Program Standards

For

Certified Domestic Violence Centers

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INTRODUCTION

The Florida Coalition Against Domestic Violence (FCADV) is a strong proponent of the empowerment-based philosophy in working with battered women. FCADV encourages Florida’s 42 Certified Domestic Violence Centers to align in practice and in spirit with this philosophy. Services based on empowerment are supportive of a woman’s right to and need for self-determination. Advocacy is a balanced partnership, rather than one guided by directives and mandated services.

In the early 1990’s, the Florida Coalition Against Domestic Violence (FCADV) membership initiated the process for enhancing standards for all Certified Domestic Violence Centers. This was done in order to ensure consistency in philosophy and to ensure that empowerment-based services are available from center to center. The standards committee members identified a set of shared beliefs that guided the development of comprehensive and respectful practices. The standards are founded on the following beliefs:

- That women who are battered shall be empowered to make their own choices, even when we may not agree with their choices
- That the Certified Domestic Violence Centers’ services will reflect a philosophy of empowerment and self-determination
- That the quality of services shall be consistent from center to center so women who are battered can have reasonable expectations that services provided at all centers are empowerment-based and woman centered.

These standards provide a blueprint for centers in planning, developing, implementing and improving empowerment-based domestic violence services for battered women and their children. The FCADV Program Standards for Certified Domestic Violence Centers document is inclusive of all center services, both residential and outreach programs, unless otherwise specified. Each center is responsible for developing policies and procedures based on their regional, demographic, architectural, cultural and programmatic diversity. It is intended that the centers’ policies will be localized and expanded in order to address the unique characteristics of the domestic violence center. As such, the FCADV standards serve as a foundation for policy and procedure development and are to be utilized by the centers in developing their own policies and procedures.

It is noted that gender specific language is used to refer to recipients of services. Since the majority of survivors of battering are female and the majority of persons who seek residential and outreach services are women, the female gender is used to refer to those who seek services. However, this is not to suggest that centers cannot nor do not offer services to male survivors of abuse.

FCADV is committed to serving people living with disabilities. All standards listed herein are in compliance with the American’s with Disabilities Act, Fair Housing Act, and Rehabilitation Act. People living with disabilities may request accommodations to any service provided by FCADV and its member centers. These documents may be referenced on the FCADV website at www.fcadv.org/quality/guidelines
Policy Title: Eligibility for Center Services

Purpose: To assure equal provision of services to survivors of domestic violence and their dependents, and any other family member or any other member of the residence who might be in danger or threatened with danger.

Statement of Policy:

Centers shall make every effort to provide services to eligible individuals as defined within this section, regardless of race, religion, color, national origin, gender, age, mental or physical disability, sexual orientation, citizenship, immigration status, marital status or language spoken. Centers shall be prohibited from conducting background checks on individuals seeking services or who are receiving services.

Individuals eligible for services from domestic violence centers include, but are not limited to:

Survivors of domestic violence and their dependents who are currently in danger, who are fearful of being in danger, or who have been in danger of being emotionally, physically or sexually abused.

To be considered eligible for domestic violence shelter services, individuals shall be:

A. Adults or legally emancipated minor (disability of age).

B. Abused, or in fear of being abused, by their current or former intimate partner.

C. Have no safe place to go. (Centers do not decide for the individual that she shall go somewhere else, but can discuss with her if there are other safe options. If bringing the individual into shelter is prohibitive due to lack of bed spaces, centers shall make every effort to secure alternative safe housing.)

D. Be willing to consent to abide by program guidelines.

Centers may expand upon these criteria as appropriate and as defined within their individual eligibility policies to include such individuals as trafficked and/or prostituted individuals or extended family members. Centers may choose to include minors granted permission by a parent, guardian or a judge’s order. Decisions to accept other minors shall be made on a case-by-case basis.

Accommodating Individuals Living with Disabilities

People Living with Disabilities

Centers shall make every effort to provide for the needs of survivors living with disabilities. Centers shall provide reasonable accommodations according to Title III of the Americans with Disabilities Act (ADA) to survivors living with disabilities. Accommodations include, but are not limited to, admittance of service animals in shelter and providing alternative formats of printed materials upon request. Centers will have a written policy regarding service animals and will be in compliance with
the Americans with Disabilities Act and Fair Housing Act (FHA).

The ADA prohibits the shelter from requiring the survivor to provide proof of disability or proof of training or certification of the animal. In addition, the FHA requires the shelter to admit emotional support animals, and the shelter may ask for a letter from a reliable third party indicating the need for the emotional support animal. Shelters shall post signage prominently in public areas of the shelter describing the process for requesting accommodations.

Out of Area Referrals
Although centers have a responsibility to serve individuals who live in their geographic service area, centers will maintain a written protocol outlining priorities or restrictions to serving survivors whose former residences are outside of the center’s service area and shall not prohibit acceptance of out of area referrals. Centers will make every effort to provide safety planning for all who request services. Centers will make every effort to shelter individuals who, for safety reasons, need shelter and they previously resided outside of the center’s service area. Once an out of area individual is accepted for services, that individual shall be offered the same services as other program participants. Centers making out of area referrals to other shelters shall, when appropriate, make every effort to allow the program participant to return to their original shelter once the precipitating conditions allow, such as additional space availability or abuser incarcerated.

Alcohol or drug abuse and addictions
Domestic violence centers shall not withhold services from individuals solely because of their use of alcohol or drugs. Centers shall have a written policy stating that behaviors incongruent with community living may affect an individual’s eligibility to remain in a shelter.

Assisted Living
Individuals who require special care due to a mental or physical disability shall be eligible for shelter with their caretakers.

Male Survivors
Centers shall provide equivalent services, either on site or through collaboration with other agencies, for adult males and dependent males who accompany a parent or guardian to the shelter. Shelters will maintain written protocols outlining the location(s) and methods through which shelter, counseling and other services will be delivered to adult and minor males. Alternate housing may include hotels, safe homes, or homeless shelters for adult males.

Traditionally Underserved Populations
Shelters shall make every effort to provide for the needs of elder battered women; individuals in same-sex relationships, persons with disabilities, and those from diverse cultural backgrounds, including non-English speaking survivors.

Length of Shelter Stay
The center’s allowable stay available to individuals shall be at least six weeks. Upon entering shelter, centers shall inform residents of any conduct and/or conditions that may affect their eligibility status and reduce their length of stay. A resident’s service management status is to be reviewed weekly. The resident and the shelter will define progress on an individual basis to determine length of stay.

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Restrictions on Acceptance into Shelter

Former residents may need to return to shelter numerous times in order to be safe. Thus, domestic violence centers shall not limit the number of times an individual may re-enter the shelter, nor require a time limit before re-entry is allowed. Shelters shall not maintain a “no re-admit” list, however files may be flagged for supervisory review and approval. If a former resident who may have been involuntarily exited from shelter needs to return to shelter, the center will assess whether circumstances have changed that mitigate a previous circumstances.

Criteria for Non-Acceptance into Shelter

In some instances, applicants for services may be ineligible for shelter services. If a survivor of domestic violence is denied shelter, she will be informed of the reason for denial. The extent to which the following criteria may affect the long-term or future eligibility for services must be evaluated and documented on a case-by-case basis. Criteria for ineligibility may include the following:

A. An individual’s use of violence or threats of violence.
B. An individual previously asked to leave a shelter due to credible threats to harm others.
C. An individual with a history of disruptive or abusive behaviors during the provision of services. There shall be reason to believe that these behaviors may reoccur.
D. An individual’s continued presence compromises the safety of the shelter. Suggestions will be made for safe alternate accommodations.
E. An individual’s behavior after intervention disrupts the ability of other survivors/children to receive safe and effective services. Behaviors include:
   1. Possession of illegal substances.
   2. Possession of firearm(s), stun-gun(s), or any other weapon(s) that may threaten or cause harm.
F. An individual who is not capable of self-care and for whom secure, appropriate caretaker services are not available.
G. An individual who is a danger to others.
H. An individual who cannot maintain confidentiality of other residents.
I. Disclosure of the shelter location is not automatic cause to disqualify a person from re-admission. Each case will be evaluated for safety.

Involuntary Exiting

Shelters will make every effort to work with residents in order for them to remain in shelter. Except for conduct that compromises the safety of others, the shelter staff will develop with the survivor a plan designed to resolve the issue(s) leading to an involuntary exit. However, residents may be asked to leave due to credible threats to others, disruptive or abusive behavior, or compromised safety of the shelter.

Shelters shall not use a point-based demerit system or any similar system to determine exiting of a program participant. Shelters may continue to provide other center services or referrals as appropriate.

Involuntary exiting may be appropriate if:

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A. The shelter has made every effort to inform the resident of the problem/conduct, and
B. The resident is informed that if the problem/conduct is not corrected, this may result in involuntary exiting, and
C. The resident is provided with every opportunity to correct the problem/conduct, and
D. After repeated informed discussion, a resident chooses not to correct the problem conduct that disrupts other survivors’ ability to receive safe and effective services.

Space Limitations

If a domestic violence shelter cannot admit new residents because it has reached its stated bed capacity, every effort shall be made to facilitate admission to safe, alternate accommodations. This placement may include, but not be limited to hotel/motels, FCADV sister shelters, homeless shelters, or other facilities that can provide safe refuge.

If, after acceptance, an individual is determined ineligible for shelter, center staff will:

A. Refer the individual(s) to other appropriate services.

B. Assist the individual(s) with finding transportation, if needed, to receive other services.
Policy Title: Grievances

Purpose: To assure appropriate grievance procedures exist for survivors who wish to register a complaint about center services, facilities, and staff.

Statement of Policy:

Domestic violence centers shall develop a written grievance procedure that is to be provided to each program participant upon acceptance into the center and posted for outreach program participants or other non-shelter participants. This grievance procedure will include, but not be limited to, the following:

A. Procedures to follow if an individual believes she has been wrongfully denied access to a domestic violence center’s services.

B. Procedures to follow if an individual chooses to express dissatisfaction about her experience with services received through the domestic violence center.

C. Procedures to follow if an individual chooses to express dissatisfaction about an action(s) of domestic violence center staff.
Policy Title:  Incident Reporting and Response Procedure

Purpose:  To assure proper response and reporting of serious incidents involving domestic violence center program participants, staff, volunteers or visitors.

Statement of Policy:

Domestic violence centers shall develop and implement a written policy to assure major incidents are properly addressed and recorded. Incident reports will be written when there are injuries, accidents, events, or circumstances affecting the health, safety, or well-being of staff, volunteers, visitors, vendors, facilities, or program participants.

Domestic violence center staff shall be informed of the center’s policies. Provisions will be made for evaluating the severity of the incident and any follow-up actions needed.

Centers shall report major incidents to the Florida Coalition Against Domestic Violence according to guidelines established by the State of Florida.
Policy Title: Center Staffing and Documentation Procedures

Purpose: To assure that Certified Domestic Violence Centers provide appropriate and quality services to survivors and participants.

Statement of Policy:

To assure continued quality of services, domestic violence centers shall develop and implement written supervisory and training procedures for all domestic violence center staff and employees.

Staffing Procedures to Assure Quality Services

A. Domestic violence centers must provide on-site shelter staff 24 hours a day, 7 days a week when a survivor is residing at the shelter, and/or when the center’s hotline is answered at the shelter facility.

B. Regardless of the shift worked or additional assigned duties, advocates must be immediately responsive and accessible to a shelter resident or hotline caller.

C. All domestic violence centers must develop and implement a back-up system for use during emergencies. A supervisor or designee shall be available “on call” with a pager, cell phone, or other procedure that allows for immediate response. Each shelter must establish a protocol that defines criteria and steps for implementing this back-up system.

D. All domestic violence center employees and volunteers having direct contact with participants and/or their related documents shall complete 30 hours of initial domestic violence training and become registered for privileged communications, as provided in Florida Statutes.

E. Centers shall establish policy to provide for periodic supervisory staffing to assess the progress of staff in assisting program participants in attaining their goals. Supervisory staffing may involve a group of advocates with the supervisor or as one-on-one with the supervisor. Supervisory staffing shall be conducted at least once every two weeks. Appropriate documentation that the supervisory staffing occurred shall include the date of the staffing and the name of advocate/supervisor.

F. Centers may utilize electronic files.

Center Services

All centers will provide core services and will provide documentation on who, where and how those services are delivered. As stated in Chapter 65H-1.002 Certification, centers shall provide all of the mandated services as outlined in Section 39.905 (1)(c), F.S. which include, but are not limited to, “information and referral services, counseling and case management services, temporary emergency shelter for more than 24 hours, a 24-hour hotline, training for law enforcement personnel, assessment and appropriate referral of resident children, and educational services for community awareness relative to the incidence of domestic violence, the prevention of such violence…”

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A. Every resident in shelter will be provided safe emergency shelter. Safe shelter includes, but is not limited to:

1. A structurally safe building, including, but not limited to doors, windows, and other external accesses that are intruder-resistant.
2. Confidentiality of stay in shelter.
3. Available safety information during shelter stay.
4. Emergency safety planning.
5. Healthy accommodations annually inspected by local health and fire inspectors.
6. The shelter shall provide all residents with food, clothing, laundry detergent, hygiene items and access to telephones throughout their stay. Access to these basic needs shall not be limited to specific times of day. These basic needs shall be provided regardless of the participant’s financial status or availability of outside resources. Efforts shall be made to provide at a minimum the basic food groups. When medical services are needed, the center will make every effort to assist shelter residents obtain these services.
7. Assurance of advocate-victim privilege.

All adults in residence for 72 hours or more must have an individualized service plan. The service plan must be resident centered and must be revised according to the individual needs of the resident.

Domestic violence centers must develop a safe travel protocol for all shelter residents. All protocols must contain a provision for travel to the domestic violence shelter for admission. The protocol must reflect the needs of shelter residents for local travel and specify whether the resident will provide her own transportation or whether the center or other public/private transportation providers will provide transportation.

Domestic violence centers shall not have a curfew.

Domestic violence centers shall ensure working locks are installed in resident bathrooms or bedrooms to ensure resident privacy.

Exit Interview

All centers must document attempts to provide an exit interview with each participant prior to their departure from the domestic violence shelter. Centers shall develop and provide a final exit interview form and update the existing safety plan for this process. Minimum categories on this exit interview form include:

A. Assessment of programs and services; equal access to services without discrimination; assessment of respectful treatment by staff; knowledge of domestic violence dynamics; children’s services; safety planning; and goal planning.

B. All centers must assist participants in developing and revising their safety plan. The plan will be designed to meet the needs and to link her to outreach services upon exit from the shelter facility.
Confidentiality of Shelter Stay

In accordance with Section 39.908, Florida Statutes (see Appendix A), centers must protect participant privacy by not disclosing the identity or location of persons in residence at a domestic violence shelter and by the restriction of visitors to the shelter. A copy of this statute shall be readily available to center staff/volunteers when confronted with confidentiality issues, for immediate reference, especially when attorneys, law enforcement or process servers are attempting to locate a victim of domestic violence.
Policy Title: Hotline

Policy Purpose: To assure expedient and efficient services of domestic violence centers’ crisis hotlines.

Statement of Policy:

Domestic violence centers shall assure that hotline advocates have advocate-victim privilege before handling hotline calls and shall provide protocols for responding to hotline calls which includes, but is not limited to, information on confidentiality and documentation.

Training

A. Prior to receiving calls, hotline staff will complete FCADV approved domestic violence training.

B. Hotline staff will qualify and register for privileged communications with FCADV, as required by Florida Statutes.

Staffing

A. Hotlines will be answered by domestic violence center staff or volunteers 24 hours a day 7 days a week.

B. Sufficient staff will be maintained to assure expeditious answering of telephones (e.g. by three rings).

C. Hotlines will be answered directly by trained staff and/or volunteers of domestic violence centers. The use of commercial or mechanical answering services is prohibited.

D. The use of non-hotline advocates to answer hotlines is permitted only for the purpose of directing calls to a hotline counselor. The FCADV statewide hotline may be answered by a prompting device. The use of answering devices or commercial telephone answering services to cover the local domestic violence center crisis line is not permitted.

1. Advocates will make every attempt to avoid placing callers on hold prior to completing an initial danger/lethality assessment.

2. Calls answered by a non-hotline advocate shall be transferred immediately to a hotline advocate.

   a. If the hotline advocate is engaged on another call, the non-hotline advocate will speak with held caller at least once each two minutes. The purpose of this contact is to monitor safety as well as to notify the caller as to the status of the call.

   b. The hotline advocate will be notified of the waiting call and work with the original caller to assure both calls receive necessary attention.

E. Hold/Transferring calls

1. All calls shall be assessed for safety prior to hold/transfer.
2. No call shall be on hold without follow-up contact.

F. Multiple lines
   1. Set priority through safety and lethality assessment required.

G. Administrative and outreach phone lines.
   1. Anyone answering the telephone shall be trained to assess and assist hotline callers.
   2. After-business hours, weekends & holidays, administrative and outreach phones shall be answered by answering devices that clearly direct callers to the hotline

Protocol

A. Callers will be immediately assessed for danger and lethality followed by a safety plan appropriate to their situation.

B. As needed, each caller will be informed of FCADV’s toll free hotline number (1-800-500-1119) or the local center’s crisis-line number to assure quick, free access.

C. Callers will be offered appropriate local and statewide information and referrals (I&R), if requested.

D. Staff will respond with available resources as appropriate to meet the safety needs of callers.

E. Callers will be asked if they need further support.

Confidentiality

A. The caller shall be made aware of the potential communication risks and the ways to minimize the risks on any telephone, computer or other communication devices. This shall include, but not be limited to, caller-ID, call block and *69 constraints.

B. Call forwarding: Centers will consider call forwarding of hotlines as an emergency or “last resort” measure to assure staffing of the hotline. When call-forwarded, it is the responsibility of the center to assure the safety and confidentiality of hotline callers. Some issues that must be addressed through written protocols when calls are forwarded to non-center locations include:

   1. The potential for family members or other non-authorized persons to answer or pick up on (by way of an extension line) a hotline call.

   2. The potential for a personal answering machine to pick-up and intercept a hotline call. For example, some answering devices pick-up prematurely or when call-waiting is activated. Machines that are set on a minimum number of rings may pick up before a staff person can get to the phone.
3. The potential for calls to be routed to a cellular telephone while the advocate is in a public place.

4. The potential of a staff’s personal telephone lines to be traced or identified through “caller ID” or other features.

**Documentation**

All hotline calls will be documented, including calls from professionals and third parties, in a standard manner.

**TDD/Relay Services**

Hotline must be accessible via TDD and relay services. Centers will advertise both voice and DDD hotline numbers. If the main hotline number is designated to answer both voice and TTY calls, then the line shall be advertised as “Voice/TDD.” Staff answering the hotline shall receive training on using the TDD and relay services. Centers will have protocol for answering TDD calls. Centers are not required to maintain a separate phone line for TDD. Printed logs of the calls are to be destroyed after the call has been completed.
Policy Title: Certified Domestic Violence Center Support Services

Purpose: To assure that quality support services are provided within certified domestic violence center programs.

Parameters

A. Participation in support services shall be voluntary and no punitive action shall be taken against those who do not participate.

B. Counseling, service management and advocacy services offered by certified domestic violence centers shall be empowerment-based, woman-centered and survivor-directed. In empowerment-based support services, survivors receive the support and assistance of trained center staff.

C. Center participants shall not be charged for domestic violence center services. Note: Centers may charge for services related to batterer intervention programs, transitional housing, visitation centers, and licensed child care.

Assessing for Appropriate Services

During initial contact with survivors, staff shall assess for the following:

1. Eligibility for support and intervention services
2. Immediate safety
3. Batterer’s potential for lethality
4. Closely assess dynamics in relationships to assure the person requesting services is the survivor, rather than the perpetrator.
5. Special needs based on differing abilities
6. Special needs based on the requirements of a person’s self-identified religious, cultural, ethnic, geographic factors or other affiliation(s)
7. Other appropriate services

Availability of Services

A. Intervention staff, whether residential or outreach, will be available beyond normal business hours to meet the needs of survivors/participants.

B. All program participants shall be informed of who is available to provide advocacy and assistance, how they may access this advocacy and assistance, and the center’s requirements for service management.

C. The advocate shall assist the survivor to develop a safety plan, as necessary, for traveling to and from the center and appointments that are away from the center.

Types of Support Services

Counseling is defined as any individual or group interaction facilitated by center staff for the purpose of addressing needs of adult or child participants. Counseling may include educational
counseling, e.g., survivor receives information on the dynamics of domestic violence; crisis counseling, e.g., survivor discusses and assesses with an advocate the risk involved in her immediate circumstance; supportive counseling, e.g. survivor participates in one-on-one, regular counseling sessions with an advocate/counselor; and/or, peer counseling, e.g., survivor participates in a survivor-facilitated support group meeting.

A. Counseling is advocacy which involves providing information on the dynamics of domestic violence, doing an assessment of risk, and/or engaging in other supportive activities as appropriate. Counseling (individual or group interaction) shall be empowerment based and facilitated by center staff for the purpose of addressing needs of adult or child participants. Counseling may include educational counseling, e.g., participant receives information on the dynamics of domestic violence; crisis counseling, e.g., participant discusses and assesses with an advocate the risk involved in her immediate circumstance; supportive counseling, e.g. participant participates in one-on-one, regular counseling sessions with an advocate/counselor; and/or, peer counseling, e.g., participant participates in a participant-facilitated support group meeting.

B. Service management is defined as any individual or group interactions facilitated by center staff for the purpose of addressing needs, identifying resources, supporting decisions, and/or coordinating any activities pertaining to the accomplishment of her goals. Service management will be based upon participant-identified goals. A standardized format may be used, but shall be customized to meet individual needs. Service management meetings will reflect, at least, the following:

1. Participant-identified priorities according to her needs
2. Identification of resources available to the individual
3. Support given the participant in identifying goals and setting priorities. Goals will be documented in a service plan.
4. Internal and external referrals to assist in goal/objective achievement.
5. Adaptation of individual’s goals as other needs emerge.

C. Advocacy is initiated with the permission of the participant and is defined as the direct and active support of survivor’s process of achieving her goals.

1. Advocacy contacts addressed to individuals or groups not employed by the domestic violence center shall not be initiated without the participant’s signed Release of Confidential Information Form. These contacts shall also apply between centers.

2. Center staff, through documentation on an agency-approved Release of Confidential Information Form, will provide proof of permission. Note: The Release of Information form must contain the following:
   - Participant’s name
   - Specific information to be released (a new form is to be executed for each new piece of information to be released)
   - To whom information is to be given
   - Specific expiration date for release of information
   - Participant’s signature
   - Revocation statement, e.g., “This consent is subject to my revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.”
3. Advocates will provide only information necessary to achieve the goal of each individual advocacy contact.

**People Living with a Disability**

Centers shall be in compliance with all Federal, State and local mandates regarding services to persons with disabilities, including but not limited to:

1. Americans with Disabilities Act
2. Fair Housing Act
3. Section 504 of the Vocational and Rehabilitation Act
4. Settlement Agreement between the Florida Department of Families and Children and the US Department of Health and Human Services

Centers will provide sign language interpreters upon request and will provide or arrange for qualified interpretive and/or translation services when interpreter services are necessary. Centers will not rely on family members or friends of the survivor to provide interpretation.

Centers shall post signage prominently in public areas of outreach service facilities describing the process for requesting accommodations according to the ADA and Fair Housing Act.

**Documentation of Support Services**

A. Documentation for Counseling and/or Service management for each shelter resident housed 72 hours or more and each non-resident who has received two (2) or more separate counseling sessions will contain at least:

1. Demographic data
2. Lethality assessment
3. Documentation that an individualized safety plan was conducted.
4. Description of the abuser
5. Individualized Service Delivery Plan
6. Child Assessment (if applicable) (see Appendix D Child/Youth Initial Risk Assessment)
   - If a child’s service management file is established it will be kept in a separate file from the accompanying adult.
7. Centers must advise residents that contracted persons who provide routine or situational services to centers are allowed to come to the center/shelter to deliver services on a periodic basis. For her safety, the resident shall be informed of the contracted person/provider in advance of the visit in the case that she may choose to avoid the possibility of being seen by, or having contact with that person.
8. Notification of Exceptions to Confidentiality. Residents must be advised of an advocate’s duty to release confidential information in the follow circumstances:
   - Reporting child abuse
   - Summoning emergency services, such as fire officials or law enforcement
   - Maintaining safety and health standards of shelter facilities
9. Informed Consent to Release Confidential Information form(s)
10. Exit interview or documentation of an attempt to interview or of unavailability of the participant to conduct the exit interview
B. Documentation for Advocacy Shall Include:
   1. Demographic data and appropriate releases of information as needed.
   2. Document dates of advocacy and contact.

C. Documentation for Service Notes Shall Include:
   1. All notes shall be entered in chronological order.
   2. All notes shall have initials or signature of counselor/case manager/advocate.
   3. Entries shall be made immediately after all survivor/participant contact.
   4. Correction fluid or corrective tape shall not be used. Errors shall be corrected by drawing one line through it, writing “error” and initialing this change; then continuing with note.
   5. Documentation for service notes shall include only services provided. Scheduled appointments shall not be entered into the participant file, but may be kept on a separate calendar. If a calendar is used for scheduled appointment tracking and planning of advocates time, only the date, time and non-participant identifiers may be used, such as case file number or initials. Only after a service has been provided shall it be documented in the participant file. Only necessary facts shall be recorded regarding services delivered. Do not document statements such as “missed 3 prior sessions” or “participant not cooperative”. Advocate’s personal commentary or observations shall not be written in the survivors/participants service notes.
   6. Notes shall not contain any diagnosis, clinical assessments, or advocates’ personal opinions.
   7. Notes on one survivor shall not include other participants’ names.

D. Documentation of Safety Planning Shall Include:
   1. Safety planning was offered during hotline calls.
   2. Service notes or a standardized form shall indicate safety planning was explained and discussed during initial residential and outreach initial interview.
   3. Service notes or a standardized form shall indicate safety planning was discussed, or an attempt was made to discuss safety planning, when the participant’s plans changed, or when an event occurred that indicated a need to modify the plan to address the event, e.g., she applies for an injunction for protection; the injunction is not granted; the batterer is released from jail; the batterer finds her in shelter; she accepts a job; she purchases a vehicle; or, a court order is issued against the batterer.

Restricted Methods

A. Couples counseling, in any form, will not be provided by domestic violence centers.

B. Family counseling that includes the presence of an alleged batterer will not be provided by a domestic violence center.

C. Support groups shall be gender specific and not be offered as mixed-gender groups. Based on the discretion of center personnel and in consultation with survivors who are transgender an exception to this standard may be appropriate and shall be allowed.

Mediation
If mediation is court-ordered, centers will provide appropriate advocacy and safety planning. Centers are encouraged to offer to provide domestic violence training to mediation personnel.

Section 44.102, 2(b) Florida Statutes:

In circuits in which a family mediation program has been established and upon a court finding of a dispute, will refer to mediation all or part of custody, visitation, or other parental responsibility issues as defined in s. 61.13. Upon motion or request of a party, a court will not refer any case to mediation if it finds there has been a history of domestic violence that would compromise the mediation process.
Policy Title: Children’s Services

Purpose: To assure that quality support services are provided within domestic violence center programs.

Statement of Policy: Domestic violence centers shall provide ongoing, support services for children and teens who accompany the parent or guardian survivor to shelter or who is referred to the center for outreach services.

As prescribed in F.S. 309.55(1)(c), services must exist that address assessment and provide appropriate referral of resident children. Centers shall open a file for every child receiving center intervention services. FCADV requires the Children/Youth Initial Risk Assessment be conducted within 72 hours of being in shelter. A Consent for Initial Assessment of a Child Form must be signed for each child who receives an assessment. Both the Consent for Initial Assessment of a Child Form and the risk assessment shall be kept in the child’s file. For children up to four years of age, the center may develop its own approach to assessment of the Children/Youth Initial Risk Assessment. The assessment may be accomplished by talking with the parent/guardian survivor to explain the assessment process and confidentiality guidelines. If a child is under age four, advocates may discuss with the parent/guardian any incidents of violence the child may have witnessed or overheard, as well as any developmental issues the child may be facing. For children over age four, the advocate will need to explain the assessment process and have parent/guardian sign permission for the child to be assessed by advocate. Once that has been accomplished, advocate will complete assessment with the child and offer ongoing supportive services to the child. Services provided to children shall include age-appropriate safety planning. In cases where the parent/guardian does not grant permission to assess the child, the advocate only needs to document this on the child’s assessment release form. It shall be stated as declined only to respect the wishes of the parent/guardian and filed in the child’s file.
APPENDIX A

FS 39.908 Confidentiality of Information
39.908  **Confidentiality of information received by department or domestic violence center.**

(1) Information about clients received by the department or by authorized persons employed by or volunteering services to a domestic violence center, through files, reports, inspection, or otherwise, is confidential and exempt from the provisions of s. 119.07(1). Information about the location of domestic violence centers and facilities is confidential and exempt from the provisions of s. 119.07(1).

(2) Information about domestic violence center clients may not be disclosed without the written consent of the client to whom the information or records pertain. For the purpose of state law regarding searches and seizures, domestic violence centers shall be treated as private dwelling places. Information about a client or the location of a domestic violence center may be given by center staff or volunteers to law enforcement, firefighting, medical, or other personnel in the following circumstances:

(a) To medical personnel in a medical emergency.

(b) Upon a court order based upon an application by a law enforcement officer for a criminal arrest warrant which alleges that the individual sought to be arrested is located at the domestic violence shelter.

(c) Upon a search warrant that specifies the individual or object of the search and alleges that the individual or object is located at the shelter.

(d) To firefighting personnel in a fire emergency.

(e) To any other person necessary to maintain the safety and health standards in the domestic violence shelter.

(f) Information solely about the location of the domestic violence shelter may be given to those with whom the agency has an established business relationship.

(3) The restriction on the disclosure or use of the information about domestic violence center clients does not apply to:

(a) Communications from domestic violence shelter staff or volunteers to law enforcement officers when the information is directly related to a client's commission of a crime or threat to commit a crime on the premises of a domestic violence shelter; or

(b) Reporting suspected abuse of a child or a vulnerable adult as required by law. However, when cooperating with protective investigation services staff, the domestic violence shelter staff and volunteers must protect the confidentiality of other clients at the domestic violence center.

*History.*—s. 6, ch. 78-281; s. 5, ch. 79-402; s. 7, ch. 84-343; s. 22, ch. 91-71; s. 33, ch. 94-134; s. 33, ch. 94-135; s. 277, ch. 96-406; s. 119, ch. 98-403.

*Note.*—Former s. 409.606; s. 415.608.
APPENDIX B

FS 90.5036 Domestic Violence Advocate-Victim Privilege
90.5036 Domestic violence advocate-victim privilege.--

(1) For purposes of this section:

(a) A "domestic violence center" is any public or private agency that offers assistance to victims of domestic violence, as defined in s. 741.28, and their families.

(b) A "domestic violence advocate" means any employee or volunteer who has 30 hours of training in assisting victims of domestic violence and is an employee of or volunteer for a program for victims of domestic violence whose primary purpose is the rendering of advice, counseling, or assistance to victims of domestic violence.

(c) A "victim" is a person who consults a domestic violence advocate for the purpose of securing advice, counseling, or assistance concerning a mental, physical, or emotional condition caused by an act of domestic violence, an alleged act of domestic violence, or an attempted act of domestic violence.

(d) A communication between a domestic violence advocate and a victim is "confidential" if it relates to the incident of domestic violence for which the victim is seeking assistance and if it is not intended to be disclosed to third persons other than:

1. Those persons present to further the interest of the victim in the consultation, assessment, or interview.

2. Those persons to whom disclosure is reasonably necessary to accomplish the purpose for which the domestic violence advocate is consulted.

(2) A victim has a privilege to refuse to disclose, and to prevent any other person from disclosing, a confidential communication made by the victim to a domestic violence advocate or any record made in the course of advising, counseling, or assisting the victim. The privilege applies to confidential communications made between the victim and the domestic violence advocate and to records of those communications only if the advocate is registered under s. 39.905 at the time the communication is made. This privilege includes any advice given by the domestic violence advocate in the course of that relationship.

(3) The privilege may be claimed by:

(a) The victim or the victim's attorney on behalf of the victim.

(b) A guardian or conservator of the victim.

(c) The personal representative of a deceased victim.

(d) The domestic violence advocate, but only on behalf of the victim. The authority of a domestic violence advocate to claim the privilege is presumed in the absence of evidence to the contrary.
APPENDIX C

Florida Domestic Violence Centers
Confidentiality Issues
Please refer to separate document, covered by Attorney-Client Privilege and available only to Florida’s Certified Domestic Violence Centers, the Florida Coalition Against Domestic Violence, and lawyers representing the FCADV or the centers.
APPENDIX D

Child/Youth Initial Risk Assessment
CHILDREN/YOUTH INITIAL RISK ASSESSMENT

CHILD’S NAME____________________
CASE#___________________ DATE___________________
AGE_________________

This assessment tool has been developed for use by initial interview staff upon child’s arrival to the center (within 72 hours). This assessment is appropriate for children ages 4-17, if questions are put into age-appropriate terms (i.e. daycare/preschool/babysitter, etc.)

HEALTH- Information can be used for referrals to local community health agencies.

1. Are you hungry? Yes __ No __ When was the last time you ate?
_______________________________________________________________________

2. Do you ever have stomachaches or headaches? Yes ___ No ___ Comments:
_______________________________________________________________________

3. Have you ever been sick or hurt? Yes ___ No ___ Comments:
_______________________________________________________________________

4. Have you ever gone to a doctor? Yes ___ No ___ Comments:
_______________________________________________________________________

COMMUNITY SUPPORT- assesses child’s current support systems

5. What kinds of activities do you do after school?
_______________________________________________________________________

6. Have you ever missed school? Yes ___ No ___ Explain:
_______________________________________________________________________

Updated July 2011
7. How do you feel about school? (Explore)
___________________________________________________
__________________________________________________________________________________
____
8. Have you told anyone about what happens at home? Yes ____ No ____ (Explore)
____________________
__________________________________________________________________________________
____
9. Do you ever stay anywhere besides home? Yes ____ No ____ (Explore where and with whom)
________
__________________________________________________________________________________
____

ABUSE – assesses if child may be a victim of abuse
10. Is there anyone who makes you feel uncomfortable? Yes ____ No ____
    Who? __________________________(Explore)
    ____________________________________________________________________________
____
11. What happens when you get in trouble?
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____
12. Do you ever have trouble sleeping at night? Yes ____ No ____ Explain:
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____
13. Do you ever have nightmares? Yes ____ No ____ What are they about?
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____

RISK OF RETURN – assesses lethality of child’s home
14. Tell me what you like about home.
    ____________________________________________________________________________
    ____________________________________________________________________________
    ______
15. Tell me what you don’t like about home.

__________________________________________________________________________________
__________________________________________________________________________________

16. Has anyone ever hurt one of your pets? Yes ___ No ___ If so, what happened?

__________________________________________________________________________________
__________________________________________________________________________________

SAFETY PLAN – assesses the child’s current safety plan

17. What do you do when the grown-ups in your home fight?

__________________________________________________________________________________
__________________________________________________________________________________

18. Do you have a safe place to go? Yes ___ No ___ (Explore where it is.)

__________________________________________________________________________________
__________________________________________________________________________________

19. Can you call 9-1-1? Yes ___ No ___

20. Child’s Safety

Plan: __________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

This is to be reviewed by the Child Advocate and filed with the Children’s Comprehensive Assessment.

Staff Completing Assessment: _______________________________________________________
Time: __________________
Date: __________________

Reviewed by: ________________________________________________________________

Updated July 2011
CONSENT FOR INITIAL ASSESSMENT OF CHILD

We understand that violence affects children in a variety of ways. This assessment will assist our advocates and counselors in linking a child with community resources and assistance.

I, ________________________, give consent for my child to participate in the children/youth initial risk assessment.

I understand that information disclosed by me and/or my child during counseling will be kept confidential and cannot be released without parent/guardian consent. I am aware of the limitations of confidentiality. If an exception should arise, I understand that the domestic violence center staff will make an effort to inform me with just explanation.

Exceptions include:

1. Florida State law requires a report to the Department of Children and Families if abuse or neglect has been disclosed. If a report is made, the parent/guardian will be encouraged to participate in the process.

2. In the unlikely event that your child presents as a danger to themselves or others, notification of law enforcement may have to occur.

3. In the unlikely event that a Court Order is received asking for your child’s counseling records or for testimony, we may be legally required to comply.

Signed:_______________________________________________ Date: _____________

Child(ren): ________________________________________ Age: _____________

_________________________________________ Age: _____________

_________________________________________ Age: _____________

_________________________________________ Age: _____________

Staff comments : _______________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

____________________________

Updated July 2011
APPENDIX E

Florida Administrative Code Chapter 65H
DOMESTIC VIOLENCE CENTER CERTIFICATION MINIMUM STANDARDS

65H-1.001 Certification (Repealed) 65H-1.002 Procedures for Funding (Repealed) 65H-1.003 Standards for Certification (Repealed) 65H-1.004 Confidentiality (Repealed) 65H-1.005 Evaluation (Repealed)

65H-1.010 Purpose
65H-1.011 Definitions
65H-1.012 Application and Certification Process
65H-1.013 Administration and Operations
65H-1.014 Services
65H-1.015 Emergency Shelter Facilities
65H-1.016 Confidentiality
65H-1.017 Monitoring and Evaluation
65H-1.018 Funding Procedures

65H-1.010 Purpose.
The purpose of this rule chapter is to establish the minimum standards and procedures for the provision of services to victims of domestic violence as authorized in Section 39.903, F.S.


65H-1.011 Definitions.
For the purposes of this rule chapter, the following definitions apply:

(1) "Administrator" means the full-time employee who is responsible for the overall operation and day-to-day management of a certified domestic violence center.

(2) "Advisory Board" means a group of individuals whose purpose is to make recommendations to the board of directors regarding the operation of the domestic violence center, if the board of directors does not directly oversee that operation.

(3) "Board of Directors" means a legally constituted group of individuals whose function is to oversee operations of a certified domestic violence center either directly or through an advisory board.

(4) "Certification" means the Department's formal recognition that a domestic violence center meets the minimum standards set forth in Section 39.905, F.S., and these rules.

(5) "Competency-based Core" means specialized knowledge and skills for the effective performance of domestic violence advocacy activities.

(6) "Dating Violence" means violence between individuals who have or have had a continuing and significant relationship of a romantic or intimate nature as defined in Section 784.046, F.S.

(7) "Department" means the Florida Department of Children and Families, an employee of the Department, or a designated agent of the Department.

(8) "Domestic Violence" means the perpetration of violence between intimate partners, spouses, ex-spouses, or those who share a child in common or who are cohabitants in an
intimate relationship, for the purpose of exercising power and control by one over the other as defined in Section 741.28, F.S.

(9) "Domestic violence advocate" means an employee or volunteer of a certified domestic violence center who: provides direct services to individuals victimized by domestic violence; has received 30 hours of domestic violence core competency training; and, has been identified by the domestic violence center as an individual who may assert a claim to privileged communications with domestic violence victims under Section 39.905, F.S.

(10) "Domestic violence center" means an agency that provides services to victims of domestic violence as its primary mission and is certified under these rules.

(11) "Evaluation" means a process of reviewing the administrative and programmatic components of a certified domestic violence center to ensure compliance with minimum standards as set forth in this rule chapter and Section 39.905, F.S., and, if applicable, as stipulated in contract.

(12) "Florida Coalition Against Domestic Violence" (the Coalition) means the statewide association whose primary purpose is to represent and provide technical assistance to certified domestic violence centers, evaluate all services provided by certified domestic violence centers, and approve or reject applications for funding of certified domestic violence centers as provided for in Section 39.903, F.S.

(13) "Participant" means a person who receives services from a certified domestic violence center.

(14) "Power and Control Model" means intervention that recognizes domestic violence where one partner in an intimate relationship systematically uses tactics of emotional and physical abuse in order to maintain power and control over the other.

(15) "Privilege" means confidential communications, including any related records, made between a person seeking or receiving services from a certified domestic violence center and the domestic violence advocate.

(16) "Provider" means an agency that provides services to victims of domestic violence and is an applicant for certification or certified under Section 39.905, F.S., and these rules.

(17) "Shelter" means a facility that provides temporary emergency housing to victims of domestic violence and their dependents.

(18) "Victim" means the spouse, ex-spouse, co-habitant in an intimate relationship, or individual who shares a child in common with a batterer who has perpetrated an act, alleged act, or attempted act of violence against them for the purpose of exercising power and control. The victim may also be an individual who has or had a dating relationship with the batterer.

(19) "Volunteer" means unpaid staff members trained in the dynamics of domestic violence who provide direct and indirect services to those seeking and receiving services from a domestic violence center.

(1) Certification Eligibility.

(a) To be eligible for certification an applicant shall be a not-for-profit corporation created for the purpose of operating a domestic violence center. The not-for-profit corporation may be affiliated with a local government entity or a larger private organization, but must be a distinct entity with its own corporate structure and budget. Existing domestic violence centers certified prior to the effective date of this rule shall be exempt from the foregoing requirement. All funding and budget issues pertaining to the operation of the domestic violence program must be reported independently from other activities. The domestic violence center’s primary mission shall be the provision of services to victims of domestic violence, as defined in Section 741.28, F.S.

(b) When an applicant is seeking certification within the service area of an existing certified center, the applicant shall make efforts to subcontract with the existing center to avoid duplication of services. Efforts to partner with the existing center shall be documented. If subcontracting is not an option, an application for certification shall be made to the Department.

(c) Only applicants that have been in operation and providing domestic violence services for 18 consecutive months, including 12 months operation of an emergency shelter, as detailed in this rule chapter and Section 39.905, F.S., may apply to the Department for certification.

(d) Applicants for initial certification and renewal of certification must demonstrate an ability to operate, garner community support, and maintain solvency by providing proof of the following:

1. Satisfactory environmental health inspection report completed within the last 365 days by the local health department.

2. Satisfactory fire safety inspection report completed within the last 365 days by the local fire authority.

3. Financial ability to provide services and shelter.

4. Maintenance of all records pertaining to the operation of the domestic violence program and provision of services in a manner such that the records are readily accessible.

(e) An applicant must agree to become a member of the Florida Coalition Against Domestic Violence as a condition of certification. Failure to join the Coalition shall be grounds for revocation of certification.

(2) Application. Application for initial certification shall be made on Form CF 613, Domestic Violence Center Certification Application, August 2009, which is incorporated by reference. Form CF 613 may be obtained from the Domestic Violence Program Office or on the Department's website at www.dcf.state.fl.us/domesticviolence clicking on the link for the Domestic Violence Program. The full-time administrator, board president, or the designated representative of a corporation shall complete the application. The application shall include the following attachments:

(a) Business Plan. The business plan shall provide a comprehensive description of all administrative and programmatic activities for current and future operations. The plan must include the following:

1. Executive Summary. The executive summary shall include, at a minimum, the mission, goals, objectives, and history of organization.
2. Community Support. The applicant must demonstrate that the organization is publicly supported, both programmatically and financially. The financial documentation shall demonstrate a 25 percent local match in the form of cash, in-kind services, or a combination thereof. Written endorsement by local law enforcement agencies, three letters of support from community partners, and documentation of efforts to subcontract with existing certified centers in the service area shall also be included.

3. Financial Plan. The financial plan shall include the organization's income statement, which identifies revenues by source and expenditures by category; 25 percent local match in the form of cash, in-kind services, or a combination thereof; an independent financial audit covering the previous 18 months operation as a domestic violence program, conducted by a certified public accountant licensed under Chapter 473, F.S.; and a plan for sustainability with projected revenues and expenditures for the 24 months of operation following date of certification.

4. Management Plan. The management plan shall include a detail description of the organization's legal and organizational structure, including names, contact information and resumes for the management team, board of directors, and, if applicable, any advisory boards. The plan must include documentation of the selection process, code of conduct, duties and responsibilities, training requirements, and minutes from the past six meetings of the board of directors, and, if applicable, any advisory boards. Copies of by-laws, IRS tax exemption determination letter, Federal Employment Identification (FEID) number, city business license, county business license, and certificate of status or acknowledgement letter of registration from the Florida Department of State shall also be included.

5. Market Analysis and Plan. The market analysis shall include a description of the local need for domestic violence services and how those needs are met or unmet. The applicant must demonstrate that services address a need identified in the most current statewide needs assessment approved by the Department. The current needs assessment may be obtained from the Domestic Violence Program Office or on the Department's website at www.dcf.state.fl.us/domesticviolence/publications. Descriptions of the service area and demographics, as well as strategies for public awareness and fundraising, shall also be included.

6. Personnel Plan. The personnel plan shall include an organizational chart identifying all center employees. The plan must clearly describe each employee's responsibilities, and include clear lines of authority, accountability, and lines of communication; processes for evaluations and disciplinary action; position descriptions; and the shift schedule for the emergency shelter. The personnel plan must also include the provider's staff training and development plan and meet the requirements provided in Rule 65H-1.013, F.A.C.

7. Operations Plan. The operations plan shall include a description of the facilities with city of location, equipment, and assets. Approval of the shelter facilities signed by local authorized zoning, building, and other applicable permitting agencies, based upon inspections not more than 60 days prior to the date of filing the certification application is also required. Those buildings that have pre-established schedules with local regulatory agencies for annual re-inspection may submit written documentation of the results of such inspection held within the past calendar year. The operations plan must also include the provider's emergency management plan and meet the requirements provided in Rule 65H-1.013, F.A.C.

8. Service Plan. The service plan shall include an identification and comprehensive description of each service required by Section 39.905, F.S., and any additional services and programs provided by the provider. The description must illustrate the manner in which services will be integrated with existing resources for domestic violence victims, for example, inter-
agency agreements. For each of the core services, the applicant must address the needs of underserved populations, including populations that are underserved because of disabilities, ethnicity, race, language, or geographic isolation, and specific efforts to reach each of these populations within the organization's service area. Documentation of services shall include services provided during the previous 18 months of operation as a domestic violence program, and include the number of persons served for each required service, and the gender, age, and ethnicity of the people served.

(b) Operating Policies and Procedures Manual. The applicant's operating policies and procedures manual must meet the requirements provided in Rule 65H-1.013, F.A.C.

(3) Certification.

(a) Certification is for one year and automatically expires on the termination date provided on the certificate.

(b) Failure to comply with any of the requirements in Section 39.905, F.S. or this rule chapter constitutes grounds to revoke the certification.

(c) Certification is non-transferable and valid only for the center and location(s) listed on the certificate issued by the Department.

(d) The provider may operate satellite service centers at different locations. If the provider wishes to change the location of service, close a service center, or open additional service centers during an existing certification period, the provider must notify the Department, in writing, at least 30 days prior to the change or addition, and request approval from the Department for an amendment of the certification. The Department will amend the certification if the provider is financially and programmatically capable of supporting additional service locations, the new or additional location is within the center's designated service area, and there is no pending corrective action pertaining to the provider. If the Department does not amend the certification to include additional sites, the provider may not utilize Department funds to operate those locations.

Editorial Note: Formerly 65H-1.001, 65H-1.002.

65H-1.013 Administration and Operations.
The provider shall develop and implement written policies and procedures that ensure compliance with all provisions of this rule chapter and Sections 39.905 and 39.908, F.S. The provider shall provide a copy to all employees and volunteers upon their beginning date of employment or service, and, thereafter, as revised. Employees and volunteers must indicate in writing that they have read and understand the policies and procedures, which must be documented in their personnel file. At a minimum, the operating policies and procedures shall include the following:

(1) Admission. The provider shall identify who is eligible for services and how those services are accessed. Services shall not be denied to any person because of age, race, religion, color, disability, national origin, marital status, or gender as outlined in 45 CFR Parts 80, 83, 84, and 90. Prospective participants must be informed of the admission criteria and, if ineligible, the provider must provide referrals to other organizations that can provide assistance.
(2) Board of Directors. The provider shall establish and maintain a board of directors, which shall be composed of at least three citizens who reside within the center's service area, one of whom must be an employee of a local, municipal, or county law enforcement agency whose jurisdiction includes some or all of the center's service area. The board of directors should racially and ethnically reflect, to the extent possible, the participants served by the domestic violence center. The board of directors shall serve as the governing body responsible for fiscal oversight and strategic leadership specific to the operation of the center. The provider shall create an advisory board to make recommendations to the board of directors regarding operational functions specific to the domestic violence center if the board of directors does not directly oversee the domestic violence center's operations. The provider shall develop by-laws, which must include membership selection process, term limits, code of conduct, conflict of interest, duties and responsibilities, and orientation and training requirements for the board of directors and any advisory boards.

(3) Confidentiality. The provider shall establish and implement policies and procedures for maintaining safety, confidentiality, and privacy of persons receiving services. The provider shall also ensure that employees and volunteers receive information on the restrictions relating to the disclosure of information about center participants and the location of shelter as provided in Section 39.908, F.S.

(4) Electronic Communication. The Department's primary communication with a provider will be electronic. A provider shall have the capability to access the Internet and to electronically submit certification documentation as required by the Department. A provider shall maintain a functional email address with the capability of receiving attachments and shall provide that address, and revisions as needed, to the Department.

(5) Endorsement. The provider must obtain annual written endorsements from the law enforcement agencies within the center's service area, preferably through the establishment of written cooperative agreements.

(6) Emergency Management. The provider shall develop an emergency management plan that is coordinated with the applicable local emergency management agency.

(a) The plan must outline a comprehensive and effective program to ensure the safety and well-being of employees, volunteers, and center participants in the event of an emergency. The plan should address emergencies that the provider may reasonably expect in the center facilities. Examples are: natural or manmade disasters such as hurricanes or tornados; contamination of the air, ground, water, or food; fire; public health hazards such as outbreak of communicable, reportable diseases such as avian influenza, arboviral encephalitis, salmonella, severe acute respiratory syndrome (SARS), West Nile virus, etc.; significant incidents such as participant death or injury; security incidents such as intruders, hostage situations, kidnapping, and workplace violence; or human acts that may jeopardize the health, safety, or welfare of center employees, volunteers, or participants.

(b) The emergency management plan must include, at a minimum, the following elements: procedures for reporting emergencies or incidents as identified in paragraph (6) above; identification of essential functions, programs, and personnel; procedures to implement the plan and personnel notification; delegations of authority and lines of succession; identification of alternative facilities; procedures for evacuation, including type of evacuation and exit route assignments; procedures to account for all staff members and participants; and identification and protection of records and databases.
(c) The provider must annually review and update the plan. A current plan shall be maintained in the center records and made available for inspection upon request.

(7) Financial Management. The provider is responsible for the sound financial management of the domestic violence center by ensuring proper financial controls are in place and by maintaining current financial documents described in Rule 65H-1.012, F.A.C.

(8) Incident Reporting. The provider shall notify the Department as soon as practical, and in no event more than 24 hours, after any incident that involves death or serious injury of a participant or their dependent, as well as any action by the participant or provider staff that results in an inquiry by public media.

(9) Personnel. The provider may not discriminate against employees, applicants for employment, or participants because of their age, race, religion, color, disability, national origin, marital status, or gender. Personnel should racially and ethnically reflect, to the extent possible, the participants they serve. The provider shall ensure that there is adequate staff coverage at all center facilities for the provision of required core services, as well as any additional services the center provides.

(a) A certified domestic violence center must have, at a minimum, the following paid staff positions:

1. One full-time administrator responsible for the management of the domestic violence center who reports to the board of directors. Qualifications include a Bachelor’s degree from an accredited college or university and two years experience working in the domestic violence field, or four years minimum experience in an administrative/management capacity and two years experience working in the domestic violence field. The administrator must successfully complete 30 hours of domestic violence competency-based core training within 90 days of their date of employment. Upon successful completion, the administrator must register, according to Section 39.905, F.S., as someone who may claim privilege under Section 90.5036, F.S. In the event the administrator position becomes vacant, an interim administrator must be appointed until the position can be filled permanently. A board member may not serve in the position at any time.

2. One full-time advocate services manager responsible for managing all advocacy, counseling, and volunteer services. Qualifications include a Bachelor’s degree from an accredited college or university, or four years of direct service experience in the field of domestic violence. The advocate services manager must successfully complete 30 hours of domestic violence competency-based core training within 90 days of their date of employment. Upon successful completion, the advocate services manager must register according to Section 39.905, F.S., as someone who may claim privilege under Section 90.5036, F.S.

3. One full-time or part-time accounting manager responsible for ensuring the integrity of the center’s financial records and preparation of financial statements. Qualifications include a minimum of two years accounting experience.

4. The provider must select one full-time employee within the center to be designated as the emergency coordinator and another to be the alternate emergency coordinator. The emergency coordinator is responsible for implementing the center’s emergency management plan and providing training to all employees and volunteers on their duties and responsibilities for implementing the plan.

(b) If the administrator or accounting manager positions listed above become vacant, or if the employee assigned to the position is unable to fulfill their duties and responsibilities due to
an extended absence, the provider shall notify the Department within five business days of the
vacancy or absence.

(c) The provider may determine other positions and their qualifications as needed within the
center.

(d) The provider shall ensure that employees and volunteers comply with policies and procedures
for maintaining the safety, confidentiality, and privacy of persons receiving services and with the
prohibition against disclosure of any information about center participants and shelter location as
provided in Section 39.908, F.S.

(e) The provider shall develop and implement standards of conduct and disciplinary action for
violation of standards.

(f) The provider shall maintain current, accurate, and complete personnel records for all employees
and direct-service volunteers, which shall include position descriptions and training records.

(10) Privilege. The provider shall ensure that all employees and volunteers who provide direct
services register for advocate-victim privilege according to Section 90.5036, F.S. The provider shall
ensure that a current and accurate list of said employees and volunteers with their position title is filed
with the Department. The provider, as necessary, shall file amendments to the list.

(11) Record Keeping. The provider shall provide for the maintenance of records, including
electronic storage media, regarding the administrative, fiscal, and programmatic operation of the domestic
violence center. Records shall be current, complete, accurate, and maintained in such form as to permit
Department evaluation during the hours of operation. Information received by the Department concerning
participant identity is confidential and exempt from the provisions of Section 119.07(1), F.S., and shall not
be disclosed without the written consent of the participant to whom the records or information pertains.
All records and files, including electronic storage media, shall be kept for a minimum period of six years
after termination of certification, or if an audit has been initiated and audit findings have not been
resolved at the end of six years, the records and files shall be retained until resolution of the audit
findings. The Department shall make the final determination as to what constitutes a satisfactory
resolution of audit findings. Records include, but are not limited, to the following:

(a) Case Management Records. The provider shall maintain case management records in
compliance with Rule 65H-1.014, F.A.C.

(b) Fiscal Records. The provider shall maintain an accounting system capable of
distinguishing between all revenue sources and expenditures and in accordance with generally
accepted accounting principles (GAAP) as defined by Rule 61H1-20.007, F.A.C., 9-29-02, which
is incorporated by reference and may be obtained at www.flrules.org/qatetava/ruleNo.asp?ID=61H
1-20.007. The provider's fiscal records shall provide an accounting of the revenue and expenditures of the certified center that is separate and distinct from other programs and services that may be operated by a parent entity such as a local government or an umbrella agency. The provider's fiscal records must be available for inspection by the Department upon request.

(c) Service Reports. The provider shall collect and compile a monthly record of all services
provided. The record shall include the gender, age, ethnicity, and, if applicable, other
information as required by contract, of the people served. The provider shall forward a monthly
summary report to the Department each month for evaluation of domestic violence service trends.

(12) Staff Training and Development. The provider shall develop, implement, and revise annually a staff training and development plan to ensure that all new employees, current employees, and volunteers meet training requirements as required by this rule. The plan shall include policies and procedures for implementing training activities, course titles, descriptions, objectives, number of hours, names of instructors with title or position or source, dates or timeframes, and training requirements for each staff position. The training of each employee and volunteer shall be documented in the staff member’s personnel file or training record and shall include activities or course titles, number of hours, names of instructors and title or position, and dates of completion. The minimum training must include:

(a) Competency-Based Core Training. Advanced-level training on domestic violence that includes the knowledge and skills needed to work in domestic violence program areas such as crisis intervention, safety planning, and advocacy. All staff members who supervise, coordinate, and/or provide direct advocate or counseling services to center participants shall successfully complete 30 hours of domestic violence competency-based core training. The successful completion of this training is required in order for an employee and participant to assert the evidentiary privilege afforded by Section 90.5036, F.S.

(b) In-Service Training. Training designed to help employees and volunteers develop their knowledge and skills related to domestic violence and the successful performance of their job. All staff members who supervise, coordinate, and/or provide direct advocate or counseling services are required to successfully complete 16 hours of in-service training each state fiscal year. The training requirement is effective upon the first anniversary of their employment or service.

(c) Emergency Training. In addition to in-service training, all staff members shall receive, at a minimum, annual training on implementing the center’s emergency management plan as identified in paragraph (6) above.


65H-1.014 Services.

To be eligible for certification, a domestic violence center shall provide the minimum core services as set forth below and in Section 39.905, F.S. Providers may provide additional services beyond the minimum requirements.

(1) Information and Referral. Education and recommendations on services to those persons seeking assistance. The provider shall maintain a comprehensive and current database of information and referral resources, which shall be made available for use by all direct service staff.

(2) Counseling. Supportive activities with victims of domestic violence.

(a) Counseling services shall incorporate supportive advocacy services such as crisis intervention, safety planning, assessment of risk, and intervening with the various social and legal agencies on behalf of the center participant, including legal advocacy, medical advocacy, housing advocacy, interpretation services, and additional services as needed.
(b) Counseling services may be based on the peer-counseling model. Individuals who need mental health counseling services may be served through referral to an outside provider.

(3) Case Management. A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet a center participant's needs.

(a) The provider shall provide one-on-one case management to participants who reside in shelter for 72 hours or more, and to non-resident participants upon two sessions with an advocate. This provision does not preclude providers from providing case management to residents housed less than 72 hours or to non-resident participants who have received less than two sessions with an advocate.

(b) Individual case records shall be maintained, shall be current, and shall include at a minimum:

1. Identification data including name, age, ethnicity, and other relevant information for the participant and any dependents; and

2. A case management plan that includes safety planning and service referrals.

(c) The provider shall develop procedures and maintain documentation for case management staffings. Case management staffings shall be held bi-weekly for the purposes of ensuring effective communication among staff about the progress of participants toward meeting their goals and objectives, as well as addressing individual participant issues.

(d) In order to ensure the safety of participants and their dependents the provider shall protect the confidentiality and privacy of persons receiving services. Center staff shall not disclose any personally identifying information collected in connection with services or reveal individual participant information without the informed, written, time-limited consent of the participant, except in limited circumstances described in the Section 39.908, F.S.

(4) Emergency Shelter. Safe housing provided for adult victims of domestic violence and their dependents. The provider shall provide temporary emergency shelter to victims and their dependants for more than 24 hours. Shelters shall be staffed by domestic violence advocates 24 hours a day, seven days a week, including holidays.

(5) Hotline Services. A telephone operated 24 hours a day, seven days a week to provide crisis intervention, safety planning, information, and referral to victims of domestic violence or on behalf of a victim.

(a) The provider shall provide hotline services, available 24 hours a day, seven days a week staffed by domestic violence advocates who have successfully completed the 30 hours of domestic violence competency-based core training and are registered for privileged communications. The hotline telephone shall have a TDD/telephone relay service.

(b) The use of commercial telephone answering services or automated voice mail to cover the hotline are not permitted, except for the purpose of directing calls to a domestic violence advocate.

(6) Child Assessment: Evaluation of the basic needs of children served by the center and the referral of children to services if needed.

(a) Each child in emergency shelter for 72 hours or more shall be assessed for basic needs and given service recommendations by a domestic violence advocate with experience working with children. This provision does not preclude providers from providing an assessment of children housed less than 72 hours.
(b) Any person who knows, or has reasonable cause to suspect, that a child is abused or neglected shall report such knowledge or suspicion to the Department as provided for in Section 39.201, F.S.

(7) Professional Training. Education on the dynamics of domestic violence provided to law enforcement personnel, other professionals, and paraprofessionals who have contact, as part of their work, with victims of domestic violence.

(8) Community Education. The efforts, activities, and presentations performed to increase public awareness about domestic violence and the availability of services for victims of domestic violence.

(a) The provider shall provide community education to promote awareness of the incidence, causes, and prevention strategies of domestic violence. Community education shall be presented both face-to-face and through the utilization of various media.

(b) Center employees shall participate in community task forces, interagency councils, and other organizational groups whose efforts are intended to improve services for victims of domestic violence.

(9) Exempted Services. The Department may exempt the 24-hour hotline, professional training, and community education requirement for centers where this requirement is already being met by another certified center in the same service area, pursuant to Section 39.905(1)(c), F.S.


65H-1.015 Emergency Shelter Facilities.

(1) Design, Construction, and Accessibility. The provider shall ensure that the design and construction of new shelter facilities or alterations to an existing facility meet the minimum requirements of the applicable state and local governing agencies. No new certifications shall be issued after the effective date of this rule to any provider whose shelter facility does not meet the requirements of Sections 553.501-.513, F.S., and the Americans with Disabilities Act Standards for Accessible Design in the Code of Federal Regulations, Title 28, Part 36, Appendix A. Facilities certified prior to the effective date of this rule must meet these minimum standards except where the cost of compliance with a particular standard would impose an undue burden on the provider, as described in the Code of Federal Regulations, Title 28, Section 35.150. Any alteration to a shelter facility certified prior to the effective date of this rule must meet the accessibility guidelines described above, as provided in the Code of Federal Regulations, Title 28, Section 36.402.

(2) Physical Safety and Well-being. The provider shall take precautionary measures to provide for the safety, confidentiality, privacy, and well-being of shelter residents.

(a) All shelter facilities maintained by the provider or its subcontractors shall meet all applicable county and municipal building code enforcement requirements as provided in subsection (1) of this rule chapter.

(b) All shelter facilities must be in good repair, free from health and safety hazards, clean, and free from vermin infestation.

(11)
(c) To protect the privacy of shelter participants, electronic surveillance systems may not be installed in the participants’ living quarters of the shelter facilities. Electronic surveillance systems may be installed at entrance and exit doors and parking areas.

(d) All outside doors shall remain locked from the outside at all times; all windows shall be secured against entry; and outside and entrance way lighting shall be in place and functioning.

(e) If an outside play area is made available for children, the area shall be free of debris and broken or dangerous materials, and shall be routinely checked for safety. Play areas shall be fenced in accordance with local ordinances to prevent access by children to all water hazards within or adjacent to outdoor play areas, such as pools, ditches, retention, and fish ponds. The outdoor play area shall have and maintain safe and adequate fencing or walls a minimum of four feet in height. Fencing, including gates, must be continuous and shall not have gaps that would allow children to exit the outdoor play area. The base of the fence must remain at ground level and be free from erosion or build-up to prevent inside or outside access by children or animals. If the play area is in view of the public, privacy fencing is required.

(f) No firearms or weapons as defined in Section 790.001, F.S., shall be allowed within any building or upon any person located on the premises, excluding federal, state, or local law enforcement officers.

(g) No narcotics, alcohol, or other impairing drugs shall be present on the premises.

(h) Smoking is prohibited within the shelter facilities, all outdoor play areas, and in vehicles when being used to transport center participants pursuant to Chapter 386, F.S. The provider may designate specific areas for smoking.

(i) Fire Safety. The provider shall ensure that each shelter facility has sprinklers or smoke alarms in each bedroom, and in all hallways and common areas. The provider shall ensure that an annual fire safety inspection, which conforms to fire safety standards as determined by each municipality, county, and special district with fire safety responsibilities as defined in Section 633.025, F.S., is conducted for each shelter facility. A current inspection report shall be maintained in the center records and made available for inspection upon request.

0") Health Inspections. The provider shall ensure that each shelter facility has an annual sanitation inspection through their county health department. A current inspection report shall be maintained in the center records and made available for inspection upon request.

(3) Telephone. The shelter facility shall have telephones that are centrally located and readily available for staff member and participant use. Emergency numbers such as emergency medical services, fire department, law enforcement, hospital, and poison control center shall be posted by each telephone. There shall be at least one cellular telephone available for use at all times in the event of power and telephone line outages. TDD/telephone relay service for the hearing impaired is required.

65H-1.016 Confidentiality.

(1) To ensure the safety, confidentiality, and privacy of persons receiving services, the provider shall safeguard information identifying domestic violence emergency shelters and center participants as provided in Section 39.908, F.S. Confidential information may be in hardcopy or electronic format and may include name, address, phone number, case management plan and notes, safety plan, service plan, services provided, referrals, and other related information. Access to any participant identifying information shall be limited to staff members who have a legitimate interest in the case and have a need to know to carry out their job duties.

(2) The Department and the Coalition shall have access to shelters and center records to the extent necessary to perform the oversight function. Providers may not provide individual participant records to stakeholders, partner agencies, and other entities that have an interest in provider operations, except as expressly authorized in Section 39.908, F.S. Client communications that satisfy the criteria for a privileged communication under Section 90.5036, F.S., may be disclosed only as provided in that statute.

(3) The provider shall ensure all center employees and volunteers are aware of and understand their obligation to comply with Section 39.908, F.S., which prohibits the disclosure of shelter location and any information regarding center participants without their express written, time-limited consent, except in limited circumstances described in the statute.

Editorial Note: Formerly 65H-1.004.

65H-1.017 Monitoring and Evaluation.

The Department will conduct evaluations of certified centers to ensure compliance with the minimum standards provided in this rule chapter and in Section 39.905, F.S.

(1) To conduct evaluations, the Department shall have access to a center or subcontractor, its location, records relevant to the operation of said center or subcontractor, records of participants served, and any other information necessary for evaluation of compliance with this rule chapter and Section 39.905, F.S.

(2) The evaluation shall occur annually, on-site or desktop, as determined by the Department. However, an evaluation may occur at any time there is a complaint to the Department.

(3) Within 60 days after the evaluation, the provider will receive a written report from the Department whether or not standards have been met. If any deficiencies were cited, the provider will be given ten business days from the date of the written report to submit a corrective action plan. The corrective action plan is subject to approval by the Department. The severity of the noncompliance may affect the period of time allowed for correction, but in no event shall the corrective action period exceed 90 days. Follow up visits or a desk review will be made by the Department to determine if the plan of correction is acceptable, has been implemented, or completed.

(4) Failure to successfully complete the corrective action plan will result in suspension of a center's certification, unless the circumstances are beyond the provider's reasonable control, such as manmade or natural disasters, local zoning ordinances, or permitting processes. However, the Department will suspend a center's certification immediately without allowing a
corrective action in cases of recurring violations or if the violation poses a serious risk of imminent harm to the health or safety of participants or staff members.

(5) A suspension will continue until the provider completes a corrective action plan, but will not exceed six months. If the provider does not successfully complete the corrective action plan within six months, the center's certification will be revoked.


65H-1.018 Funding Procedures.

(1) For each funding cycle, the Florida Coalition Against Domestic Violence will provide all eligible certified domestic violence centers with an application for funding with instructions for completion.

(2) Newly certified centers without previous funding from the Coalition must request an application for funding by July 1 for the following state fiscal year. Certification does not guarantee funding.

(3) In accordance with Section 39.905(7)(a), F.S., all funds collected and appropriated for certified domestic violence centers will annually be distributed by the Coalition through an allocation formula developed by the Coalition. The Department will review the allocation formula and any revisions to ensure that it includes the factors required by Sections 39.903 and 39.905, F.S.

(4) The Coalition shall provide final approval of applications for and shall award funds appropriated for certified domestic violence centers as provided in Section 39.903(7), F.S. The Coalition shall contract with successful applicants for the operation of certified domestic violence centers.

(5) The Coalition will conduct evaluations of certified domestic violence centers to ensure quality services are being provided to center participants.

(6) Funding is contingent upon completion of any corrective action required by the Coalition, unless the failure to complete the corrective action is attributable to circumstances that are beyond the provider’s reasonable control.
