure details how centers providing recommendations for both the Family Violence Option (also called Good Cause) for Temporary Assistance to Needy Families and the Family Violence Exemption for Medicaid and CHIP may record these calls or in person contacts as a crisis intervention services.

**You may also use the data system of your choosing as long as the information is transferred to the HHSC Family Violence Program (FVP). You can now count this as a service, rather than a hotline call, if it is over the phone. Choose the most applicable HHSC FVP service option and then as the method provided indicate 'Face to Face' even if over the phone.

Considerations:

Applying for public benefits is associated with benefits and risks for survivors of domestic violence. The application process, requests for waivers, and maintenance of needed assistance can be complex and overwhelming. Most applicants for public benefits are unaware of protections that may be available to them.