



INDIVIDUALLY WE POWER CHANGE.
TOGETHER WE POWER A MOVEMENT.

Domestic Violence High Risk Teams

Welcome Kit

Dear DVHRT Sites,

Congratulations on being selected as a new, returning, or continuing site under TCFV's DVHRT Program! We are excited to welcome you all to a new DVHRT grant cycle and we are very much looking forward to supporting you and your team as you support your community and, in turn, learning from you along the way.

Over the years, we have heard from teams that having guidance and support at the beginning of the grant cycle would be deeply appreciated. This welcome kit was designed to meet that feedback and contains several helpful resources to assist you. Whether you are expanding an existing DVHRT or laying the groundwork to establish a new team, we hope that the materials will provide support as you navigate the process.

Much of the information in this kit [is also available online and will be linked for your convenience](#). As you browse through the materials, please keep in mind that we are always here to support you. Please do not hesitate to reach out to TCFV's DVHRT Coordinator, Tabettha Harrison, directly with any questions you may have. Her email is tharrison@tcfv.org and her direct line is 512-685-6207. Vendor agreement and grant-related inquiries can go to Amanda Aubrey, Public Policy Manager, at aaubrey@tcfv.org.

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Ready to get started? Please click the link below to watch the DVHRT welcome video as a first step:
<https://tx.coalitionmanager.org/resourcemanager/resourcefile/details/231>

Thank you again for your commitment to bringing this invaluable service to your community – welcome!

I: Introduction, Important Dates, and Reporting

Current Grant Term: November 15th, 2023 – August 31, 2024

TCFV administers the DVHRT program from funding through the Office of the Attorney General and the Criminal Justice Division at the Office of the Governor. As the funder, they have certain reporting requirements, and we offer key dates and duties related to that below.

One of the key components of the DVHRT program is monthly meetings between sites. These generally occur ***every fourth Thursday from 3:30pm-4:30pm*** but might change from time to time. Attendance at these is a part of your grant agreement and we encourage folks to come to get support from other coordinators. We know there are times where conflicts come up so, please just email TCFV if something prohibits your attendance.

Along with the monthly meeting, data submission represents the other core commitment under the grant and it is used to analyze how we might work collectively as a state to prevent intimate partner homicide. Below is an overview of the data you will collect and submit:

- **Monthly Client Tracking Data:** This form is to be completed for every case and is reported, at a minimum, monthly though we encourage more regular intervals. As noted in your vendor agreement, this data is due to TCFV on the **3rd of each month**. Please note that grant payments will depend on the timely submission of these reports. An example of this form can be found in the reference documents section of this packet. We know data and reporting can be time-consuming, so we have streamlined this process this year. We also commit to offering yearly reports on data to further our shared goal to create a safer Texas.

Monthly client tracking data is submitted through Qualtrics at this [link](#). Similarly, the aggregate survey data will be entered at this [link](#). Here are some helpful tips and general guidance on data entry:

1. Coordinators have shared that they spend up to 8 hours per month on data reporting. Please allow yourself ample time for this task.
2. The monthly client tracking and the aggregate tracking form is for reporting changes as the case progresses.
3. On both the monthly and aggregate forms, not all fields are required. We ask that you do not guess and if you do not have the information to answer the questions, simply leave it blank.

4. The client tracking form should be completed for each new intake into the DVHRT. The purpose of collecting this data is to better understand lethality factors and needs of survivors in high-lethality situations. Use of the form is mandatory.
5. In general, the information entered on the form should be gathered through direct contact with the victim/client.

Please reach out to TCFV for any questions or assistance with data entry!

- **Quarterly Qualitative Reporting Deadlines:** The dates below represent the deadlines by which TCFV must receive your reports in [Coalition Manager](#) for quick outcomes update quarterly to ensure timely submission of our overall grant reports.
 - Q1 Report due: **February 28, 2024**
 - Q2 Report due: **May 28, 2024**
 - Q3 Report due: **August 31, 2024**
- **Quarterly Aggregate Survey Data:** This data tracking is new and is meant to show the efficacy or areas of growth in the DVHRT program. This form is reported once per quarter (see dates above as they will be the same due dates as the outcomes survey) but contains data that must be tracked across cases. It is suggested that you review the form thoroughly and note what will need to be collected. An example of the form can be found in the reference documents section of this packet as is a template tracking tool for your optional use.
- **Survivor Outcomes:** Launching later in this grant term, TCFV will offer links to share with survivors who have utilized a DVHRT. These surveys will be completely optional for the survivor and represent an important step towards understanding the most important piece of DVHRT efficacy- the survivor's perspective.

II: DVHRT Mission Statement

We encourage each DVHRT to create a mission statement. Please see below for a template mission statement created by TCFV:

The Domestic Violence High Risk Team (DVHRT) unifies family violence programs, law enforcement, prosecutors, medical professionals, victim advocates, and other experts at the local

level to identify domestic violence survivors at high risk for homicide and surround them with additional services and support. DVHRTs provide the survivors with immediate, cross-team intervention through a trauma-informed approach and by holding offenders accountable to the highest degree possible allowed by law. Every survivor has the right to feel safe and make informed choices within the DVHRT. For a DVHRT to be effective, it must collaborate with multiple community partners to create spaces that promote healing and safety for high-risk survivors. The DVHRT believes a survivor-centered approach where the victim is involved with every step of the process is key to creating these spaces.

III: Hiring a DVHRT Coordinator

As a partner with the Domestic Violence High Risk Team (DVHRT) sites, the Texas Council on Family Violence (TCFV) is committed to providing best practices and guidance to each team. One such area of guidance is to provide recommendations for attributes to look for or prioritize when hiring a DVHRT Coordinator. From the past years of selecting and working with sites, TCFV has found that the DVHRT Coordinators are best prepared for the job when these recommendations are used in the selection of a coordinator.

[Please see our document for Considerations When Hiring a Coordinator at this link.](#)

IV: Suggested Webinars and DVHRT Training

We developed the following plan to provide baseline information. However, we understand that each team has its unique needs and challenges. We welcome deviation from the suggested order and timeframe as needed.

Week 1 – [Welcome video](#) and [Fundamentals of Coordinated Community Response](#)

Week 2 – [Risk Assessment and Survivor Safety Planning \(HHSC\)](#)

Week 3 – [Strangulation Series for DVHRT Coordinators](#)

Week 4 – [Texas Firearm Prohibitions: What Does this mean for Advocates & Survivors?](#) and [The Intersection of Firearms and Family Violence](#)

Week 5 - [Firearm Transfer Protocols and Coordinated Community Response](#)

Week 6 - [Technology Used to Stalk: Working with Survivors of Cyber Abuse](#) and [Creating Safer Conditions: Issuing Conditions of Bond in Family Violence Criminal Magistration](#)

Additional recommended training resources can be found [here](#).

It is also recommended that the coordinator observe a DVHRT meeting held by another team. For assistance with this, please contact Tabettha Harrison.

V: Choosing a Risk Assessment Tool

A risk assessment tool is a critical component of a DVHRT model. When choosing a risk assessment tool for your community, it is important to be mindful of collaboration with partners. It is particularly important that law enforcement be consulted when choosing the assessment tool, as patrol officers and deputies will be utilizing the tool in the field. The most common risk assessments used are the Danger Assessment (DA), the Danger Assessment for Law Enforcement (DA-LE) and the Lethality Assessment Program (LAP). Some communities chose to craft their own risk assessments, but this is less common than using pre-prepared risk assessment tools. Though TCFV does not specifically recommend any of the listed tools over the others, we recommend using evidence-informed tools like the ones listed here.

Our national partners at DV RISC have a chart that overviews various risk assessment tools and [that can be located at this link](#).

More information on the DA and DA-LE can be found [here](#)

More information on the LAP can be found [here](#)

VI: Explanation of DVHRT Roles

Building relationships with community stakeholders is vital to the formation and successful operation of DVHRT. The needs of each community will be different, and this model is highly adaptive. Three key partners in a DVHRT are law enforcement, family violence program(s), and prosecutors. There are many other community stakeholders, however, who play important roles.

TCFV created an overview of partner agencies that [can be found here](#). We have also created role documents for law enforcement, family violence program(s), probation and parole, and prosecutors that [can be found here](#). In addition to these key roles, listed below are some additional suggestions with an emphasis on the vital role pre-trial can play. Teams are encouraged to utilize creative partnerships to ensure survivor safety is centered across all systems. Please note that different partners may be governed by the different privacy rules and regulations, so consider working with partners to ensure that information is shared ethically and legally.

- Medical providers – medical providers (including EMS) can provide insight into the medical needs of the victim. Additionally, creating this relationship encourages referral to DVHRT by medical providers.

- Pre-trial services – Pre-trial services partners can provide essential information for safety planning as well as make recommendations for offender accountability.
 - GPS monitoring partners – Jurisdictions that utilize GPS monitoring may have the monitoring be a function of community supervision, pre-trial services, court services, third party companies or any others it deems appropriate. It is important to know under what entity GPS monitoring falls in your community.

VII: Privacy

Each participating DVHRT partner will securely protect all information exchanged during meetings. All DVHRT partners agree to not disclose any of the shared information outside of the DVHRT, except as necessary in court and with other members of their office, for the specific purpose of supporting survivor safety. Further, DVHRT members should respect the different obligations each partner must abide by, including those family violence centers must adhere to in the scope of their advocacy.

To learn more about the applicable codes and centering privacy in your DVHRT [click here](#).

VII: Reference Documents

DVHRT Data Element Guide

Client Tracking Form

Notification occurs when the DVHRT coordinator is made aware of the case.

Contact occurs when the DVHRT coordinator speaks to the victim (can be via phone, email, in-person, etc)

Gender should be based on how the victim identifies themselves and how they want to be reflected in the data. Do not assume gender by appearance, classification on state issued ID, or the way the victim is identified in the law enforcement report.

Type of relationship is the type identified by the victim. It is not tied to the duration of the relationship.

Medical care is any contact occurring with a medical professional, during which the victim is assessed or treated.

Medical care due to the assault is the above defined contact occurring as a result of assault of any type by partner using abuse.

Reported incident is the incident type to which law enforcement responded to make contact with the victim. In other words, how did the call initially come into dispatch? If the report did not come in via law enforcement, please disregard this question.

EMS is any emergency medical service regardless of service provider type (ex fire department or ambulance service). EMS also applies to emergency medical services provided by organizations such as a volunteer fire department or public service agency.

Prior police involvement occurs when law enforcement contact has been made at the pertaining to the perpetrator at any point in the past.

Recidivation (reoffend) occurs when the perpetrator in the present incident commits a subsequent act of family violence.

Known history of strangulation includes prior reports of strangulation or known strangulation committed by the perpetrator against former partners.

History of strangulation between victim and offender includes any prior incidents of strangulation, asphyxiation, or suffocation of the victim and the offender regardless of how brief or if the incident was reported.

Economic stability services include but are not limited to assistance applying for and obtaining state financial assistance, providing gift or gas cards to aid the victim, economic education services, and employment services.

Victim identified barriers to leaving should be based upon disclosures from the victim directly. No assumptions are to be made based upon the victim's situation.

Aggregate Tracking Form

Prosecutorial efforts are defined as follows:

- **Currently under investigation** – there is an active, ongoing, criminal investigation concerning the incident that resulted in referral to DVHRT
- **Offender charged** – the offender has been charged with at least one criminal offense due to the incident that resulted in referral to DVHRT OR has been charged with a criminal charge due to information obtained after referral to DVHRT
- **Offender arrested** – offender has been arrested for some charge stemming from the incident. This still applies if offender has been released prior to the time of reporting or if the offender was allowed to do a “walk through” on a warrant.
- **No criminal action taken** – Law enforcement did not conduct an investigation or take other action aside from responding to the initial call for service.

Recidivated (reoffended) carries the same meaning provided for the Client Tracking Form.

Victims who sought a protective order in the last three months includes any action being taken in pursuit of a protective order, whether granted or not. Civil restraining orders and DFPS issued safety plans would not be included in this number.

Victims who sought a protective order and received one – this only includes the number of victims who have received the protective order.

BIPP – Batterer's Intervention and Prevention Program.

Average number of hours spent supporting each victim – please use your best estimate to offer this.

Reporting Program

This link is for your individual case tracking data. TCFV greatly appreciates your submission as it assists us in our joint statewide efforts to reduce lethality for survivors.

General information

Select your DVHRT site location.

- Noah Project (Abilene, TX)
- Bridge Over Troubled Waters (Pasadena, TX)
- Cross Timbers Family Services (Stephenville, TX)
- Family Support Services (Amarillo, TX)
- The Family Place (Dallas, TX)
- East Texas Crisis Center (Tyler, TX)
- Travis County District Attorney's Office (Austin, TX)

Select quarter being reported

- Q1 (9/1/2023-11/30/2023)
- Q2 (12/1/2023-2/29/2024)
- Q3 (3/1/2024-5/31/2024)
- Q4 (6/1/2024-8/31/2024)

Incident Details

Date of Incident (if applicable) (entered as MM/DD/YYYY)

Date of referral to DVHRT (entered as MM/DD/YY)

Date DVHRT Coordinator notified of incident or assault (entered as MM/DD/YY)

Date DVHRT Coordinator first attempted to make contact with the victim (entered as MM/DD/YYYY)

Date DVHRT Coordinator first made contact with victim (entered as MM/DD/YYYY)

Where did this report originate from?

- Law Enforcement
- Family Violence Center
- District Attorney's Office
- Medical Professional
- Protective Order Court
- Other (must type in below)

Demographic and Relationship Information

Offender/Suspect Gender

- Male
- Female
- Transgender
- Non-binary /Gender Fluid

Refused

Not reported

Offender ethnicity (please select all that apply)

No, not of Hispanic Latino/a, or Spanish origin

Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican

Yes, Cuban

Yes, Another Hispanic, Latino, or Spanish origin

Offender race (please select all that apply)

White

Black or African American

American Indian or Alaska Native

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Offender Age Range

Ages 13-17

Ages 18-24

Ages 18-24

Ages 25-40

Ages 40-59

- Ages 60 and older
- Age unknown

Victim Gender

- Male
- Female
- Transgender
- Non-binary /Gender fluid
- Refused
- Not reported

Victim Age Range

- Ages 13-17
- Ages 18-24
- Ages 25-40
- Ages 40-59
- Ages 60 and older
- Age unknown

Type of relationship reported by the victim at the time of the offense:

- Spouse
- Former Spouse
- Dating Partner
- Former Dating Partner
- Other/Not IPV

Incident information

Initial reason for victim contact with DVHRT

- Domestic/Family Violence

- Dating Violence
- Stalking
- Sexual Assault
- Human Trafficking
- Other (must write in below)

Did the victim need medical care due to the assault?

- Yes
- No
- Unknown

Was Emergency Medical Services (EMS) called to the scene?

- Yes
- No
- Unknown

Did law enforcement respond to the scene?

- Yes
- No
- Unknown

Reported incident to law enforcement responded (if applicable). Select all that apply

- Domestic disturbance
- Assault/assault in progress
- Burglary/trespassing
- Harassment/stalking
- Noise complaint
- Violation of protective order
- Other (please specify below)

Was there a weapon used?

- Yes (if yes, answer next question)
- No (if no, skip next question)
- Unknown (if unknown, skip next question)

Type of weapon used

- Firearm or gun
- Strangulation/asphyxiation
- Blunt object
- Motorized Vehicle
- Hands/feet/body
- Knife or sharp object
- Other (please specify below)

Additional Information

Was an EPO requested at the time of the incident or later?

- Yes, EPO requested and granted
- Yes, EPO requested and denied
- No, EPO not requested
- Not reported

Has there been prior or ongoing police involvement?

- Yes
- No
- Unknown

Has the offender recidivated (reoffended) with this client?

- Yes

- No
- Not reported

Does the offender own or have access to a firearm?

- Yes
- No
- Unknown

Was the offender known to be a prohibited possessor of a firearm?

- Yes
- No
- Unknown

Has the offender ever discharged (fired) a firearm to cause fear or compliance?

- Yes
- No
- Unknown

Does the offender have a known history of strangulation?

- Yes
- No
- Not Reported

Does the victim report a history of strangulation between the victim and the offender?

- Yes
- No
- Unknown

Other Information

Does the victim report abusive partner uses illegal drugs?

- Yes
- No
- Unknown

Does the victim report abusive partner is an alcoholic or problem drinker?

- Yes
- No
- Unknown

Has the offender threatened to harm or kill the victim?

- Yes
- No
- Unknown

Has the offender threatened to harm or kill others (friends, family, law enforcement, etc)?

- Yes
- No
- Unknown

Has the offender ever threatened to hurt, maim, or kill a pet or companion animal?

- Yes
- No
- Unknown

Does the victim report that the offender has ever made repeated contact with the victim, including through electronic means (phone, text, social media, etc) or engaged in any behaviors that indicated to the victim that the offender was following or tracking the victim's physical location?

- Yes
- No
- Unknown

Services & Aftercare Information

Victim was referred to the following family violence services (Please select all that apply)

- Emergency shelter
- Housing (including Transitional Housing)
- Economic Stability Services
- Advocacy
- Counseling
- Legal Assistance
- Support for parents/children

Victim identified barriers to leaving the violent relationship (Please check all that apply.):

- Children
- Fear
- Disability
- Mental health
- Caretaker or family members
- Financial
- Housing
- Law enforcement refusal to investigate
- Love for the abuser
- Legal or civil issues
- Religion
- Fear of criminal legal system

Risk Assessment Information

Please select which risk assessment tool was used with this victim:

- Danger Assessment (DA)
- Lethality Assessment Protocol (LAP)
- Danger Assessment-Law Enforcement (DA-LE)
- Other (risk assessment not listed)

Danger Assessment

Yes

No

1. Has the physical violence increased in severity or frequency over the past year?

2. Does he own a gun?

3. Have you left him after living together during the past year?

3a. If you have never lived with him, check here.

4. Is he unemployed?

5. Has he ever used a weapon against you or threatened you with a lethal weapon?

5a. If yes, was that weapon a gun?

6. Does he threaten to kill you?

7. Has he avoided being arrested for domestic violence?

Yes

No

8. Do you have a child that is not his?

9. Has he ever forced you to have sex when you did not wish to do so?

10. Does he ever try to choke/strangle you or cut off your breathing?

10 a. (If yes) has he done it more than once, or did it make you pass out or black out or make you dizzy?

11. Does he use illegal drugs? ("uppers" or amphetamines, meth, speed, angel dust, cocaine, crack, street drugs or mixtures)

12. Is he an alcoholic or problem drinker?

13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)

13a. If he tries, but you do not let him click yes here.

14. Is he violently and constantly jealous of you?

14a. For instance, does he he say "If I can't have you, no one can."?

Yes

No

15. Have you ever been beaten by him while you were pregnant?

15a. If you have never been pregnant by him, select yes.

16. Has he ever tried or threatened to commit suicide?

17. Does he threaten to harm your children?

18. Do you believe he is capable of killing you?

19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?

20. Have you ever threatened or tried to commit suicide?

Confirm Danger Assessment overall score:

Less than 8
(Variable
Danger)

8-13 (Increased
Danger)

14-17 (Severe
Danger)

18+ (Extreme
Danger)

Total Score

Danger Assessment for Law Enforcement (DA-LE)

Yes

No

1. Has he/she ever used a weapon against you or threatened you with a lethal weapon?

2. Has he/she threatened to kill you?

3. Do you believe he/she is capable of killing you?

4. Does he/she own a gun?

5. Has he/she ever tried to choke (strangle) you?

6. Does he/she control all or most of your daily activities?

7. Have you left him/her after living together in the past year?

9. Has the physical violence increased in frequency or severity over the past year?

10. Has he/she tried to kill you?

11. Has he/she choked (strangled) you multiple times?

Confirm DA-LE Total Score:

Lethality Assessment Protocol (LAP)

Lethality Assessment Program (LAP) (A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.)

Yes

No

1. Has he/she ever used a weapon against you or threatened you with a weapon?

2. Has he/she threatened to kill you or your children?

3. Do you think he/she might try to kill you?

4. Does he/she have a gun or can he/she get one easily?

5. Has he/she ever tried to "choke" you?

6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?

7. Have you left him/her or separated after living together or being married?

8. Is he/she unemployed?

9. Has he/she ever threatened to kill himself/herself?

10. Do you have a child that he/she knows is not his/hers?

11. Does he/she follow or spy on you or leave threatening messages?

12. Was this an Officer Initiated Protocol?

Confirm LAP Total Score:

Quarterly Aggregate Tracking Form Example

Information

This link is for your aggregate case tracking data. TCFV greatly appreciates your submission as it assists us in our joint statewide efforts to reduce lethality for survivors.

Basic Information

Select your DVHRT site location

- Noah Project (Abilene, TX)
- Bridge Over Troubled Waters (Pasadena, TX)
- Cross Timbers Family Services (Stephenville, TX)
- Family Support Services (Amarillo, TX)
- The Family Place (Dallas, TX)
- East Texas Crisis Center (Tyler, TX)
- Travis County District Attorney's Office (Austin, TX)

Select quarter being reported

- Q1 (9/1/2023-11/30/2023)
- Q2 (12/1/2023-2/29/2024)
- Q3 (3/1/2024-5/31/2024)
- Q4 (6/1/2024-8/31/2024)

Criminal legal system activity

Please outline prosecutorial efforts in DVHRT cases in the last three months

Currently under investigation

Offender charged

Offender arrested

No criminal action being taken

Unknown

Other (if other, please type in below)

Other

Number of DVHRT offenders who has recidivated (reoffended)?

Criminal charged filed/ assault information (indicate "number" for each criminal offense charged)

Assault causing bodily injury (PC 22.01)

Aggravated Assault with deadly weapon or exhibiting a firearm (PC 22.02)

Assault on Pregnant Victim (PC 22.01(3)(B)(7)(8))

Continuous Family Violence (PC 25.11)

Harassment (PC 42.07)

Interference with an emergency 911 call (PC 42.062)

Sexual Assault (PC 22.011)

Aggravated Sexual Assault (PC 22.021)

Stalking (PC 42.072)

Strangulation (PC 22.01(B)(2)(b))

Terroristic Threat (PC 22.07)

Violation of Protective Order (PC 25.07)

Other charges not listed (must be entered below)

Other charges not listed

How many victims sought a protective order in the last three months?

How many victims who sought a protective order received one?

Services & Aftercare information

Number of services provided to survivors

Emergency Shelter

Housing (including intentional housing)

Economic Stability Services

Advocacy

Counseling

Legal Assistance

Support for parents/children

Reported barriers to leaving the violent relationship (list number reported or each category)

Children

Fear

Disability

Mental health

Caretake of family members

Financial

Housing

Law enforcement refusal to investigate

Love of the abuser

Religion

Legal or civil issues

Fear of criminal legal system

Number of offenders attending BIPP voluntarily or by court order

Yes, voluntarily

Yes, by court order

No

Unknown

On average, how many hours do you spend supporting each victim?

Housing											0
Law enforcement refusal to investigate											0
Love of the abuser											0
Religion											0
Legal or civil issues											0
Fear of criminal legal system											0

Offender Attending BIPP

Voluntarily											0
By court order											0
No											0
Unknown											0

Hours Spent Supporting Survivor

Estimated hours for quarter											0
							Average				0

Template Memorandum of Understanding for Domestic Violence High-Risk Team Members

DVHRT MISSION STATEMENT FOR [INSERT JURISDICTION]

The Domestic Violence High Risk Team (DVHRT) for **[insert jurisdiction]** focuses on unifying family violence programs, law enforcement, prosecutors, medical professionals, victim advocates, and other experts at the local level to identify domestic violence survivors living at high risk for homicide and surround those survivors with enhanced services and support. The DVHRT will provide these survivors with cross-team, real-time intervention through a trauma-informed lens, while holding offenders accountable to the highest degree possible under the rule of law.

Each survivor has the right to feel safe and make informed decisions about the activities of the DVHRT. A truly effective DVHRT collaborates with a wide range of community partners to create spaces that promote healing and security for these high-risk survivors. This DVHRT believes a survivor-centered approach—where the survivor is involved with every step of the process—is **essential** to creating these spaces successfully.

I. INTRODUCTION

The participating members of this DVHRT (“Members”) who sign this Memorandum of Understanding acknowledge and agree on the following core principles:

- Every survivor is both the foremost expert on their own safety and a crucial partner in all aspects of information-sharing and safety planning.
- Effective and secure collaboration between the Members enhances safety for survivors of domestic violence, and contributes to preventing intimate-partner homicide.
- The Members share the common goal of developing and/or maintaining a sustainable collaborative model between criminal legal system officials and the family violence program that 1) prioritizes survivor safety, 2) supports the survivor in navigating the systemic response to domestic violence incidents, and 3) promotes offender accountability.
- Members share the common goal of supporting the safety of domestic violence survivors, whether through the criminal legal process or supportive services or both.
- Information sharing may increase the DVHRT’s effectiveness in enhancing survivor safety and offender accountability, but only when the survivor, after being made fully aware of the risks and benefits of sharing their personal information, authorizes the information sharing.
- Members will each maintain their own legal and ethical obligations to prioritize and protect survivors’ confidentiality and privacy, while respecting the obligations of other Members; additionally, and depending on the program, the Members will each adhere strictly to their own legal obligations to share information according to the law.

Template Memorandum of Understanding for Domestic Violence High-Risk Team Members

- Survivors identified by the DVHRT as being at high lethality risk and who participate in the operations of the DVHRT and/or who make use of the services offered by any individual Member unequivocally retain their right to confidentiality from agencies within the DVHRT that have confidential relationships with victims.
- The decision to open or close any given survivor's case should be made collectively by the Members of the DVHRT and no Member has unilateral authority to open or close a case.
- The Members acknowledge that domestic violence advocates have extensive training and expertise in the dynamics of domestic violence and as such, their voices and input should be emphasized within the DVHRT's operations.
- Survivors, regardless of whether they actively use the services offered by any Member of the DVHRT, should determine when and how their information will be shared among the Members or outside of the DVHRT, consistent with the requirements of law.

II. MEMBER ROLES, RESPONSIBILITIES, INFORMATION SHARING, AND CONFIDENTIALITY/PRIVACY OBLIGATIONS

The Members of the [insert jurisdiction name] DVHRT have established a cross-team partnership to identify and monitor high-risk domestic violence cases, close systemic gaps in responses to those cases, and provide effective community-based services to survivors. The Members will support survivors in creating individualized intervention plans based on the survivor's **unique safety needs** – as dictated by the survivor – with emphasis placed on prioritizing and protecting survivor privacy and confidentiality.

FAMILY VIOLENCE PROGRAM

Roles and Responsibilities:

- Serve as the central liaison between survivors and the DVHRT Members when deciding whether to accept, review, and/or close a DVHRT case.
- Understand the {insert chosen risk assessment tool} used by the DVHRT to identify high risk cases and liaise with systems utilizing the tool to offer safety planning and supportive services when a referral is made.
- Participate in and/or host all scheduled DVHRT meetings.
- Maintain comprehensive understanding of and capacity to provide confidential services to survivors outside of the criminal legal system.
- Leverage and utilize collaborative relationships with local agencies, both governmental and non-governmental, to identify and resolve obstacles that may limit survivors' access to resources in the social services network, civil and criminal legal systems, and other systems.
- Offer community-based, non-residential and/or residential services, including advocacy, safety planning, shelter, counseling, and legal advocacy to survivors.

Template Memorandum of Understanding for Domestic Violence High-Risk Team Members

- Provide ongoing support and follow-up with high-risk survivors and other DVHRT Members.
- Ensure the survivor's privacy and confidentiality concerns and safety needs remain at the center of the DVHRT's operations to the greatest extent possible.
- Update Members on emerging issues/research regarding domestic violence issues.
- [Other specific obligations]

Confidentiality Obligations:

- Recognize that Members may have different levels of confidentiality obligations with respect to survivor information and the sharing of that information. *This MOU does not serve to waive these obligations.*
- The family violence program has a strict confidentiality obligation to the survivor. The program will not share individual, personally identifying information about any survivor who has received or sought services without the informed, written, and reasonably time-limited release of the survivor, except for statutory exceptions such as the mandatory reporting of suspected child or elder abuse or neglect as required by state law.
- The family violence program may share non-personally identifying information about those who have used its services and information about systems and processes that affect survivors in general.

LAW ENFORCEMENT ORGANIZATION

Roles and Responsibilities:

- Have a representative attend and participate in all scheduled DVHRT meetings.
- Use [insert chosen Risk Assessment Tool] with survivors of domestic violence to identify high-risk cases, incorporate the tool into the program's practices, and ensure staff are properly trained/certified in its use.
- Alert the DVHRT Coordinator of high-risk cases within 24 hours, or as soon as reasonably possible.
- Connect survivors with the family violence program for supportive services.
- Assign domestic violence officers/detectives **and** a victim advocate as primary and alternate DVHRT liaisons; additionally, ensure those designated individuals are knowledgeable about DVHRT policies and procedures.
- Provide case updates to the DVHRT Members on any calls involving the parties to a DVHRT case at practical intervals, unless doing so will interfere with an ongoing criminal investigation.

Template Memorandum of Understanding for Domestic Violence High-Risk Team Members

- Arrange for regular (annual/biannual) training for all officers on family violence and related offenses.
- Understand, respect, and prioritize survivors' need for privacy and confidentiality, and acknowledge that survivors are the experts on their own safety needs.
- [Other specific obligations]

Confidentiality Obligations:

- Recognize that Members may have different levels of confidentiality obligations with respect to survivor information and the sharing of that information.
- [Other specific obligations]

DISTRICT ATTORNEY'S OFFICE/PROSECUTOR

Roles and Responsibilities:

- Participate in or have a representative attend all scheduled DVHRT meetings.
- Understand and respect that survivors are the experts in their own safety and that prosecutors should listen to the survivors' perspectives in every case.
- Analyze case data and outcomes and issue periodic reports on outcomes.
- Collaborate with other Members and community stakeholders to identify gaps in system response and work to resolve those gaps.
- Provide the Members of the DVHRT with timely information on any current criminal cases, including court dates, bond hearings and conditions of release, and other relevant matters as allowed by law and agency policy.
- Use available risk assessment information to inform prosecutorial decisions.
- Offer direct access or referrals to safety planning, civil legal assistance, and crime victims' rights and compensation services, discussing survivor input on bond conditions and orders of protection.
- Connect survivors with victims' assistance programs to address safety planning during courtroom procedures.
- Maintain regular and meaningful communication with the survivor, either independently or through the DVHRT, to keep the survivor apprised of case progress.
- Assist in the completion and preparation of protective order paperwork (application, etc.) for high-risk victims.
- Notify Probation and/or Parole offices as applicable when a case is accepted into the DVHRT.

Confidentiality Obligations:

[YOUR LETTERHEAD HERE]

Template Memorandum of Understanding for Domestic Violence High-Risk Team Members

- Recognize that Members may have different levels of confidentiality obligations with respect to survivor information and the sharing of that information.
- [Other specific obligations]

[INSERT OTHER MEMBERS/PARTNERS AS NEEDED]

Roles and Responsibilities:

- [Other specific obligations]

Confidentiality Obligations:

- [List Other Partner Roles and Responsibilities and Confidentiality Obligations Here]

[OTHER PROVISIONS AS NEEDED]

The Members agree to [.....]

[YOUR LETTERHEAD HERE]

Template Memorandum of Understanding for Domestic Violence High-Risk Team Members

DATED: _____

Family Violence Program

Signature

Printed Name

Title

Law Enforcement Agency

Signature

Printed Name

Title

District Attorney's Office/Prosecutor

Signature

Printed Name

Title

[Additional Other Members]

Signature

Printed Name

Title