



# **GEORGIA CERTIFICATION STANDARDS FOR DOMESTIC VIOLENCE SHELTERS**

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## **Executive Message: Certification Standards for Domestic Violence Shelters**

It is with great pleasure that I present to you the Criminal Justice Coordinating Council domestic violence shelter certification standards for ensuring quality services to victims of domestic violence and their dependents for the State of Georgia. State certified shelters are required to meet these standards annually.

In June of 2014, family violence funding was transferred to the Criminal Justice Coordinating Council. The Criminal Justice Coordinating Council provides oversight and technical assistance to state certified domestic violence shelters. The shelter certification process focuses on victim centered practices and ensures that a standardized level of care is provided in all regions of the state.

The first phase of the process included the review of minimum standards implemented in other states along with best practice research regarding victim services. The second phase of the process included a 12-month process of soliciting input from domestic violence shelter directors. Twelve of 46 directors along with Georgia Coalition Against Domestic Violence served on the initial committee.

The third and final phase included review by the Governor's Office and state legislators. With this document, citizens, victims and their dependents can be assured that the Criminal Justice Coordinating Council values a standard of expectation and performance.

The standards were edited in January 2016 and adopted by the Criminal Justice Coordinating Council in February 2016.

I truly appreciate your dedication to this effort and diligent involvement to this work.

Sincerely,

Jaqueline Bunn  
Executive Director

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# **SECTION ONE: GOVERNANCE**

## **GUIDING PRINCIPLES**

Family violence organizations have a clear governance structure in place. A governing board establishes policy, identifies need, develops a strategy to address needs, and evaluates the effectiveness and efficiency of the organization at the state and local levels. The roles of the governing body and the executive or program director are clearly differentiated; staff does not govern and the governing body does not administer the day-to-day activities. The governing authority designates a program or executive director who manages the program, staff and volunteers. The Program or Executive Director is responsible for developing, implementing, and monitoring policies related to program services.

### **Standard 1: The purpose of the organization is clearly stated and is compatible with the philosophy of the Criminal Justice Coordinating Council.**

Practice 1.1 - The organization functions in agreement with its stated purpose and in accordance with its bylaws.

Practice 1.2 – The organization has documentation of its authority to operate under State law (Secretary of State annual filing and 501(c) 3). The organization will have Articles of Incorporation and Charitable Organization designation through Secretary of State.

Practice 1.3 – The organization informs designated representatives of CJCC prior to, (when applicable), any substantial changes in core service provision or physical plant.

### **Standard 2: The organization has a designated governing board.**

Practice 2.1 – Members of the board and any advisory body are chosen to assure diversity, a broad base of knowledge, and participation in the governance of the organization. According to O.C.G.A § 19-13-22, a shelter will have a board composed of at least three citizens, one of whom shall be a member of a local, municipal, or county law enforcement agency.

There is a rotation mechanism to include term limits and ensure a balance of new and experienced members.

Practice 2.2 – Organization documents the addresses, terms of membership, officers, and officers' terms of the governing body.

Practice 2.3 – The organization's board maintains written minutes of formal meetings. By-laws specify frequency of meetings and quorum requirements.

Practice 2.4 - Each new board member receives orientation on family violence and non-profit board governance within the first year of service.

Practice 2.5 – Board members will receive annual training that furthers their understanding of family violence.

### **Standard 3: The board is accountable for the family violence organization.**

Practice 3.1 – The governing board establishes policies for efficient and effective operation of the organization.

Practice 3.2 – The governing board ensures the organization’s compliance with its charter and with relevant federal, state, and local laws and regulations.

Practice 3.3 – The board designates a person to act as program or executive director and delegates authority to manage the program, staff, and volunteers. The board conducts an annual performance evaluation of the director.

Practice 3.4 – The program or executive director administers day-to-day activities in accordance with state and federal law, certification standards and guidelines; develops and monitors policies related to program services; and directs staff in implementing these activities/policies to fulfill the purpose of the organization.

Practice 3.5 – The board and program or executive director establish a strategic plan that identifies goals, objectives, service delivery, and facility management.

Practice 3.6 – To ensure continuity of services, each organization has a succession plan for the program or executive director.

## **SECTION TWO: SOCIAL CHANGE**

### **GUIDING PRINCIPLES**

The organization works to create an effective community response to the issue of family violence with a two-pronged approach: advocacy and education. Advocacy efforts seek to ensure that survivors, their dependants, and those at risk of family violence are protected and treated respectfully. Through community education, the organization attempts to create an effective response system to family violence and to change cultural and societal attitudes and institutional practices that perpetuate violence.

Standards can only address, however, the practices for which the organization can be accountable. The organization cannot be held accountable for whether a social change occurs.

**Standard 4 – The organization takes a leadership role and is an agent of change in the community in identifying and addressing issues related to family violence.**

Practice 4.1 – The organization identifies those systems and organizations throughout its service area that affect the prevention and intervention of family violence.

Practice 4.2 – The organization evaluates by formal or informal methods those systems and agencies to determine which are harmful or ineffective.

Practice 4.3 – The organization works to create social change, including but not limited to, prioritizing the community systems, agencies and institutions that need to be impacted; changing harmful or ineffective practices; reinforcing helpful practices; intervening where there are no established practices or policies; and/or serving on a local coordinating council or task force.

Practice 4.4 – The organization conducts public education sessions targeted to those systems and organizations that effect family violence prevention and intervention.

## **SECTION THREE: CONFIDENTIALITY**

### **GUIDING PRINCIPLES**

Staff and volunteers of the family violence program maintain the highest ethical standards in all areas of the organization’s performance and service implementation. Confidentiality must be guaranteed so that the program can deliver assistance to victims in an empowering way.

**Standard 5 – When the executive director finds it necessary to keep the location of the shelter or other facility(ies) confidential, the following practice applies.**

Practice 5.1 – The program employees, volunteers, and program participants are prohibited from disclosing information regarding the location of those facilities except in the following specific cases:

1. To medical, fire, police personnel or agencies, when their presence is necessary to preserve health and safety.
2. To vendors, donors, and others with who programs have business relationships. The executive director or program director ensures written agreements are executed by representatives of such businesses pledging to keep location of the facility confidential.
3. To any other person when necessary to maintain the safety and health standards in the facility. The executive director or program director may disclose the location of the confidential facility for the purpose of official

fire inspections, health department inspections, and other inspections or maintenance activities.

4. To supportive individuals of program participants who have been approved as part of case management/service provision, who have been approved to provide services, and who have signed a confidentiality agreement.

**Standard 6 – The program holds confidential all communications, observations, and information made by, between, or about victims receiving services.**

Practice 6.1 – To ensure the safety, confidentiality, and privacy of persons receiving services, the provider shall safeguard information identifying program participants. Confidential information may be in hardcopy or electronic format and may include name, address, phone number, safety plan, service plan, services provided, referrals, and other related information. Access to any participant identifying information shall be limited to persons approved by the Executive Director who have a legitimate interest in the case and have a need to know to carry out their job duties.

**Standard 7 – Employees and volunteers are prohibited from disclosing victim information to outside sources except in very limited circumstances.**

Practice 7.1 – Confidential information may be released after a victim signs a statement authorizing the release. The victim should be informed about:

1. The agency or person the information will be released to;
2. A date by which the information will be forwarded to the agency or person;
3. Purpose for which the information is being released;
4. Specific information that will be released; and
5. The right to withdraw permission at any time.

**Standard 8 – Program staff and volunteers will adhere to the mandated child abuse and neglect reporting law (GA Code 19-7-5 (c)(1)).**

Practice 8.1 – The organization maintains a written protocol for reporting suspected child abuse and neglect.

**Standard 9 – Employees and volunteers can release confidential information about a victim during a medical emergency or if a disaster occurs.**

Practice 9.1 – Released information is relevant to the preservation of the health of a victim or their dependants in the event the victim is not able to authorize the release of information or cannot be found in a timely manner.

Practice 9.2 – Released information is limited to the medical emergency.

Practice 9.3 – Released information is limited to the medical personnel or institution treating the victim or minor child.

**Standard 10 – Employees and volunteers competently assess whether disclosure of confidential information is appropriate if a victim makes a threat of harm to self or others.**

Practice 10.1 – Under these circumstances, confidential information can be disclosed to licensed medical or mental health providers, law enforcement, an intended victim, or a parent of the minor child making the threat.

Practice 10.2 – Information released must be relevant to the threatening situation.

**Standard 11 – Employees and volunteers maintain victim confidentiality during attempted enforcement of involuntary commitment orders.**

**Standard 12 – The organization has a process for handling the confidentiality of records and belongings after the victim is deceased.**

## **SECTION FOUR: PROGRAM ADMINISTRATION AND COMMUNITY RELATIONS**

### **GUIDING PRINCIPLES**

These standards provide for general administration practices that establish a common framework for service delivery. Strong community relations and public education further assist family violence programs in outreach to victims and program supporters.

### **PROGRAM ADMINISTRATION AND PERSONNEL**

**Standard 13: The organization and program services are administered in accordance with applicable professional, ethical, and legal principles.**

Practice 13.1 – Shelter rules are established to maintain the safety of the residents.

Practice 13.2 – Staff is responsible for implementing activities that reflect the policies of the program.

Practice 13.3 – The organization maintains an internal structure for efficient and effective administration including an organizational chart.

Practice 13.4 – Service statistics are maintained in the Apricot database.\*

Practice 13.5 – The organization develops and implements a grievance policy whereby clients may formally challenge the availability, timeliness, or quality of program services. The language for the policy should be as follows: ***“In the event that your grievance is not resolved at the local level by the Executive Director or Board Chair, contact the Criminal Justice Coordinating Council at (404) 657-1956 and ask for the Victims Assistance Unit, Family Violence Program Director.”***

Practice 13.6 – Confidential, written records of services provided by staff members, and/or volunteers are maintained in the Apricot database.\*

Practice 13.7 – The organization uses Cogent Systems, Georgia Applicant Processing Services or Federal Bureau of Investigation Departmental Order to conduct a state or national background check on all direct service shelter and outreach staff every three years.

1. Cogent System Checks- Department of Human Services reviews the submitted application through GAPS within 3 days. The complete check may take as long as 15 days.
2. Cogent System Checks- The Executive Director will receive written notice from DHS on whether the applicant has a satisfactory or unsatisfactory check. Only the applicant can contact DHS for further discussion.
3. Departmental Order Checks- The Federal Bureau of Investigation reviews the submitted application and conducts a national background check. The complete check may take as long as 6 weeks.

Practice 13.8 – The organization has a policy regarding arrests of employees and direct service volunteers.

## **COMMUNITY RELATIONS**

### **Standard 14: The organization conducts community relation activities to increase the public’s understanding of service availability.**

Practice 14.1 – The organization is identifiable and visible among potential users, peer organizations, and community members.

Practice 14.2 – Public education materials are available in other languages for ethnic groups with a presence in the community and the geographic area served and for special needs populations.

Practice 14.3 – The organization conducts public education that raises community awareness of the causes, implications, and appropriate community response to family violence.

## SECTION FIVE: FACILITY MANAGEMENT

### GUIDING PRINCIPLES

These standards encompass the overall practices and procedures for the organization which ensure the facility and grounds of the organization rents or owns are accessible, functional, attractive, safe and secure for residents, visitors, employees, and volunteers. They ensure the organization meets legal requirements and codes for public safety and health.

**Standard 15: The organization adheres to all applicable zoning, building, fire, health and safety codes and laws of the State and of the community in which the organization is located.**

Practice 15.1 – The organization is annually monitored by the State Fire Marshall or local designee and receives a passing grade.

Practice 15.2 – Policies for the management of the facilities are comprehensive and practical.

Practice 15.3 – The organization uses designated personnel to implement policies and procedures relative to facility upkeep.

Practice 15.4 – CJCC utilizes a monitoring tool to conduct annual facility reviews. Monitoring tool will include a corrective action plan if warranted.

Practice 15.5 – Organization utilizes a monitored security system along with functioning locks on all exterior doors, windows, and other access points to ensure safety of shelter residents, visitors, staff, and volunteers.

Practice 15.6 – The facility at a minimum has a secured area for children to play.

Practice 15.7 – Shelter adheres to 8:1 ratio of residents to bathrooms.

Practice 15.8 – Residents are provided adequate and clean beds and bedding.

Practice 15.9 – Residents have access to basic first-aid kit, emergency medical supplies, and information regarding emergency and medical procedures, including universal precautions for infectious disease.

Practice 15.10 – Shelter will be safe as possible for children, including safety locks, stair gates, etc. as needed.

Practice 15.11 – Shelter will have policies and procedures that outline protocols for health and safety.

1. Fire
2. Natural disaster
3. Bomb threat

4. Intruder
5. Substances (illegal drugs or alcohol)
6. Accidental injuries
7. Medical concerns
8. Safe sleeping for infants
9. Other incidents (possession of weapons, destruction of property, etc)

Practice 15.12 – Shelter posts legible evacuation routes.

Practice 15.13 – Shelter has procedure for accounting of residents during an evacuation.

Practice 15.14 – Shelter posts information to report a critical incident.

## **SECTION SIX: FINANCIAL MANAGEMENT AND FUND DEVELOPMENT**

### **GUIDING PRINCIPLES**

The board adopts and the executive or program director implements a comprehensive budget in accordance with acceptable practices. Regular internal and external reports and audits based on generally accepted accounting practices form the foundation for prudent management of capital, endowment, and operating incomes and expenses. The board ensures financial accountability and use of the state and federal dollars to meet facility and client needs.

**Standard 16: The board in conjunction with the executive or program director plans for financial management and long-term financial stability by setting relevant goals and objectives for the organization.**

Practice 16.1 – The board regularly reviews and analyzes its financial position.

Practice 16.2 – The organization creates and implements a fund development plan that secures sufficient funds to support operating and capital needs.

Practice 16.3 – The organization regularly reviews salaries and adheres to minimum wage laws.

**Standard 17: Financial management is conducted in accordance with applicable professional, ethical, and legal principles. Policies for financial management are comprehensive and practical.**

Practice 17.1 – Generally accepted accounting procedures and practices are implemented as required by terms of the CJCC contract.

Practice 17.2 – The executive or program director and/or governing board employs or contracts with designated and appropriately qualified personnel to implement policies and procedures for financial management.

Practice 17.3 – The organization provides bonding or insurance of persons responsible for financial resources.

## **SECTION SEVEN: STAFF AND VOLUNTEER MANAGEMENT**

### **GUIDING PRINCIPLES**

These standards encourage strong professional values. They assume that written policies and consistent practices are the cornerstone of a quality human resource system. Relevant goals, objectives, and plans are established for staff and volunteer administration.

### **STAFF MANAGEMENT**

**Standard 18: The organization institutes comprehensive, practical personnel policies and administers them in accordance with applicable professional, ethical, and legal practices.**

Practice 18.1 – A comprehensive manual containing all personnel policies is maintained, kept current, and made available to all staff.

Practice 18.2 – The personnel policies provide for job classification, leave, and benefits that are designed to attract and retain qualified staff.

Practice 18.3 – A written employee grievance policy is provided.

**Standard 19: The organization employs qualified staff to ensure program services are provided.**

Practice 19.1 – The organization establishes and keeps current written qualifications and comprehensive job descriptions for all positions and employs individuals who meet or exceed these qualifications.

Practice 19.2 – The organization follows acceptable practices for recruiting, hiring, and assigning staff. Individual responsible for hiring staff is clearly defined.

Practice 19.3 – The organization conducts comprehensive performance evaluations to measure the efficiency and effectiveness of staff administration.

Practice 19.4 – The organization follows acceptable practices for terminating employees. Individual responsible for terminating employees is clearly defined.

Practice 19.5 – The organization maintains a comprehensive confidential personnel record for each staff member.

**Standard 20: The organization follows clearly defined screening practices that serve to protect the program and clients.**

Practice 20.1 – The organization develops and implements hiring practices along with procedures for posting job positions, interviewing, and background checks.

**Standard 21: The organization uses acceptable practices providing orientation, training, and debriefing of staff.**

Practice 21.1 – As a minimum, 34 hours of job related family violence training is required for direct service staff during the first year of employment, to include universal health precautions and CPR. Compliance may include agency trainings, computer-based training, webinars, Coalition trainings, CJCC sponsored or approved trainings, as well as other state and federal agency trainings related to domestic violence.

Practice 21.2 – Thereafter, all direct service staff will have a minimum of 15 hours of training for full-time staff and 10 hours of training for part-time staff annually, to include up to date universal health precautions and CPR training. Compliance may include agency trainings, computer-based training, webinars, Coalition trainings, CJCC sponsored or approved trainings, as well as other state and federal agency trainings related to domestic violence.

Practice 21.3 – Staff will adhere to a confidentiality agreement in writing to include resident names and shelter location (if non-disclosed location).

Practice 21.4 – New employees shadow experienced staff at all times and they are not given sole responsibility for working with victims until orientation is complete.

Practice 21.5 – The organization provides debriefing opportunities for direct service staff to prevent burnout.

**Standard 22: The organization has supervision of employees that ensures acceptable job performance.**

Practice 22.1 – The organization implements a system for supervision of full-time and part-time employees.

**VOLUNTEER MANAGEMENT**

**Standard 23: The organization determines the need for volunteer services and utilizes the services of volunteers who are qualified to provide both direct and non-direct services.**

Practice 23.1 – The organization maintains comprehensive and current job descriptions for volunteer positions.

Practice 23.2 – The organization follows acceptable practices in recruiting, screening, and assigning volunteers. Screening practices serve to protect the program and clients.

Practice 23.3 – The organization uses Cogent Systems, Georgia Applicant Processing Services or FBI Departmental Order to conduct a state or national background check on all direct service shelter and outreach staff every three years.

1. Cogent System Checks- Department of Human Services reviews the submitted application through GAPS within 3 days. The complete check may take as long as 15 days.
2. Cogent System Checks- The Executive Director will receive written notice from DHS on whether the applicant has a satisfactory or unsatisfactory check. Only the applicant can contact DHS for further discussion.
3. Departmental Order Checks- The Federal Bureau of Investigation reviews the submitted application and conducts a national background check. The complete check may take as long as 6 weeks.

Practice 23.4 – The organization keeps current and makes available a manual for direct service volunteers to include job descriptions as well as policies and procedures of the organization relevant to volunteer activities.

Practice 23.5 – The organization maintains a comprehensive, confidential personnel record system for each volunteer that includes but is not limited to a signed confidentiality statement and a record of trainings completed by each volunteer.

Practice 23.6 – The organization follows acceptable practices in the orientation, development and training of volunteers. Direct service volunteers who work unsupervised with victims and their dependants must have completed a minimum of 20 hours of initial job specific family violence training. Compliance may include agency trainings, computer-based training, webinars, Coalition trainings, CJCC sponsored or approved trainings, as well as other state and federal agency trainings related to domestic violence.

Practice 23.7 – Depending on the service provided by volunteers, appropriate job related training topics may include but are not limited to: history of domestic violence; dynamics of domestic violence; barriers to escaping domestic violence; cultural awareness and competency; crisis intervention; crisis call practices and policies; indicators of dangerousness and lethality; safety planning as well as self-care.

## **SECTION EIGHT: ELIGIBILITY**

### **GUIDING PRINCIPLES**

These standards assure availability and equal provision of services to victims of family violence and their dependents. The standards also define circumstances and situations that could render a victim ineligible for program services.

**Standard 24: The organization serves persons eligible for services and eliminates barriers to those who seek services.**

Practice 24.1 – The organization accepts persons who are eligible for services based on state and federal definitions. Individuals are eligible for services who are victims of family violence, their legal dependents, and those who are or have been in danger of being emotionally, physically, or sexually abused and meet the following criteria:

1. Adults, legally emancipated minors, or minors granted permission for services by a parent, guardian, judge's order or caretakers of eligible persons. In the event of non-emancipated minors seeking services for themselves, programs who choose to serve these minors shall acquire parental permission prior to providing applicable services pursuant to the Runaway Youth Safety Act (SB 94).
2. No legally dependent males or females with their parent or guardian who are otherwise eligible are denied access to immediate shelter and supportive services.
3. Those eligible for services under the above definition and who may be in imminent danger of being abused by their current or former intimate partner or family member.
4. Those eligible above who have no safe place to go.

Practice 24.2 – The organization imposes no income eligibility standards on individuals seeking assistance.

Practice 24.3 – Upon initial contact with victims, program staff assesses for the following:

1. Eligibility for support and intervention services
2. Immediate safety
3. Batterer's potential for danger
4. Assure that the person requesting services is the victim, not the perpetrator
5. Special needs
6. Other appropriate services

**Standard 25: The organization provides services regardless of race, religion, color, national origin, gender, age, mental or physical disability, sexual orientation, citizenship, immigration status, marital status or language spoken.**

**Standard 26: The organization assists persons with special needs, mental or physical.**

Practice 26.1 – In cases where victims require assisted living, eligibility is not withheld however services are made available through coordinated efforts between family

violence program staff and other identified service providers.

Practice 26.2 – Alcohol or drug abuse and addictions: family violence organizations do not withhold services to persons using alcohol or drugs, off the program property, solely based upon the use of such substances. Organizations are required to provide a written policy for victims demonstrating how repetitive alcohol and substance use may affect continued stay in the shelter or the limitations of other services available.

**Standard 27: Victims may be denied shelter services or be ineligible for program services.**

Practice 27.1 – If, prior to admission, a person is determined ineligible for services, information and referrals are made for other appropriate services.

Practice 27.2 –Eligibility criteria, and the extent to which the criteria affect the long-term or future eligibility for services, must be evaluated and documented on a case-by-case basis.

Practice 27.3 – In the event the organization cannot admit new victims to a shelter due to capacity or other circumstances, every effort is made to secure and facilitate admission to safe alternate accommodations. This placement may include, but not limited to hotel/motels, other state-certified shelters, homeless shelters or other facilities that can be safely and confidentially provided. It is the responsibility of the shelter or program who the victim initially contacts to refer them to alternative housing.

Practice 27.4 – If, after admission to a shelter, a victim is determined ineligible for services, program staff:

1. Refers the victim to appropriate services elsewhere, however staff may not just provide a number to the victim;
2. Assists the victim with accessing transportation, if possible, to receive the services.

## **SECTION NINE: CORE SERVICES**

### **GUIDING PRINCIPLES**

These standards provide that family violence programs establish common quality intervention services including access to a shelter or a safe place, counseling, support groups, and advocacy to all victims who seek assistance. The standards value an individual response, collaboration, thoughtful evaluation, careful stewardship, and unconditional positive regard through a victim centered approach.

### **CRISIS LINES-STAFF AND VOLUNTEER RESPONSE**

## **Standard 28: The organization maintains a crisis line.**

Practice 28.1 – The first priority of the staff is immediate response and accessibility for a crisis caller.

Practice 28.2 – The organization operates a 24-hour a day, seven days a week crisis line answered by qualified trained staff or volunteers.

Practice 28.3 – Hotline numbers are listed in the local telephone book and widely distributed in areas served by the family violence organization.

Practice 28.4 – Staff/volunteers answer crisis calls in a place that is quiet and confidential.

Practice 28.5 – When holding or transferring calls:

1. Staff completes initial assessment as to immediate danger before putting caller on hold;
2. Staff checks back with callers on hold within a reasonable amount of time;
3. Staff prioritizes calls through safety and danger assessment.

Practice 28.6 – If a third party calls on behalf of a victim, information may be given about program services and family violence dynamics. However, the staff or volunteer must talk directly with the victim regarding eligibility for services.

### **CRISIS LINE-SERVICES**

Practice 28.7 – Crisis calls include, but are not limited to the following:

1. Crisis intervention/emotional support
2. Assessment of the caller's safety and needs
3. Emergency protocols (calling 911, batterer is present)
4. Danger assessment
5. Dynamics of family violence
6. Information, referrals, and linkages to additional community resources
7. Appropriate documentation of call (call logs/Apricot)\*
8. Safety planning

### **CRISIS LINE-SYSTEM OPERATIONS**

Practice 28.8 – The organization has a minimum of two telephone lines, one of which is the designated crisis line.

Practice 28.9 – Crisis line has call block to safeguard against caller identification and \*69 services.

Practice 28.10 – The use of answering services is prohibited.

Practice 28.11 – The organization establishes a protocol that defines procedures for using a backup system in an emergency.

Practice 28.12 – Crisis line staff and volunteers have working knowledge of how to screen and assist callers and the requirements of the crisis line (restrictions of placing on hold, etc.).

Practice 28.13 – Administrative and outreach phones are answered after hours, weekends, and on holidays by devices that clearly direct callers to the crisis line.

## SAFETY PLANNING

**Standard 29: The organization provides 24-hour staff to assist victims of family violence with determining levels of danger and to assist them in developing a personalized plan for safety.**

Practice 29.1 – Safety planning meets the needs of the caller. The victim may want to leave, stay in current situation and/or have dependents and pets.

Practice 29.2 – Each organization develops a protocol for safe travel of victims. Protocols contain a provision for victim travel to the program for intake and access to services.

Practice 29.3 – Safety planning includes a danger assessment to determine the victim's immediate level of danger. Trained advocates will complete the danger assessment and document safety concerns.

Practice 29.4 – Safety planning is evolving and an ongoing process.

## VICTIM SAFETY

**Standard 30: The organization works collaboratively with other family violence organizations to meet the safety and security needs of victims.**

Practice 30.1 – The organization develops a protocol for transporting victims from locations outside of the designated service area for entry into the shelter. The protocol reflects the victim's safe travel whether provided by themselves, the program, or public/private carriers. The protocol includes collaboration between the originating and receiving organizations.

Practice 30.2 – The organization develops a protocol for relocation between certified shelters to include collaboration between the originating and receiving programs to meet the best interest of the victim.

Practice 30.3 – The organization develops a protocol for relocation to support systems that may include family, social service programs (i.e. substance abuse treatment facility), or out of state shelters.

## VICTIM-PRECAUTIONS

### **Standard 31: Program staff competently assess any circumstances of violence, threatened violence, or other crime by a victim.**

Practice 31.1 – If a victim engages in or threatens to commit a violent act or other crime on the premises of a family violence program facility, actions may be reported to law enforcement.

Practice 31.2 – Program personnel will disclose information only if deemed appropriate and necessary.

Practice 31.3 – Released information must be pertinent to the threatening situation.

### **Standard 32: The organization develops policies and procedures that address the possession of firearms and/or other weapons while on the premises of the shelter or outreach offices.**

### **Standard 33: The organization has a written policy to assure serious incidents are properly reported and reconciled.**

Practice 33.1 – The organization is required to have an effective response to the following:

1. In the case of an emergency, the organization shall call the appropriate local emergency medical, police or fire services.
2. The organization has a formal written serious incident reporting procedure.
3. The organization is responsible for protecting clients and staff. Possible evidence shall be preserved if an investigation is conducted.
4. The organization notifies CJCC of critical incidents within 24 hours.
5. The organization agrees to cooperate with CJCC regarding corrective action plans if necessary to ensure the safety and well-being of clients.
6. The organization shall have a policy for disclosing any information received during an investigation of a critical incident.

## VICTIM RESPECT

### **Standard 34: The organization empowers victims to make their own life choices within the basic eligibility guidelines without coercion or threat of loss of program services.**

Practice 34.1 – Participation in intervention services shall be voluntary.

Practice 34.2 – Intervention services are provided in a manner best suited for individual victims.

Practice 34.3 – The organization recognizes and respects the autonomy, dignity, and rights of program participants.

Practice 34.4 – Services are victim-centered, nonjudgmental, culturally sensitive, and designed to empower persons served.

Practice 34.5 – The organization makes faith services available to victims and their dependants by providing access to transportation to such entity or by providing such services in the shelter in a private location.

## INTAKE AND GUIDELINES

### **Standard 35: The organization conducts an intake process that facilitates a victim's participation in the program.**

Practice 35.1 – Program guidelines are written in positive and respectful language, including guidelines posted in the facility.

Practice 35.2 – Upon entrance to the shelter, the staff will provide a face-to-face welcome and assess immediate needs within 24 hours as well as provide orientation to shelter living.

Practice 35.3 – The organization conducts a comprehensive intake within 72 hours. Victims will receive the following:

1. List of program services
2. Confidentiality agreement
3. Safe infant sleeping agreement
4. Agreement for babysitting of other residents' children, signed by both parties
5. Transportation release form when providing transportation services
6. Guidelines and client rights (must include the following)
  - a. Written policy regarding education plans for children including policy to address enrollment in school
  - b. Written policy concerning non-violent discipline of children by staff and residents
  - c. Written policy and procedure for reporting of child abuse
7. Safety planning and danger assessment
8. Information regarding security issues, physical safety or acts of violence

Practice 35.4 – When possible, the organization will conduct an intake for outreach victims. Intake includes as a minimum of the following services:

1. Safety planning and danger assessment
2. Description of the services available
3. Confidentiality agreement and client rights, if applicable

Practice 35.5 – The organization makes every reasonable effort to keep a victim eligible for services.

Practice 35.6 – The organization implements a victim-centered approach to assist victims and their dependants with problematic/disruptive behaviors.

Practice 35.7 – The organization respects the victim’s constitutional rights to privacy in their person, property, communications, papers, and effects. Circumstances may occur where intervention is necessary to protect the health and safety of other residents and staff.

Practice 35.8 – Every victim and their dependants are provided access to the following:

1. Emergency shelter that is structurally safe and accommodates the particular security concerns.
2. Food, clothing, and hygiene items free of charge. Assistance accessing medical services.
3. A personal secured locker or secure location for personal belongings to include secure storage of medication. Personal belongings are accessible at all times to the victim through agency staff.
4. Basic advocacy and crisis intervention services are available 24 hours per day.
5. Every victim will have the option of practicing religious/spiritual beliefs so long as they do not interfere with the rights of other residents.

## SERVICE PLANNING

### **Standard 36: The organization develops an individualized service plan in collaboration with the victim.**

Practice 36.1 – An individualized service plan is based upon victim identified goals and not a standardized formula.

Practice 36.2 – In collaboration with the victim, the organization develops an individualized service plan for the purpose of assessing needs, appointing priorities, setting goals, implementing progress toward goals, and locating resources.

## SHELTER SERVICES

**Standard 37: Family violence programs provide access to emergency shelter to victims who need a safe place to stay.**

Practice 37.1 – The organization provides access, admittance, and residence in temporary shelter for victims of family violence and their dependants 24-hours per day, seven days per week. The organization will have written policies to ensure 24-hour admittance and support. Night staff must remain available to victims. Victims must be educated on the process to access staff when needs arise during the night.

Practice 37.2 – The organization maintains written protocols outlining the location and methods by which shelter, advocacy/counseling, and other services are delivered to eligible adult and their dependants, including adult and minor males needing services.

Practice 37.3 – The organization provides access to the following:

1. On a regular basis, immediate shelter and related supportive services to adult and youth victims of family violence, domestic violence, or dating violence and their dependants.
2. Assistance developing safety plans and supporting efforts to make decisions related to ongoing safety.
3. Individual and group counseling, peer support groups, and referrals to community-based services to assist in the recovery from the effects of violence.
4. Provision of services, training, technical assistance, and outreach to increase awareness of family violence.
5. Provision of culturally and linguistically appropriate services.
6. Provision of services for children, exposed to family violence and services for the non-abusing parent that support that parent's role as a caregiver; as appropriate may include the child and non-abusing parent working together.
7. Advocacy and service planning, information, and referral services.
  - a. Assistance in accessing related Federal and State financial assistance programs
  - b. Legal advocacy to assist victims and their dependants
  - c. Medical advocacy and referrals to appropriate health care services, includes alcohol and drug abuse treatment, however shall not include reimbursement for any health care services
  - d. Assistance locating and securing safe and affordable permanent housing and homelessness prevention services
  - e. Provision of or access to transportation, childcare, respite care, job training and employment services, financial literacy and education, financial planning, and economic empowerment services.
  - f. Parenting and other educational services

8. Receipt of supportive services under this title shall be voluntary. No condition may be applied for the receipt of emergency shelter.

## SHELTER SERVICES-LENGTH OF STAY

### **Standard 38: The organization has policies regarding length of stay, extensions, re-entry, and discharge of victims.**

Practice 38.1 – The organization establishes a flexible length of stay policy that balances the needs of victims and the program’s ability to meet those needs.

Practice 38.2 – The organization does not discriminate against victims by limiting the number of times of re-entry or by requiring a time limit between re-entry. The organization does not maintain a permanent “no re-admit list”; however it is permissible to “not admit at this time” if a victim is not currently eligible for shelter.

Practice 38.3 – Involuntary discharge: Shelters must make every effort to work with a victim in order for her/him to remain in shelter, except for situations that compromise the safety of others or staff. The following violations are included in the client handbook that may result in involuntary discharge:

1. Use of violence or threats of violence including verbal abuse
2. Use of behavior that repeatedly disrupts the ability of other victims/children to receive safe and effective services
3. Possession of illegal substances or alcohol
4. Possession of firearms, stun-guns, knives or any other weapon that may threaten a life accidentally or intentionally
5. Incidence of theft
6. Repeated violations of shelter rules and group living guidelines
7. Active suicidal or homicidal behaviors
8. Inability to function due to mental health issue or danger to self and others
  - a. Transportation should be arranged to have them evaluated by a health care professional
9. Violating the confidentiality of another resident

Practice 38.4 – The organization provides sufficient notice to a victim when discharging voluntarily or involuntarily.

## ADVOCATES AND ADVOCACY

### **Standard 39: The organization utilizes advocates to provide direct intervention on behalf of and with permission from victims. Advocacy is victim-centered and supports goals and objectives set by the victim.**

Practice 39.1– Advocacy is empowerment-based and ensures that the needs of the victim are met.

Practice 39.2 – Advocacy contacts made on behalf of the victims to individuals or groups outside the program are not initiated without the victim’s direct permission. Proof of permission is provided by program staff through a signed Release of Confidential Information Form. This practice is established for victims receiving services in shelter as well as through outreach services.

Practice 39.3 – Victims in shelter and through outreach are informed of the process by which they may gain access, informally and by appointment, to advocates within the program.

**Standard 40: The organization provides legal advocacy to assist victims in receiving self-identified interventions and actions sought from the civil and/or criminal justice system.**

Practice 40.1 – Legal advocacy is provided by qualified, trained staff or volunteers for the purpose of the following:

1. To offer support to victims seeking relief through the courts;
2. Help victims understand court actions;
3. Provide information that enables the victim in making informed decisions regarding court actions, decisions, or processes.

Practice 40.2 – Organizations providing legal advocacy ensure the following:

1. Appropriate staff and volunteers have a working knowledge of current Georgia laws on family violence, as well as the local justice system’s response to family violence, including court rules in each judicial district;
2. Strictly monitor and prohibit staff members and volunteers from practicing law or providing legal representation if they are not properly certified;
3. Build a working relationship with local criminal and civil justice agencies, referrals to local attorneys sensitive to family violence litigation and protective orders, as well as with law enforcement.

**EMOTIONAL SUPPORT-ADULT VICTIMS**

**Standard 41: The organization provides group interactions facilitated by program or volunteer staff to address the emotional needs of victims. The services may include but are not limited to crisis, peer, supportive, educational, and domestic violence intervention.**

Practice 41.1 – The organization is required to offer support groups to shelter and outreach victims.

- a. Group sessions are topic oriented, informational/educational, and conducted in a manner that is victim-centered, and facilitated by trained staff/volunteers.
- b. The organization offers shelter residents weekly support groups. Every effort is made to secure child care during the support groups. Children may be restricted from attending the adult support group with their parent.
- c. The unwillingness of the victim to attend a support group may not be used as a reason to remove the person from shelter and restrict other services or assistance.

## CHILDRENS' SERVICES

### **Standard 42: The organization provides age appropriate services for children.**

Practice 42.1 - The organization conducts an intake process that is child friendly, age appropriate, and includes interactions with the non-offending parent. The following is included during child intakes:

- 1. Areas of concern the parent has for each child;
- 2. Physical, emotional, and educational needs of the child;
- 3. Health and medical needs;
- 4. Documentation of suspected child abuse.

Practice 42.2 – The organization will provide a face-to-face intake interview that includes an advocate, to discuss available services, shelter guidelines for children, and discipline guidelines while in shelter.

Practice 42.3 – A record is opened in Apricot for each child and service planning information is entered.\*

Practice 42.4 – Program staff/child advocate develops a safety plan for each child when age appropriate.

- 1. Each plan is personalized to address the needs of the child. This includes a plan for avoidance of abuser and for return to the abuser. The safety plan is documented.

Practice 42.5 – The organization provides support group services and structured activities for children in the shelter.

- 1. Structured activities to include but are not limited to adjusting to a new environment, conflict resolution, positive social skills, as well as health and safety.

2. A signed consent form is kept on file to allow dependants to participate in sponsored outings.

Practice 42.6 – The organization makes parenting education available for the non-offending parent.

1. Child advocate or program staff offers weekly parenting education.
2. Child advocate/program staff is available to meet with each parent at least once per week in an individual setting. Individual sessions are respectful and strength-based.

## RESTRICTED SERVICES

**Standard 43: The organization does not offer services that could jeopardize the physical or emotional safety of the victim.**

Practice 43.1 – The organization does not provide couples counseling or mediation in any form.

Practice 43.2 – The organization does not provide family counseling or mediation that includes the alleged batterer.

Practice 43.3 – No staff whose responsibility it is to provide direct services to victims, or to supervise or direct programs for victims, is allowed to participate in or to lead batterer intervention program services. These two programs remain entirely separate so that it is apparent to victims that there is no conflict of interest.

**Standard 44: The organization does not offer services or benefits that are in conflict with Title II, Family Violence Prevention and Services Act, Sec 308 or that violate the Act.**

Practice 44.1 – The organization may not use FVPSA funds to provide direct payments to victims and their dependants. This includes payments for housing, car repairs, groceries, etc.

Practice 44.2 – No income eligibility standard may be imposed upon victims to receive services.

Practice 44.3 – The organization cannot discriminate on the basis of age, disability, sex, race, color, or national origin.

## DOCUMENTATION OF SERVICES

**Standard 45: The organization maintains documentation of services for each victim and their dependants.**

Practice 45.1 – Service documentation stated below for Apricot system and/or paper files:\*

1. Signature/initials of advocate
2. Entries made timely after contact with victim
3. Only necessary facts are recorded
4. Documents do not contain any diagnosis or clinical assessment
5. Documents for one victim does not include names of other victims/residents for the purpose of service planning

Practice 45.2 – Documentation for advocacy, support, and service planning contains at least:

1. Demographic data
2. Danger assessment
3. History of abuse
4. Notes that indicate safety planning occurred and was revised as needed
5. Description of abuser
6. Individualized service plan
7. Assessment of dependants if applicable
8. Notification of Exceptions to confidentiality, advising victims of advocate's duty to release confidential information in the following circumstances:
  - a. Report child abuse
  - b. Protect against danger to self or others
  - c. Summon emergency services
  - d. Maintenance of safety and health standards of shelter facilities
9. Informed Consent to Release Confidential Information form-if applicable
10. Exit interview with surveys

**Standard 46: The organization attempts to provide an exit interview with each victim upon completion of service delivery or prior to departure from the program.**

**Standard 47: The organization has a written procedure for follow up with victims who have departed from the program.**

*\*For domestic violence agencies that do not utilize the Apricot case management system, illustrate program documentation through an electronic case management system or paper files.*