Appendix A
HR 210
List of Documents Reviewed

2014 IRS form 990 for LCADV
2014 Legislative Guide on Louisiana Domestic violence Homicides
Committee on Quality Assurance Information and Standards
Domestic Violence Study Group Report to the Legislature (2014)
Dr. Thea Lobell Biography
IRS form 990 for peer coalitions
LCADV Board of Directors Strategic Planning Summary (2014)
LCADV Fast Facts for Domestic Violence in Louisiana
LCADV History and Board Structure
LCADV Membership guidelines and Criteria
LCADV Multidisciplinary Trainings (2013-2015)
LCADV Program Leaders Strategic Planning Summary (2014)
LCADV Report on Domestic Violence Intervention Programs (2012)
LCADV Staff Biographies (2016)
LCADV Strategic Plan (2014)
LCADV Website
NNEDV Essential Criteria for State Coalitions (2007)
NNEDV Website
Promising Practices for Domestic Violence Programs and Services
Role of LCADV in the Funding Process
Websites for peer coalitions
<table>
<thead>
<tr>
<th>State</th>
<th>Number of Employees</th>
<th>Board Directors</th>
<th>Mission of Organization</th>
<th>Services Provided/Supported to and by Member Programs</th>
<th>Programs in State</th>
<th>Revenue</th>
<th>Expenses</th>
<th>Largest Expense</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>13</td>
<td>21</td>
<td>The Alabama Coalition Against Domestic Violence (ACADV) is a nonprofit organization dedicated to working toward a peaceful society where domestic violence no longer exists. The ACADV is a network of community based programs that provide support and advocacy to battered women and their children. The ACADV serves domestic violence victims statewide through shelters and a 24-hour crisis line.</td>
<td>24-hour crisis hotline, support for battered women and the shelters that service them, training programs for shelter volunteers and staff, public education on domestic violence issues, B.A.J.L., Project perpetrator intervention program</td>
<td>Not on Website</td>
<td>1.9M</td>
<td>1.5M - working in deficit</td>
<td>Distribution of funds from Alabama General Fund to DV</td>
<td>In October 2013, the executive director resigned and its entire 10 member staff was laid off because they could not make payroll. An audit in April of that year found numerous deficiencies in accounting practices ranging from financial statements to federal awards. No material deficiencies were found. The coalition announced their return in January of 2014.</td>
</tr>
<tr>
<td>Arkansas</td>
<td>9</td>
<td>12</td>
<td>To eliminate domestic violence and promote healthy families.</td>
<td>Training and technical assistance to domestic violence service providers, law enforcement, judges, attorneys, educators, and victims, collaboration with related organizations for survivors to bail out their friends, a toll-free domestic violence hotline giving callers to the nearest domestic violence center, direct services to domestic violence victims</td>
<td>32</td>
<td>421K</td>
<td>460K - working in deficit</td>
<td>Eliminate DV and promote healthy families</td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>50</td>
<td>1</td>
<td>Today, FCAADV serves as the professional association for Florida’s 42 domestic violence centers. The mission of the Florida Coalition Against Domestic Violence is to work towards ending violence through public awareness, policy development, and support for Florida’s domestic violence centers.</td>
<td>Emergency shelter, 24-Hour Hotline, advocacy, children’s program, community education, crisis counseling, service management, professional training, safety planning, information and referral. In addition to these core services centers provide the following: court/legal advocacy, outreach, primary prevention programming, support groups and assist with the relocation assistance application</td>
<td>42</td>
<td>33M</td>
<td>33M - working in deficit</td>
<td>Prevention and services (33M)</td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>13</td>
<td>17</td>
<td>GCADV envisions a Georgia free of domestic violence. We empower survivors and the programs that serve them, we educate the public, and we advocate for responsive public policy. Our strength is in numbers, as we collaborate throughout Georgia to stop domestic violence.</td>
<td>24-hour statewide hotline, Outreach Initiative to Underserved Populations, Education and Media Initiative to Reduce Fatalities and Engage the Community, Member initiatives to create a Safety Net and Increase Resources, Project Connect, Disabilities Project</td>
<td>Not on Website</td>
<td>1.09M</td>
<td>1.24M</td>
<td>Housing for DV victims (400K)</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>15</td>
<td>14</td>
<td>The Texas Council on Family Violence promotes safe and healthy relationships by supporting service providers, facilitating strategic prevention efforts, and creating opportunities for freedom from domestic violence.</td>
<td>Support to service providers, public policy development, (fostering partnership and prevention programs.</td>
<td>59 Family Violence Program Members, 11 Emerging Family Violence Program Members, 32</td>
<td>2.8M</td>
<td>2.9M - working in deficit</td>
<td>Supporting DV service providers (2.8M)</td>
<td>Gov. Greg Abbott dramatically increased funding for domestic violence victims, awareness, and prevention in 2013 ($4 Million Dollar Increase For Domestic Violence Victims, $3 Million Dollar Increase In General Revenue, $1 Million Dollar Increase - First Increase in 15 Years for Batter Intervention &amp; Prevention Programs, $4 Million Dollar Increase to Create Domestic Violence High Risk Teams Across the State). The website does not say how much of this money went to the TCFV.</td>
</tr>
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Appendix C
Dr. Thea Lobell works with organizations through strategic planning, capacity building, and communication skills development.

She has a B.S. in Business Management and an M.S.W. from Louisiana State University. She has consulted with organizations striving to increase their influence through using practical strategic planning. Her approach is comprehensive yet user friendly and quick. She helps organizations develop 1 page strategic plans that help organizations achieve their mission.

Dr. Lobell has a Ph.D. in Clinical Social Work from Florida State University and was an Assistant Professor at Louisiana State University Health Sciences Center. She specializes in assisting organizations with assessment, development, and implementation of useful strategic plans.
Appendix D
Strategic Plan: 2014-2017

Our Mission

The Louisiana Coalition Against Domestic Violence (LCADV) is a statewide network of programs, organizations, and individuals who share the goal of ending domestic violence in Louisiana. LCADV empowers its members and communities through advocacy, education, resource development, and technical assistance.

Our Vision

LCADV is dedicated to bringing about change in our institutions, laws, politics, attitudes, and beliefs which will allow individuals to live free of violence.

Our Plan

The overarching goal of LCADV is to provide leadership on domestic violence issues in Louisiana.

Goal 1: Mobilize a statewide voice.

- **Objective 1**: Promote a public awareness campaign throughout the state.
- **Objective 2**: Develop a statewide lobbying infrastructure.

Goal 2: Advocate on behalf of survivors.

- **Objective 1**: Identify gaps in social systems that create barriers for survivors.
- **Objective 2**: Promote the implementation of consistent established procedures for domestic violence response.

Goal 3: Educate on behalf of survivors.

- **Objective 1**: Implement statewide education program.
- **Objective 2**: Provide technical assistance to local agencies.

Goal 4: Facilitate partnerships between programs, allies, and state agencies.

- **Objective 1**: Expand and improve input from partners working in the area of domestic violence.
- **Objective 2**: Improve partnerships among professionals working in the domestic violence field.

Goal 5: Develop the coalition’s diversified funding streams.

- **Objective 1**: Develop a diversified funding plan.
- **Objective 2**: Create a statewide event that promotes domestic violence awareness and raises funds.
Appendix E
LCADV Multidisciplinary Trainings
2013-2015
Summary Data

Please note this is a partial report of persons trained in the years 2013-2015. It encompasses about 50% of all training. Occasionally we do not have evaluation information for trainings because they were delivered in small groups, by webinar or conference call or somehow omitted. This sample contains data from trainings that included 1,046 people.

**Types of Professionals Trained:** Law Enforcement, Corrections, Judiciary, Mental & Behavioral Health Professionals, HIV/AIDS Advocates, Prosecution, Batterer Intervention Program Facilitators, Child Welfare Professionals, DV Advocates

**Training Topics:**
- Domestic violence dynamics
- Stalking prevalence and dynamics
- Stalking investigation
- Stalking threat assessment and safety planning
- Use of technology to stalk
- Batterer tactics and communication patterns
- Interview techniques for batterers
- Victimless prosecution and Crawford v. Washington
- Predominant Aggressor determination
- Intersection of Domestic Violence with HIV/AIDS
- Collaborative advocacy efforts for HIV+ Domestic Violence survivors
- Louisiana’s Statewide Children Exposed to Domestic Homicide Protocol
- Social and emotional impact on children following an intimate partner homicide
- Evidence based and trauma-informed interventions for children exposed to domestic violence
- Risk assessment in domestic violence cases
- Ontario Domestic Assault Risk Assessment Tool (ODARA)
- Gwen’s Law implications for domestic violence response
- Housing protections for survivors of domestic violence
- Domestic violence screening techniques in behavioral health and child welfare settings
<table>
<thead>
<tr>
<th>Training Title</th>
<th>Content</th>
<th>Audience</th>
<th>Number Trained</th>
</tr>
</thead>
</table>
| Stalking: Investigating the Crime, Supporting the Victim | - Stalking prevalence and dynamics  
- use of technology to stalk  
- Best practices for law enforcement response to stalking  
- intersection of stalking with dating violence and sexual assault  
- strategies for working with stalking victims  
- threat assessment  
- safety planning | • Law Enforcement  
• Victim Advocates | 41 |

**How would you rate the content of this training?** 72% Excellent, 28% Very Good  
**How would you rate this trainer overall?** 92% Excellent, 8% Very Good  
**How much has this training improved your ability to respond to stalking?** 100% Very Much  

**Comments:**  
Enjoyed the subject matter. Plenty of examples- in handout, through discussion, and via media display. Well organized. Would definitely recommend this training for others.  
Great training! Would like more information on working with stalking perpetrators.  
It was great and chock full of information, I really enjoyed the interactive and media portion of the workshop.  
Please do a CLE regarding prosecution (how to do so successfully) of stalking/domestic violence!  
Great training on stalking issues.
<table>
<thead>
<tr>
<th>Training Title</th>
<th>Content</th>
<th>Audience</th>
<th>Number Trained</th>
</tr>
</thead>
</table>
| Inside the Mind of an Offender: Interview Techniques for Domestic Violence Cases | - Advanced domestic violence dynamics  
- Batterer tactics and characteristics  
- Predominant aggressor determination  
- Investigative interview techniques  
- Crawford v. Washington implications  
- Technology use by batterers | • Law Enforcement  
• Corrections  
• Batterer Intervention Facilitators | 236 |

**Overall Quality of Training (scale of 1-5):** 4.76  
**Training was relevant to your work (scale of 1-5):** 4.73  
**Presenter was knowledgeable about topic (scale of 1-5):** 4.92  
**Comments:**  
The real examples were great. Handouts are useful. current and relevant data.  
Really enjoyed Ms. Meek's ability to convey information, stories, and experience. Learned a lot and hope that many others can see this presentation.  
All of the information she presented was thought provoking and relevant to the work I do.  
Great knowledge about the criminal aspect. Very knowledgeable about the law. This is what we need to know.  
It was the first time I had a training on this subject, and it contained information I wanted to know.  
Definitely learned techniques to use when doing my intake when working with arrested perpetrators of DV  
Very informative and thought provoking – heard new information  
Content – so full of info. Could have used more time to expound. Direct, well organized, and concentrated  
The presenters were so knowledgeable with experience and not just paperwork.  
They helped me change my prospective on the way I conduct interviews.  
Great info - I learned something new (and this after 35 years of practice!)  
Could use time for small group discussions. This would also be a great opportunity to network.  
Needs to be given to judges
<table>
<thead>
<tr>
<th>Training Title</th>
<th>Content</th>
<th>Audience</th>
<th>Number Trained</th>
</tr>
</thead>
</table>
| Safe and Positive: The Intersection of Domestic Violence and HIV/AIDS | - Advanced Domestic Violence Dynamics  
- HIV transmission, progression, and prevention  
- Intersection of Domestic Violence with HIV/AIDS  
- Impact of socioeconomic disparities on the well-being of HIV/AIDS and domestic violence survivors  
- Promising practices to enhance safety for survivors of domestic violence and HIV/AIDS  
- Collaborative advocacy efforts | • Healthcare providers  
• HIV/AIDS Advocates  
• Victim Advocates | 39 |

**Overall Quality of Training (scale of 1-5):** 4.82  
**Training was relevant to your work (scale of 1-5):** 4.50  
**Presenter was knowledgeable about topic (scale of 1-5):** 4.82  
**Comments:**  
Enlightened me regarding the intersection between DV and HIV. Worth attending  
HIV training was very personal which was great.  
Trainers were very passionate and knowledgeable
<table>
<thead>
<tr>
<th>Training Title</th>
<th>Content</th>
<th>Audience</th>
<th>Number Trained</th>
</tr>
</thead>
</table>
| After the Violence: Enhancing Responses for Children Exposed to Intimate Partner Homicide | - Louisiana’s Statewide Children Exposed to Domestic Homicide Protocol
- Social and emotional impact on children following an intimate partner homicide
- Intersection of grief and trauma in children
- Trauma-informed intervention models in individual and group settings | • Law Enforcement
• Child Welfare
• Behavioral Health
• Victim Advocates | 112 |
| Advanced Skills in Domestic Violence Response: A Symposium on Effective Interventions | - Risk assessment in domestic violence cases
- Ontario Domestic Assault Risk Assessment Tool (ODARA)
- Gwen’s Law – how new legislation affects domestic violence response
- Louisiana’s statewide domestic violence homicide protocol
- Advanced interventions for surviving children of domestic violence homicides
- Housing protections for survivors of domestic violence | • Law Enforcement
• Prosecution
• Judiciary
• Victim Advocates
• Corrections
• Batterer Intervention Facilitators | 127 |

Overall Quality of Training (scale of 1-5): 4.44
Training increased your knowledge of domestic violence issues (scale of 1-5): 4.53
Presenter was knowledgeable about topic (scale of 1-5): 4.72
Would you recommend this training to others? 100% yes

Comments:
Gwen’s Law and the Risk Assessment for ODARA was good information.
Training was great. Good presenters, with great information.
The statewide homicide protocol will be useful in my work.
I attended this training to learn more about Gwen’s Law and the new updates for law enforcement—did get some valuable insight about the dynamics of these incidents.
ODARA assessment will be valuable in setting bonds and protective orders hearing.
I found the Fair Housing talk really interesting and the presenter introduced topics that I had never considered or knew about.
All of the presenters were incredibly knowledgeable and I liked the focus on evidence-based assessments and interventions.
This training allowed several segments of our agency to get together and discuss the implementation of the risk assessment.
All of the info was great. Please break up the sessions.
<table>
<thead>
<tr>
<th>Training Title</th>
<th>Content</th>
<th>Audience</th>
<th>Number Trained</th>
</tr>
</thead>
</table>
| Children Exposed to Violence: When Domestic Violence and Child Abuse Meet | - Advanced domestic violence dynamics  
  - Children’s exposure to domestic violence: prevalence, context, and dynamics  
  - Mental health needs of children exposed to domestic violence  
  - Domestic violence screening techniques  
  - Evidence based and trauma-informed interventions for children exposed to domestic violence | • Child Welfare  
• Behavioral Health | 491 |

Overall Quality of Training (scale of 1-5): 4.79  
Relevance of Training to Your Work (scale of 1-5): 4.63  
Presenter was knowledgeable about topic (scale of 1-5): 4.88  

Comments:  
Excellent information-great handouts and presentation  
Mariah was very knowledgeable of all the information that was provided.  
I appreciated clarification regarding DV not being an anger management issue.  
Trainer was very knowledgeable and skillful in presenting material  
Would appreciate CEUs for counselors  
This provided me with better awareness of the perspective of women/children exposed to abuse  
Learned so much - complex procedure of going through the process where the victim tries to leave the batterer.  
Helpful to get a view of the victim's life
Appendix F
Promising Practices - supplement

While this is in no way an exhaustive list of promising practices it is a list of those that can be most commonly lead by or embedded in a shelter based program.

It should be noted that there is no one ‘model’ of service provision that can be applied to every community or every advocacy program. Rather, there is a menu of best practices that communities should be allowed and encouraged to implement depending on their individual community needs, available resources and level of community readiness to embrace the concept.

Some best practices or basic elements of best practices, such as Coordinated Community Response, can be required so long as the community retains the ability to implement the element in a way that best serves its needs. Meaning, one community may convene a task force but be unable to sustain an FJC while another uses its resources to implement Multi-Disciplinary Teams and those communities with adequate resources and buy-in from allies may be able to establish an FJC.

It should be noted that shelter, support groups and hotlines are considered cornerstone or foundational services. They are necessary in securing safety for battered women but rarely address the actual stoppage of family violence. They are necessary services and should be protected, but from those foundations should grow community work on root causes of violence. The goal of domestic violence services should not be achieving minimum competence in foundational services. Any effort to achieve stoppage in family violence or homicide reduction must focus heavily on a variety of promising practices.

Many of the practices listed here have been pioneered over the last 20 years, with very few exceptions all have been known in the field for the better part of the last decade.

Many of the practices are in place throughout Louisiana by multiple programs. In those areas that are being pioneered by only 1 or 2 providers we have acknowledged that involvement.

Practices and their definition are below.

Coordinated Community Response (CCR)- This is, in it’s most basic terms, the practice of meeting with major stakeholders dealing with domestic violence to examine processes, determine where there might be barriers for victims and weakened accountability for offenders and then agree on changes that improve the system response to DV. This process is often heavily focused on law enforcement but can encompass other systems such as medical and schools. Outcomes of this work can include things as simple as changes to forms and increased training and as sophisticated as a Family Justice Center, The Blueprint Project, a Community Safety Audit, specialized DV dockets and specialized enforcement units.

Family Justice Center (FJC)- A model of co-located services born out of the desire to heighten collaboration and streamline services for victims. Thought of as a ‘one-stop shop’ it is a physical location that often includes offices on site for law enforcement, victims’ advocates and prosecutors. Every FJC is slightly different and some contain co-located legal assistance, financial assistance and sexual assault services. It is based on the CCR Model. The underlying premise is that space sharing creates optimum coordination. (There are 2 of these in Louisiana, Crescent House in NOLA and Wellspring in Monroe)

Sexual Assault Services – Please note, this should not be construed to give preferential status to dual programs. It is common and in some communities necessary for the two entities to be separate, but they
should be working closely together to achieve programs that are closely aligned for the benefit of survivors. Frequently DV survivors have also been victims of SA. Care should be taken for them to be served in a way that allows them to access services to deal with that issue as seamlessly as possible. The SA movement is heavily focused on helping advocates understand, interface with, deliver and use evidence based prevention programming and therapeutic interventions, such as Trauma Informed Care. For those reasons dual agencies or agencies in strong partnership with a local SA program are often more adept at those components. (About half the programs in Louisiana are dual.)

**TIC/Empowerment.** Rather than any sort of prescriptive response model this is more a philosophical base from which to operate programming. Based in science, it teaches responders of all types to understand DV as a trauma event that affects a person. The model generally advocates interventions based in understanding that something has happened to this person and their trauma reaction is normal, and based in biological norms, versus seeing the person as flawed. This is a mandatory best practice in shelters by the Federal Dept. of Health and Human Services. (FVPSA funder)

The empowerment philosophy is closely related to TIC. It is the idea that survivors of domestic violence need minimal supports; temporary housing, emotional support, information to seek their own freedom, rather than punitive prescriptive formats to change themselves or rebuild their lives. It is rooted in the belief that most people do not need us to give them a list of instructions to follow, rather we give them information and they are capable of making choices and rebuilding their lives.

Both of these concepts are strongly respectful of the survivor as an individual with self-determination (a common principle in social work), rather than a flawed person who needs to be acted on or fixed.

**Transitional Housing.** This practice is amongst the oldest here. Emergency shelters realized long ago that they offered limited options for battered women who are often fighting for divorce, custody, child support, education and employment for years after their initial shelter stay. In many cases the women aren’t able to sustain housing on their own when they initially leave emergency shelter. In some programs domestic violence providers have developed specialized transitional housing and in some communities providers have strategically made partnerships with housing providers that offer advantages or priorities to battered women seeking housing.

**Outreach/Co-Located Offices.** In many communities it is impossible to financially sustain static shelter or stand-alone outreach offices. Many programs have maximized resources by sharing space with other allies or providers. Not only can this be a cost saving measure but it can provide an added layer of security as some offices are co-located within criminal justice offices. It can also provide enhanced confidentiality, a woman entering a WIC clinic or United Way office will not be automatically assumed to be seeking DV services. Additionally, it can provide a greater level of community coordination. It gives the program a reason to interact with and train the other providers in the office and generally raises their awareness, making them partners in the movement.

Care must be taken when co-locating offices to ensure the DV program remains autonomous and adequately segregates client information in a way that meets strict federal confidentiality requirements.

**Permanent Housing.** A step beyond transitional housing, some programs have begun providing permanent housing available specifically to survivors. (Faith House and Wellspring have this component.)

**Supervised Visitation.** Frequently born out of CCR discussions, supervised visitation/exchange is a way to lessen harm to children and avoid abuse that frequently occurs during visits and exchanges. Often a batterer
with a protection order uses the visitation or exchange with the victim to further harass, intimidate or otherwise abuse her as this is the only time he can guarantee that he can find her. Having supervised visits or exchanges allows some separation between the survivor and batterer, allows a third party to observe and document what occurs and deters the offender from further abuse. Some SV centers act as observers only and some conduct therapeutic visits where the child/parent interactions are observed and coached by a professional. (The Haven is being featured in a national documentary with 4 other agencies for their partnership and work with TIC services in the visitation program in Lafourche.)

**Evidence Based Prevention** - Many programs will claim they do prevention work but often cannot fully articulate what that means. It is important to understand that giving basic educational information to children is not necessarily prevention. The CDC and DOJ have enumerated scientifically tested models that prove to change behaviors and act as violence prevention. Whenever possible programs should be using one of these models instead of something they have created. An examples is ‘Safe Dates’, a dating violence curriculum that can be used in schools over a period of sessions with various age groups. Again, in this regard the SA agencies are typically more advanced than a stand alone DV agency. CDC funding for Rape Prevention and Education (RPE), administered by DHH and funneled to every sexual assault center in Louisiana, requires the use of evidence based prevention programming.

Please note; what we are referring to here is specifically primary prevention. While many intervention services have the effect of preventing further acts of violence, those secondary or tertiary prevention efforts do not qualify as evidence based primary prevention.

**Attorneys** - Many survivors can have increased chances of freedom from abuse and economic constraints with the assistance of good legal counsel. Very often private attorneys do not understand the dynamics of domestic violence, do not adequately safety plan with survivors and can fail to take into account all of a batterer’s tactics when negotiating protection orders, terms of custody and financial support for victims. Additionally, most survivors lack the financial ability to retain counsel and legal aid is so overwhelmed with cases that it can be difficult for a survivor to even get a lawyer. Attorneys embedded in a DV program typically have a much stronger understanding of these elements and can provide very effective legal counsel at no cost to the survivor. Additionally, some programs create and partner with pro bono panels to provide survivors cost effective, well trained legal counsel.

**Therapeutic Interventions** - Some programs have on site therapists or have substantial agreements with a local provider to give survivors of domestic violence access to mental health services. Those services should never be mandatory and never substituted for advocacy or legal services; rather they are a complimentary option available to survivors. Mental health practitioners are not typically adequately trained to handle domestic violence. Much like attorneys, therapists and counselors embedded in a program have a deeper understanding of trauma and safety issues. Some programs have developed strong relationships with individual counselors or therapists and specialized training so that although they may not be paid employees of the program they have strong expertise on the topic.

Care should always be taken to screen mental health providers for their areas of expertise and emphasis to ensure that they are not employing dangerous interventions (i.e. reality therapy for survivors, motivational interviewing for survivors, anger management, family systems therapy, couples counseling) in domestic violence cases.

**Culturally Specific Services** - With the diverse population, especially in south eastern Louisiana, there is a significant need (both morally and legally) for culturally specific services. These range from bilingual staff to forms in alternate languages, services such as groups in alternate languages, assistance with U and T visas and
off site, in community, services. Examples of such services include; conducting groups in Spanish in a church widely used by the Latino community or employing a native advocate who works off site on a reservation.

**Engaging Men and Youth**—These programs are both prevention programs and social change programs that target the most frequent perpetrators of abuse. They may take on the form of specific value education groups for teen boys or community wide awareness campaigns where men call other men to accountability for ending violence.

**Other Supportive Services**—While some of these interventions may be best practices in and of themselves some are not. Many are complimentary practices that a large portion of domestic violence survivors will access. The value in a provider co-hosting these services is that survivors get faster, more seamless access to them when they are embedded in a DV program or when that program has intensive community partnerships around them.

**Child Advocacy Center**—Not to be confused with the required Child Advocacy Services that all DV programs have, this term specifically refers to a program that provides comprehensive physical examinations and forensic exams to sexually assaulted children.

**Forensic Interviewing**—Born out of CACs some programs are using highly trained forensic interviewing teams to work especially with children who are sexually assaulted or exposed to family violence. This approach means that the interviewer is specially trained and the interview is conducted behind two way glass so all members of the intervention team can view the interview but the child does not need to be interviewed multiple times. This approach reduces trauma for the child.

**Wrap Around Agency**—An agency that manages multi-disciplinary teams that review shared cases in an effort to avoid duplication or conflicting recommendations and have a deeper more expansive understanding of the issues a family is facing. This process allows providers to fine tune interventions and case management across systems.

**Mentoring Program**—a program that pairs supportive adults with youth who have a strained or otherwise interrupted relationship with a parent.

**Human Trafficking Program**—providing specialized services to survivors (typically of sexual assault) who have been trafficked. This can range from assistance with U and T visas to translators and shelter.

**Batters’ Intervention Program**—a program for offenders, typically court ordered. This is NOT anger management and is one critical component in a solid coordinated community response.

**Family Resource Center**—supervised visitation and parental coaching with support systems in attendance

**Family Support Organization**—Regional host of the coordinated system of care model for children with severe behavioral needs.

**Healthcare Projects** such as collaborations with WIC, visiting nurses and the intersection of HIV/AIDS and DV are also emerging best practices.

**Incarcerated Battered Women’s Programming**—Many programs have come to understand that lots of battered women are incarcerated for defending themselves or otherwise committing offenses that have been motivated by the batterer. It is necessary to program support groups and interventions specific to this population of women who may face life long consequences of the stigma of incarceration which can negatively affect their ability to parent and gain economic independence.

**Re-entry Programming**—Survivors with a batterer re-entering society from incarceration often carry special concerns. They need to evaluate what protection measure are in place if any, what they may be eligible for, what notification they will receive and understand what level of supervision the offender might have as well as how to report any violations of new offenses. In offender programming specialized re-entry services will focus on managing these aspects of victim safety and integrating a newly released offender into appropriate programming.
Other Helpful Definitions:

- **Blueprint Project** – This is a process pioneered by Praxis International in Minnesota. This is a version of intense CCR that focuses on criminal justice interactions. It is an in-depth on-scene review of practices, forms, policies and partnerships that focuses only on criminal justice agencies, mostly enforcement. There are 3 pilot sites in the nation implementing this project now. Crescent House/NOLA FJC is one of them.

- **Community Safety Audit** – interviews, observations, and case file analysis to see any gaps in a system from a victim's position. Conducted by a multi-disciplinary team that then recommends new standardizing practices, such as new rules, policies, procedures, forms, and training.

- **Specialized Dockets** - This practice first emerged in the last decade as ‘drug courts’. It has since expanded to mental health courts and recently domestic violence courts. This should NOT be confused with Family Courts. Specialized dockets are the practice of having one highly trained, highly skilled judge handle all cases of a certain type. In domestic violence this results in closer monitoring of cases and swifter consequences for non-compliance with intervention programs. In preliminary results these courts show high rates of success in reducing and nearly eliminating recidivism.

- **Specialized Enforcement Units** - similar to specialized dockets, although re-dating specialized dockets, this is the practice of assigning all cases of a certain type to specific law enforcement officers. Again, this has the effect of developing strong expertise and swifter response.

- **Protection Orders** - any number of orders issued by a court that direct an offender to discontinue abuse of a victim and provide specific family supports during the pendency of the order.

- **High Risk Lethality Assessment** - the practice of evaluating specific characteristics and patterns in an abusive relationship to determine which are more likely to result in severe injury or death. All DV providers do some level of basic lethality assessment but this definition refers specifically to an evidence based model being implemented in a few states. Jackie Campbell of Maryland is the ranking national expert on the topic and she has written a model called MLAP (Maryland Lethality Assessment Project).

  MLAP gives officers on scene at domestic incidents characteristics to screen for and then directs their interventions for the survivor based on a score. This process is not aimed at interventions with the offender, rather establishing the most effective access to victim services as quickly as possible.

- **Differentiated High Risk Intervention** – Related to High Risk Lethality Assessment, this is the emerging process of developing different interventions based on the level of risk presented in a case. This method acknowledges that some interventions can be less restrictive and less costly while still being effective. The model holds that the most burdensome and most costly interventions should be carefully applied to only the most high risk offenders. Ed LaTessa in Cincinnati Ohio has pioneered this research in the juvenile justice system.
Appendix G
The Role of LCADV in Funding Processes
Following the passage of the Violence Against Women Act and the Family Violence Prevention and Service Act, LCADV, as the federally recognized state domestic violence coalition, was required to partner with the state VAWA and FVPSA Administrators to administer and distribute public funds. As outlined in detail below, state agencies have delegated several advisory and administrative functions relating to the distributions of public funds to LCADV.

The potential advisory and administrative functions to be executed by LCADV are alluded to in the following portion of the LCADV bylaws:

Article II
Section 2.01. Purposes (Powers) of the Coalition. The purposes for which this Coalition is formed are exclusively charitable and educational. The specific and primary purposes are:

C. To advocate for and administer financial support for Member Programs and solicit financial support for LCADV sponsored projects.

The Louisiana Commission on Law Enforcement (LCLE), the state Violence Against Women funds administrator, is required to partner with LCADV. The Violent Crime Control and Law Enforcement Act of 1994, Pub. L. no. 103-322, 108 Stat. 2099 (1994) (Attachment C), provides the following:

SEC. 2002. STATE GRANTS.
(a) GENERAL GRANTS—The Attorney General may make grants to States, for use by States, units of local government, nonprofit nongovernmental victim services programs, and Indian tribal governments for the purposes described in section 2001(b).

(c) QUALIFICATION—Upon satisfying the terms of subsection (d), any State shall be qualified for funds provided under this part upon certification that—

(2) grantees and subgrantees shall develop a plan for implementation and shall consult and coordinate with nonprofit, nongovernmental victim services programs, including sexual assault and domestic violence victim services programs.


LCLE treats LCADV as a district of its Victim Services Advisory Board, additionally, the Executive Director of LCADV serves on the Victim Services Advisory Board. The LCLE STOP Violence Against Women Formula Grant Program Implementation Plan describes the role played by LCADV in funds administration, including the following passages:

II. Description of Planning Process

A. Non-Profit, Non-Governmental Victim Services

The state coalitions, the Louisiana Coalition Against Domestic Violence and the Louisiana Foundation Against Sexual Assault, represent most of the non-profit, non-governmental victim services programs in the state. These non-profit, non-governmental victim service providers receive ninety percent of the thirty percent of the total STOP award dedicated for victim services. The last ten percent of the thirty percent allocated to victim services is allocated to
culturally specific community-based projects. The required victim services allocations are managed on the state level (District 8).

The coalitions negotiated and agreed among themselves to divide their shared allocation amount into sixty percent for domestic violence programs and forty percent for sexual assault programs. Each coalition allocates their share among their member programs based on the coalition’s determination of needs and how each project will address STOP requirements. Determination of needs include consideration of the programs’ service and general population demographics, other funding and resources available to the program, financial and programmatic administration integrity and a subjective evaluation of the situation.

Each coalition advises their member programs of the statutory program purposes, funding eligibility guidelines, pertinent State and Federal guidelines, as well as the funding allocations available to the victim service agencies to combat violent crimes against women programs as outlined in the State’s STOP Implementation Plan.

* * * * *

D. Grant-Making Strategy

Once the State has been awarded funding from OVW, funds are passed through to each entity:

The victim services’ allocation is distributed on a 60/40 split – the Louisiana Coalition Against Domestic Violence receives sixty percent and the Louisiana Foundation Against Sexual Assault receives forty percent. Each Coalition then distributes the allocation amongst their non-profit, non-governmental organization memberships.

The Coalitions notify the victim services organizations of the availability of grant funding and guidelines.

The staff at each of the Districts or Councils, the Coalitions, and LCLE provide direct assistance to the subgrant agencies and work diligently to ensure that these agencies utilize the funds to meet intended goals and objectives, maintain statistics and fiscal records, have a full understanding of reporting requirements, and submit the required reports to LCLE as scheduled (emphasis added).

As noted in the LCLE STOP Violence Against Women Formula Grant Program Implementation Plan, LCADV and the Louisiana Foundation Against Sexual Assault negotiated an agreement for the distribution of the portion of the STOP award dedicated for victims services. This agreement was documented in the attached minutes of the January 15, 1997 meetings of both the LCADV Executive Committee and the LCADV Board of Directors. LCLE adopted this recommendation and has continued to use this funding formula to administer VAWA funds. LCADV continues to manage the distribution of VAWA funds to its Member Programs and to make determinations about the reallocation of residual VAWA funds annually.

The Department of Family and Child Services, the state Family Violence Prevention Services funds administrator, is required to partner with LCADV. The Family Violence Prevention and Services Act (FVPSA), 42 U.S.C. 10410, et seq. (2003), provides the following:

The Secretary shall award grants for the funding of State domestic violence coalitions. Such coalitions shall further the purposes of domestic violence intervention and prevention through activities, including participate in planning and monitoring of the distribution of grants and grant funds to their State under section 10402(a) of this title.

SEC. 307. STATE APPLICATION

(a) APPLICATION.—

(1) IN GENERAL.—The chief executive officer of a State seeking funds under section 306(a) or a tribally designated official seeking funds under section 309(a) shall submit an application to the Secretary at such time and in such manner as the Secretary may reasonably require.

(2) CONTENTS.—Each such application shall—

(D) in the case of an application submitted by a State, provide an assurance that the State will consult with and provide for the participation of the State Domestic Violence Coalition in the planning and monitoring of the distribution of grants to eligible entities as described in section 308(a) and the administration of the grant programs and projects (emphasis added).


Additionally, coalitions are required by FVPSA to provide determination to the state of which entities are eligible for funding. This is achieved in Louisiana through the COQA process. The Coalition also typically participates in an initial review of grant applications with DCFS staff. Throughout the year the coalition communicates with member programs about invoicing and payment processes and advocates to DCFS for efficiencies in those processes. Additionally, the coalition is involved in any state planning discussions about the distribution of funds.

DCFS as the Program Administrator for FVPSA funds is required by federal law to attest every year that they consult with and provide for the coalition to be involved in the planning and monitoring of distribution of grant funds.

LCADV is statutorily required to assist in the administration of VAWA and FVPSA funds, as described in detail above.
Appendix H
COQA Overview of Process and Forms

First is a standards checklist. This is simply a working form that summarizes the standards in an easy to read format so that you can review them and use it to monitor yourself internally. It is an optional worksheet. You are never required to turn it in.

Next there is a copy of the self-study document. The self-study format used to be open to your interpretation. You are now required to fill in this form for your self-study. If you did not have one in the last year and have one coming up in the next year feel free to get started by filling this in as you have time. Self-studies are due in the fall, October or November generally.

Next, there is a List of Documents. You are to create a binder that has 10 tabs, one for each section of the standards. For every standard that requires a policy or form you put the form in the corresponding section. Use the Document List in the front of the binder as a Table of Contents. This will be due around the time of your self-study, before your site visit.

Next, there is blank copy of a COQA rating form. After a site visit the COQA committee meets and reviews the results of the self-study, site visit and document review and fills in the results on this form. Each section is given a score, either 1, 2, or 3 and the total is divided by 10, giving you a total score. Anything 1.75 and above is considered in compliance. The importance of this form is that you can tell it allows for you to not be perfect and still be in compliance with the standards. As we all know, in agencies this complicated, there will always be some fixes that could be made. The process does not demand perfection, but it requires a basic standard of competency.

Site visits are conducted in January and February. The COQA report typically comes to you about 30 days after your site visit, however, you do not have to wait for the form to begin making corrections. You can work on anything the committee has mentioned on the visit and call the coalition and talk to the staff member who was on your visit and they can give you details about what to start working on. Also, they can give you technical assistance in answering questions or schedule trainings you may need. Always call the Training Coordinator and if she cannot help you she will direct you to the staff person who can.

After you get your COQA report you will have 30 days to complete an ‘action plan’. There is no required format for that but we have provided here an example you can use. You are expected to have as many corrections as possible actually completed, not just planned for, by the end of that 30 day time frame. I realize there may be things like training that you cannot get in within the 30 days. You should have them scheduled and they should be occurring within a few weeks of the end of the corrective action plan.

Because the coalition is the federally designated technical assistance and training provider I would encourage you to consult with us along the way. Include coalition assistance and training heavily in your corrective action plan.
FVPSA
42 U.S.C. 10401
The Family Violence and Prevention Services Act
A federal law administered by the Federal Dept. of Health and Human Services.
It provides funding and regulations for service providers and outlines the roles and responsibilities of the state and the coalition.

Key Components include: required collaboration between state and coalition in determining who is eligible for funding, as well as planning and monitoring of distribution of grants. Also specifies work of the coalition to include training and technical assistance.

COQA
Committee on Quality Assurance
This is the process Louisiana uses to comply with FVPSA and the Louisiana Quality Assurance Standards for domestic violence service providers. It is a collaboration of the coalition and state that allows a team to visit agencies to determine whether federal regulations are followed and inform who is eligible for funding, what the distribution of funds might be and assist in monitoring that distribution.

Key Components include;
Self-Study
Document Review
Site Visit
COQA Report and Rating
Corrective Action Plan

STATE OF LOUISIANA
Dept. of Child and Family Services
Uses COQA process and documents to inform funding plan

Louisiana Coalition Against Domestic Violence
Uses COQA process and documents to determine membership status
<table>
<thead>
<tr>
<th>EVENT</th>
<th>GENERAL TIME FRAME</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Studies and Document Binders Due</td>
<td>Last Week of October</td>
<td>Items turned in to DCFS who distributes them to the COQA Team. Team reads SS individually between now and first week of December.</td>
</tr>
<tr>
<td>Team Meets to Craft SS Questions</td>
<td>First Week of December</td>
<td>Team will also approve final site visit dates and attendees at this meeting. Whenever possible those dates should be proposed prior to this meeting.</td>
</tr>
<tr>
<td>SS Questions Sent to Providers</td>
<td>Second Week of December</td>
<td>By DCFS Staff</td>
</tr>
<tr>
<td>Site Visits</td>
<td>January &amp; February</td>
<td>LCADV follows up after site visits to assist agencies to begin corrections and CAPS immediately</td>
</tr>
<tr>
<td>COQA Team Meets to Write QA Reports</td>
<td>First Week of March</td>
<td></td>
</tr>
<tr>
<td>QA Rating Document Sent to Providers</td>
<td>Second Week of March</td>
<td>By DCFS Staff</td>
</tr>
<tr>
<td>Corrective Action Plans Due to DCFS from Providers</td>
<td>30 Days After QA Rating Document Received (April)</td>
<td>LCADV gives Technical Assistance and instructions to the providers about how to write CAP</td>
</tr>
<tr>
<td>Letter from DCFS to Providers Accepting or Correcting CAP</td>
<td>Within 30 days of DCFS receipt of CAP (late April)</td>
<td>DCFS Staff and LCADV Staff meet and review CAPS to determine if they are accepted or what corrections are needed.</td>
</tr>
<tr>
<td>Corrected CAPS Due From Provider to DCFS</td>
<td>2 weeks after DCFS letter rejecting CAP (Mid May)</td>
<td>Rejected CAPS must be corrected and returned to DCFS</td>
</tr>
<tr>
<td>Corrections must be completed</td>
<td>Within 45 days of accepted CAP (July 1)</td>
<td>LCADV works with agencies to make corrections and provides periodic reports to DCFS on progress of corrections by providers. In the event a provider is unwilling or unable to make changes at an acceptable pace DCFS and LCADV staff will hold additional meetings with the program to implement deadlines and requirements on a case by case basis.</td>
</tr>
<tr>
<td>Long Term Corrections</td>
<td>July – November</td>
<td>The COQA Team understands some corrections will take longer than 45 days. Whenever possible a program should be working to prep for a visit by asking LCADV staff for pre-visit consultation. Additionally, programs should begin any known corrections, with the help of the coalition, immediately after the site visit. This expands the time allotted for corrections to several months so that as many corrections as possible can be made prior to the start of the contract.</td>
</tr>
</tbody>
</table>
**COQA Process**

- **October**
  - Self Study & Documents Due
  - DCFS, LCADV, & Peers review for pre-visit questions.

- **December**
  - Self Study Questions Sent to Programs
  - DCFS & LCADV finalize questions.
  - DCFS distributes questions.

- **January & February**
  - Site Visits
  - DCFS, LCADV, & Peers attend each visit.

- **March**
  - COQA Reports
  - DCFS, LCADV, & Peers review site visit results.
  - DCFS writes & distributes final COQA report.

- **April**
  - Corrective Action Plans Due
  - DCFS & LCADV review for acceptance, rejection, or further corrections.
  - DCFS issues formal finding.

- **May**
  - Applications for Funding Due
  - DCFS & LCADV review.

- **June**
  - Awards Issued
  - DCFS DV program staff make preliminary award recommendations. Economic Stability supervisor, Deputy Asst. Secretary, Asst. Secretary review, amend and approve awards. Secretary makes final approval of awards.

- **July**
  - Second Corrective Action Plan Review
  - DCFS & LCADV review for acceptance, rejection or further corrections.

- **August – October**
  - Follow-up Site Visits
  - DCFS & LCADV conduct follow-up site visits if needed.
SECTION ONE: GOVERNANCE

GUIDING PRINCIPLES
Family violence programs have a clear governance structure in place. A governing board establishes policy, identifies need, develops a strategy to address needs, and evaluates the effectiveness and efficiency of the organization at the state and local levels. The roles of the governing body and the executive or program director are clearly differentiated; staff does not govern and the governing body does not administer the day-to-day activities. The governing authority designates a program or executive director who manages the program, staff, and volunteers.

<table>
<thead>
<tr>
<th>STANDARD 1</th>
<th>The purpose of the program is clearly stated and is compatible with the philosophy of the Dept. of Children and Family Services (DCFS).</th>
<th>Source/Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 1.1</td>
<td>The program functions in accordance with its stated purpose.</td>
<td>DCFS Contract Requirement</td>
</tr>
<tr>
<td>Practice 1.2</td>
<td>The program has documentation of its authority to operate under State law. The program will have either a charter, partnership agreement, constitution, articles of incorporation, or by-laws.</td>
<td>Title 26 CFR 1.501 (c)(3)-1</td>
</tr>
<tr>
<td>Practice 1.3</td>
<td>The program informs designated representatives of DCFS prior to initiating any substantial changes in the program, services or physical plant.</td>
<td>Louisiana RS 12:24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD 2</th>
<th>The program has a designated governing authority.</th>
<th>Source/Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 2.1</td>
<td>Members of the governing authority and any advisory body are chosen to assure diversity, a broad base of knowledge, and participation in the governance of the program. There is a rotation mechanism to ensure a balance of new and seasoned members.</td>
<td>Louisiana RS 12:224</td>
</tr>
<tr>
<td>Practice 2.2</td>
<td>Program documents identify the governing body's addresses, their terms of membership, the officers, and the officers' terms.</td>
<td>Louisiana RS 12:224</td>
</tr>
<tr>
<td>Practice 2.3</td>
<td>The governing authority maintains written minutes of formal meetings. By-laws specify frequency of meetings and quorum requirements.</td>
<td>Louisiana RS 12:224</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD 3</th>
<th>The governing authority is accountable for the family violence program.</th>
<th>Source/Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 3.1</td>
<td>The governing authority establishes policies for the efficient and effective operation of the program.</td>
<td>Louisiana RS 12:224</td>
</tr>
<tr>
<td>Practice 3.2</td>
<td>The governing authority ensures the program's compliance with its charter and</td>
<td>LANO Resource Model</td>
</tr>
</tbody>
</table>

Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence |
SECTION TWO: DCFS CONTRACT REQUIREMENTS

GUIDING PRINCIPLES
The DCFS requires that all family violence programs meet basic legal and contractual obligations and specify these obligations in the contract. These standards are not inclusive of all the requirements under the contract. The contract will contain a mandatory provision for compliance with DCFS quality assurance standards. See R.S. 46:2124. Community Shelters; funding: services; and R.S. 46:2127. Programs for victims of family violence; administration; and R.S. 46:2128. Eligibility requirements for local family violence programs - in the legal section of the appendices.

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

Louisiana RS 12:225

Practice 3.4 The program or executive director administers day-to-day activities in accordance with these standards and guidelines, and directs the staff in implementing these activities to fulfill the program’s purpose.

Louisiana RS 12:225

Practice 3.5 The governing body and the executive or program director establish relevant goals, objectives, and plans for service delivery management.

Louisiana RS 12:225

Practice 3.6 The program is registered with the Secretary of State and shows compliance with that agency’s annual reporting requirements.

Louisiana RS 12:235

Standard 4 The legal structure of the program permits it to enter into contract with the state and to abide by federal statutes and regulations.

Practice 4.1 The program agrees to abide by the requirements of the following as applicable to employees, volunteers, and survivors: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974; Title IX of the Education Amendments of 1972; the Age Act of 1972; and the contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.

These regulations require that the program act as an equal opportunity employer. The program shall not discriminate against anyone seeking employment on the basis of age, sex, race, color, disability, national origin, religion, veteran status, marital status, sexual orientation, abuse status (i.e. battered or formerly battered).

Omnibus Crime Control and Safe Streets Act 1968 42 (U.S.C.) 3789 (d)
Title VI of the Civil Rights Act of 1968
Section 1407 of the Victims of Crime Act
Equal Opportunity Act of 1972
Federal Executive Order 11246
Federal Rehabilitation Act of 1973
Vietnam Era Veteran's Readjustment Assistance Act of 1974
Title IX of Education Amendments of 1972
Americans with Disabilities Act of 1990
Program employees do not discriminate in the provision of services or use of volunteers on the basis of any status described above. No program discriminates or retaliates against any employee who exercises her/his rights under any Federal or State anti-discrimination law.

| Practice 4.2 | The program acknowledges DCFS as a funding agent on its program stationery and written material and when providing information about the program. | DCFS Contract requirement |
| Practice 4.3 | The program does not use DCFS funds as direct payment to survivors or dependents. | FVPSA 42 (U.S.C. 10401) Section 308 (d)(1) |
| Practice 4.4 | The program does not accept reimbursement from survivors of domestic violence. All advertising states that services to battered women and their children are free and confidential. | FVPSA 42 (U.S.C. 10401) Section 306 (c) (3) |
| **Standard 5** | **The program provides services and insurance required in the contract.** |  |
| Practice 5.1 | These services include but are not limited to emergency shelter or referrals, 24-hour hotline, supportive services, crisis, peer, educational and domestic violence counseling. | FVPSA 42 (U.S.C. 10401) Section (308)(b)(1)(A-H) |
| Practice 5.2 | The program secures insurance that covers general and professional liability. Staff members who conduct program business using their own vehicles should have appropriate coverage. Staff and volunteers who transport survivors and their families should also maintain appropriate coverage. | VOCA Program Requirement on Bond |
| **Standard 6** | **The program maintains accurate records and reports for review.** |  |
| Practice 6.1 | The program submits accurate and timely reports and budget revisions in the required manner. | VOCA-Office of Justice Programs Financial Guide-Audit Requirement |
| Practice 6.2 | The program retains books, records or other documents relevant to its contract for at least four years after final payment. | VOCA-Office of Justice Financial Programs Guide-Audit Requirement |
| Practice 6.3 | The program obtains an annual audit within six months of ending its fiscal year and submits it to DCFS within 30 days of audit issuance. | Louisiana RS 12:223 DCFS Contract Requirement |

**SECTION THREE: SOCIAL CHANGE**

**GUIDING PRINCIPLES**

The program works to create an effective community response to the issue of family violence with a two-pronged approach: advocacy and education. Advocacy efforts seek to ensure that survivors, their children, and those at risk of family violence are protected and treated compassionately. Through community education, the program attempts to create an effective response system to family violence and to change cultural attitudes and institutional practices that perpetuate violence.
Standards can only address, however, the practices for which the program can be accountable. The program cannot be held accountable for whether a social change occurs. The program can and will be held accountable for its efforts to educate and advocate in the hope that change will result.

<table>
<thead>
<tr>
<th>STANDARD 7</th>
<th>The program takes a leadership role in the community in identifying and addressing needs of family violence survivors and their children.</th>
<th>VAWA 1994 State Grant Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 7.1</td>
<td>The program identifies those systems and organizations throughout its service area that affect the prevention and treatment of family violence.</td>
<td>FVPSA 42(U.S.C. 10401) Section 311(d)(4-6) VAWA 1994 State Grant Provision</td>
</tr>
<tr>
<td>Practice 7.2</td>
<td>The program evaluates the practices of those systems and organizations to determine which are harmful or ineffective.</td>
<td>FVPSA 42(U.S.C. 10401) Section 311(d)(4-6) VAWA 1994 State Grant Provision</td>
</tr>
<tr>
<td>Practice 7.3</td>
<td>The program prioritizes the community systems, organizations and institutions that need to be impacted first and develops a written plan that defines strategies to: change harmful or ineffective practices; reinforce helpful practices; and intervene where there are no established practices or policies. The governing authority reviews and adopts the written plan annually. The plan could be developed in collaboration with a local coordinating council or task force.</td>
<td>FVPSA 42(U.S.C. 10401) Section 311(d)(7) VAWA 1994 State Grant Provision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD 8</th>
<th>The program conducts public education sessions targeted to personnel employed by community systems organizations.</th>
<th>FVPSA 42(U.S.C. 10401) Section 311(d)(7) VAWA 1994 State Grant Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 8.1</td>
<td>The program attempts to change institutional practices that place survivors at risk of falling victim to new or continued family violence.</td>
<td>FVPSA 42(U.S.C. 10401) Section 314(g)(3)(D) VOCA-Sub recipient Organization Eligibility Requirement</td>
</tr>
<tr>
<td>Practice 8.2</td>
<td>The program works collaboratively with those community systems that help family violence survivors establish safe and independent lives.</td>
<td>FVPSA 42(U.S.C. 10401) Section 314(g)(3)(D) VOCA-Sub recipient Organization Eligibility Requirement</td>
</tr>
</tbody>
</table>

**SECTION FOUR: ETHICS AND CONFIDENTIALITY**

**GUIDING PRINCIPLES**

Staff and volunteers of the family violence program (including Boards of Directors and Advisory Boards) maintain the highest ethical standards in all areas of the organization's performance and in program implementation. Confidentiality must be guaranteed so that the program can deliver assistance to family violence survivors in an empowering, non-blaming way. The program implements methods for determining the extent of danger and develops proper ways to prepare for the future safety of family violence survivors. See R.S. 46:2124.1. Privileged communications and records and a provision in the federal Family Violence Prevention and Services Act - 42 U.S.C. 10402(a)(2)(E); also Section 40002 of the Violence Against Women and Department of Justice Re-authorization Act of 2005, PL 1009-162, sub-paragraph (b)(2) Non-disclosure of confidential or private information and Section 40002(a)(18) Personally Identifying Information or Personal Information.
<table>
<thead>
<tr>
<th>Standard 9</th>
<th>The program abides by an accepted code of ethics that ensures excellence in service delivery and professionalism among family violence advocates when working with survivors and when representing the program.</th>
<th>Louisiana Administrative Code Title 46:XXV-LPC Louisiana Administrative Code Title 46:LX-LCSW Louisiana Administrative Code Title 46: LXIII-Psychologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 9.1</td>
<td>The program develops its own code of ethics. Professional staff may be obligated to follow the code of ethics of associations in which they hold membership.</td>
<td></td>
</tr>
<tr>
<td>Practice 9.2</td>
<td>The program has a written policy that prohibits it from entering into any agreement involving the payment of public funds,  ■ to any member of the governing body or staff, or  ■ to members of their immediate family as defined in Practice 9.3, or  ■ to anyone living in the household as a family member, or  ■ to any entity in which the foregoing have any direct or indirect financial interest, or  ■ in which any of the foregoing serve as an officer or employee, unless the services or goods are provided at a competitive cost or under terms favorable to the program. The program maintains written records of any and all financial transactions in which a member of the governing body, staff, or their immediate family involved.</td>
<td>Article VII, Section 14 of the Louisiana Constitution of 1974</td>
</tr>
<tr>
<td>Practice 9.3</td>
<td>The program has a written nepotism policy, this is, a policy that prohibits the employment of immediate family members in direct supervisory relationships. Immediate family is defined as follows: husband, wife, father, father-in-law, mother, mother-in-law, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, grandfather, grandmother, or significant other. This definition includes anyone living in the household as a family member.</td>
<td></td>
</tr>
<tr>
<td>Practice 10.1</td>
<td>Under no circumstances will the receipt of services be contingent on attendance at religious services or adherence to particular religious beliefs or practices.</td>
<td></td>
</tr>
<tr>
<td>Practice 10.2</td>
<td>Staff who work directly with survivors are encouraged to be aware of the survivor as a whole person. Staff will include the survivor's spiritual as well as physical, mental, and emotional well-being as a necessary part of their</td>
<td></td>
</tr>
<tr>
<td>Standard 11</td>
<td>When the program finds it necessary to keep the location of its shelter or other facility(ies) confidential, the following practice applies.</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| Practice 11.1 | The program employees and volunteers are prohibited from disclosing information regarding the location of those facilities except in the following specific cases:  
A. To medical, fire, police personnel or agencies, when their presence is necessary to preserve the health and safety of survivors, employees, or volunteers at the facility.  
B. To vendors and others with whom programs have business relationships. The executive or program director or designee ensures that written agreements are executed by representatives of such businesses pledging to keep the location of the facility confidential.  
C. To any other person when necessary to maintain the safety and health standards in the facility. The executive or program director or designee may disclose the location of the confidential facility for the purpose of official fire inspections, health department inspections, and other inspections and maintenance activities necessary to assure safe operation of the facility.  
D. To supportive individuals of a shelter resident who have been approved as a part of case management, who have been prescreened by staff, and who have signed an agreement to keep the address and location of the facility confidential. Staff ensures that the individual's presence at the facility does not violate the confidentiality of other shelter residents at the facility. |
| Standard 12 | The program treats as confidential written information about survivors. |
| Practice 12.1 | Records on survivors are kept in locked files to assure confidentiality. |
| Practice 12.2 | Employees and volunteers are prohibited from releasing written information about survivors to other employees and volunteers of the same family violence program except in the event of a specific need-to-know. A staff |

Victims of Crime Act 42 (U.S.C. Section 10601-10604)  
VAWA Public Law 109-162, Section 3  
FVPSA 42 (U.S.C.10402) (a) (2) (e)  
Title 42 CFR Part 2  
Housing Assistance ESG-42 U.S.C. 11375 (c) (5)  
Louisiana RS 46:2124.1
<table>
<thead>
<tr>
<th>Standard 13</th>
<th>Employees and volunteers are prohibited from disclosing survivor information to outside sources except in very limited circumstances.</th>
</tr>
</thead>
</table>
| Practice 13.1 | Confidential information may be released after a survivor signs a statement authorizing the release. The survivor should be informed about:  
A. To whom the information will be released (name of person or agency);  
B. A date by which the information will be forwarded to the person or entity to whom it will be released;  
C. The purpose for which information is being released to this person or entity;  
D. The specific information that will be released;  
E. The right to withdraw permission at any time. |

**FVPSA 42 (U.S.C. 10401) Section 306 (5) (c)**

| Standard 14 | Program staff and volunteers will report information about any suspected abuse or neglect of a child or dependent adult according to the Louisiana Child & Adult Protection statues. (See Appendix: Louisiana’s Children’s Code Article 603 Definitions, subparagraph (13) “Mandatory reporter” language; Article 609 regarding mandatory and permitted reporting; and Article 610 regarding the reporting procedure to be utilized – all regarding the abuse or neglect of children. See also Article 611 regarding immunity from civil and criminal liability as well as Article 612 which describes the assignment of reports regarding child abuse and neglect for investigation and assessment; see also Article 615 regarding the disposition of reports in response to allegations of child abuse or neglect. See also R.S. 14:403.2 regarding the abuse and neglect of dependent or disabled adults.) |

**Louisiana RS. 14:403.2**

| Practice 14.1 | Regardless of a person’s status as a family violence survivor, staff and volunteers are required to report suspected abuse of a child or dependent adult. |

| Practice 14.2 | After the filing of a program-initiated abuse report, family violence staff must cooperate with the Child or Adult Protective Services regarding the investigation of the abuse report. This includes assisting the protective services staff in gaining access to the survivor and child(ren) in a manner that maintains the confidentiality of the non-reported survivor receiving services from the family violence program. |
| Practice 14.3 | This, however, does not compel the following:  
| | A. Violating the confidentiality of survivor/children who are not named in the abuse report as a victim or perpetrator of the abuse reported  
| | B. Releasing information not directly relevant to the reported abuse |  
| Standard 15 | Program staff is under no legal obligation to violate the confidence of a child. | Louisiana CHC: 412 |  
| Practice 15.1 | An exception exists for the reporting of suspected child abuse and neglect or when a child is assessed to be a danger to her/himself or others. | Louisiana CHC: 616 |  
| Standard 16 | Program staff and volunteers can release confidential information about a survivor during a medical emergency or if a fire occurs. | Best Practices—“Victim Confidentiality Considerations For Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency Situations” 2010 The Confidentiality Institute and National Network to End Domestic Violence-Julie Kunce Field |  
| Practice 16.1 | Released information is relevant to the preservation of the health of an adult survivor or a survivor’s minor child in the event the survivor is not able to authorize the release or the survivor cannot be found in a timely manner. |  
| Practice 16.2 | Released information is limited to the medical emergency. |  
| Practice 16.3 | Released information is limited to the medical personnel or institution treating the adult survivor or minor child. |  
| Standard 17 | Program staff competently assesses whether disclosure of confidential information is appropriate if the survivor makes a threat of harm to self or others. | Tarasoff v. Regents of University of California, 17 Cal.3d 425 |  
| Practice 17.1 | Under these circumstances confidential information can be disclosed to  
| | A. licensed medical or mental health personnel or facilities;  
| | B. law enforcement personnel;  
| | C. an intended victim;  
| | D. the parent(s) of the minor child making the threat. |  
| Practice 17.2 | Information released must be relevant to the threatening situation. |  
| Standard 18 | Program staff responds appropriately to search and arrest warrants when the law enforcement personnel presenting such warrants have authority to do so in that particular geographic jurisdiction. | Best Practices-The Battered Women’s Justice Project “Confidentiality: An Advocate’s Guide”-Julie Kunce Field |  
| Practice 18.1 | Family violence program employees and volunteers release otherwise confidential information in specific circumstances:  
| | A. When law enforcement personnel with authority to act in that particular geographic jurisdiction present a criminal arrest warrant that names the individual and alleges that the individual is located at the program or its street address.  
| | B. When law enforcement with authority to act in that particular |  


| Standard 19 | The statutorily protected privilege of confidentiality belongs to survivors, who have a right to know if legal documents have been issued that are addressed to or about them. Staff does not reveal that a survivor is in shelter or otherwise receiving program services. | Best-Practices-The Battered Women’s Justice Project “Confidentiality: An Advocate’s Guide”-Julie Kunce Field |
| Standard 20 | The program handles subpoenas in a manner that protects the confidentiality of all survivors. | Best-Practices-The Battered Women’s Justice Project “Confidentiality: An Advocate’s Guide”-Julie Kunce Field |
| Practice 20.1 | The executive or program director or designee of each family violence program is the only person authorized to respond to subpoenas for a program employee, former employee, volunteer, or survivor. Should a process server present him/herself at the family violence program, he/she is directed to the administrative offices where the executive or program director or designee may be found. Identity of the shelter location cannot be confirmed to the process server. | |
| Practice 20.2 | Regardless of the type of subpoena and regardless of whether the subpoena is for an appearance at a deposition or court, or for the production of documents/records, the executive or program director or her designee should advise whoever issued the subpoena of the provisions of the La. R.S. 46:2124.1, which is the privileged communications and records statute for family violence programs. | |
| Practice 20.3 | If a survivor who is residing in the shelter has not given written permission for the program staff or volunteers to acknowledge that she is a resident of that shelter specifically for civil service of process purposes, the executive or program director or her designee will advise the process server that the identity of the shelter residents is confidential by law, but that, in an effort to be of assistance, she will:  
A. Obtain the name of the person to whom the document is directed;  
B. Document the type of subpoena being served, i.e., subpoena for deposition, subpoena duces tecum, subpoena to appear at a court hearing, etc;  
C. Obtain the name and telephone number of person requesting the subpoena (attorney, judge);  
D. Obtain the date, time, and place to appear; | |
<table>
<thead>
<tr>
<th>Standard 21</th>
<th>The executive or program director or designee is the only person authorized to respond to civil child custody orders, custody papers, “child pick-up” orders, service of process and other law enforcement documents.</th>
<th>Best Practices-The Battered Women’s Justice Project “Confidentiality: An Advocate’s Guide”-Julie Kunce Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 21.1</td>
<td>These documents do not in and of themselves present grounds for violation of survivor confidentiality. Any such order or document must be accompanied by a criminal arrest warrant or a search warrant designating the family violence program as the location to be searched and a description of who or what the search is authorized to produce.</td>
<td></td>
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<tr>
<td>Practice 21.2</td>
<td>The executive or program director or her designee should not respond to an attempt to serve a resident of a shelter with any type of civil process (custody order, custody papers, etc.), unless the resident has given specific written permission to the program to acknowledge her status as a resident for service of process purposes. If the resident has given such permission, find her so that she may be served.</td>
<td></td>
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<tr>
<td>Practice 21.3</td>
<td>If a survivor who is residing in a shelter has not given written permission for the program staff or volunteers to acknowledge that she is a resident of that shelter specifically for civil service of process purposes, the executive or program director or her designee shall act in accordance with the procedure established in Practice 20.3, above.</td>
<td></td>
</tr>
<tr>
<td>Practice 22.1</td>
<td>In the event of the attempted enforcement of a civil involuntary commitment order, staff, while maintaining privilege, makes every attempt to identify the name of the person trying to serve the order and any other relevant information. Staff then notifies the named survivor(s), when possible, of the order and the additional information.</td>
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<tr>
<td>Standard 23</td>
<td>The program maintains confidentiality of records after the person is deceased.</td>
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<tr>
<td>Practice 23.1</td>
<td>Records of the deceased person belong to the family violence program and programs are under no legal obligation to release them.</td>
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</table>
Practice 23.2 Programs have no legal authority to release records unless ordered by a judge or if the deceased person has signed a release prior to her death. If, however, breaching confidentiality would assist in the prosecution of the perpetrator of violence, the executive or program director or a designee shall seek the counsel of an attorney prior to releasing information.

SECTION FIVE: PROGRAM ADMINISTRATION AND COMMUNITY RELATIONS

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

PROGRAM ADMINISTRATION

<table>
<thead>
<tr>
<th>Standard 24</th>
<th>The program is administered in accordance with applicable professional, ethical, and legal principles.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 24.1</td>
<td>Staff is responsible for implementing activities that reflect the program's policies.</td>
</tr>
<tr>
<td>Practice 24.2</td>
<td>The program maintains an internal structure for efficient and effective administration.</td>
</tr>
<tr>
<td>Practice 24.3</td>
<td>The program identifies the area and population it serves in its brochures and reports.</td>
</tr>
<tr>
<td>Practice 24.4</td>
<td>The organization measures the efficiency and effectiveness of its management function.</td>
</tr>
<tr>
<td>Practice 24.5</td>
<td>Service statistics are maintained and used in accordance with acceptable practices.</td>
</tr>
<tr>
<td>Practice 24.6</td>
<td>The program develops and implements a grievance policy whereby survivors may formally challenge the availability, timeliness, or quality of program services.</td>
</tr>
<tr>
<td>Practice 24.7</td>
<td>Confidential, written records of services provided by staff members, and/or volunteers are maintained. These records indicate the types of services provided; the individual or family to whom services were provided, the dates of service provision, the content and outcome of the interaction(s); the staff and/or volunteer providing the service(s); and provisions for future or on-going services.</td>
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<td></td>
<td>Louisiana RS 12:225</td>
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<td>DCFSC Contract Requirement</td>
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<td></td>
<td>LANO Resource Model</td>
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<td></td>
<td>Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
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<tr>
<td></td>
<td>DCFSC Contract Requirement</td>
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<td>VAWA 2005 Public Law 109-162 Section 3</td>
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</tbody>
</table>
SECTION SIX: FACILITY MANAGEMENT

GUIDING PRINCIPLES

These standards encompass the overall practices and procedures that the program employs to ensure that the facility and grounds that the program rents or owns are appropriately accessible, functional, attractive, safe, and secure for the persons served, visitors, employees and volunteers. They ensure that the program meets legal requirements and codes for public safety and public health.

Standard 26 The program adheres to all applicable zoning, building, fire, health and safety codes and laws of the State and of the community in which the organization is located. Programs are annually monitored by the Office of Public Health and the State Fire Marshall.

Practice 26.1 Relevant goals, objectives, and plans are established for building and grounds.

Practice 26.2 Policies for the management of facilities are comprehensive and practical.

Practice 26.3 The program uses designated personnel to implement its policies and procedures relative to facilities.

Practice 26.4 The program conducts regular comprehensive evaluations to measure the efficiency and effectiveness of the operations and maintenance of buildings and grounds.

Practice 26.5 Traditional, multifamily, and single family shelters have monitored security,
which may be an electronic security system, security cameras, security guards, or on-site police or sheriff protection.

### SECTION SEVEN: FINANCIAL MANAGEMENT AND FUND DEVELOPMENT

#### GUIDING PRINCIPLES
The governing body adopts and the executive or program director implements comprehensive budgets in accordance with acceptable practices. Regular internal and external reports and audits based on generally accepted accounting practices form the foundation for prudent management of capital, endowment, and operating income and expenses. The governing body ensures financial accountability and use of the bulk of the program's resources to meet service needs.

#### FINANCIAL MANAGEMENT

<table>
<thead>
<tr>
<th>Standard 27</th>
<th>LANO Resource Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>The governing body in conjunction with the executive or program director establishes relevant goals, objectives, and plans for financial management and long-term financial stability.</td>
<td>Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
</tr>
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<table>
<thead>
<tr>
<th>Practice 27.1</th>
<th>LANO Resource Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>The governing body continuously reviews and analyzes its financial position.</td>
<td>Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
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<thead>
<tr>
<th>Practice 27.2</th>
<th>LANO Resource Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program staff or financial consultants prepare statements that clearly and fairly present the organization’s financial position.</td>
<td>Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Practice 27.3</th>
<th>LANO Resource Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>The governing body adopts and regularly reviews salary range schedules and adheres to minimum wage laws.</td>
<td>Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Standard 28</th>
<th>LANO Resource Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial management is conducted in accordance with applicable professional, ethical, and legal principles. Policies for financial management are comprehensive and practical.</td>
<td>Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Practice 28.1</th>
<th>DCFS Contract Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally accepted accounting procedures and practices are implemented as required by the terms of the DCFS contract.</td>
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<table>
<thead>
<tr>
<th>Practice 28.2</th>
<th>LANO Resource Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>The executive or program director and/or the governing body employs or contracts with designated and appropriately qualified personnel to implement its policies and procedures for financial management.</td>
<td>Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
</tr>
<tr>
<td>Practice 28.3</td>
<td>The program provides bonding of staff responsible for financial resources.</td>
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<tr>
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</tr>
<tr>
<td>Standard 29</td>
<td>The program conducts a fund development program that secures sufficient funds to cover its operating and capital needs.</td>
</tr>
<tr>
<td>Practice 29.1</td>
<td>The governing body initiates and actively supports comprehensive and practical fund development efforts.</td>
</tr>
<tr>
<td>Practice 29.2</td>
<td>The program has goals and objectives that address long and short range fund development plan.</td>
</tr>
<tr>
<td>Practice 29.3</td>
<td>The program comprehensively evaluates and funds development programs to measure practicality, efficiency, and effectiveness.</td>
</tr>
<tr>
<td>Practice 29.4</td>
<td>Fund development is conducted in accordance with applicable professional, ethical, and legal practices.</td>
</tr>
<tr>
<td>Practice 29.5</td>
<td>The program uses designated personnel to implement its policies and procedures for community relations and financial development.</td>
</tr>
<tr>
<td>Practice 29.6</td>
<td>The program follows acceptable practices for public disclosure.</td>
</tr>
</tbody>
</table>

**SECTION EIGHT: STAFF AND VOLUNTEER MANAGEMENT**

**GUIDING PRINCIPLES**

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

<table>
<thead>
<tr>
<th>Standard 30</th>
<th>The program institutes comprehensive, practical personnel policies and administers them in accordance with applicable professional, ethical, and legal principles.</th>
<th>LANO Resource Model&lt;br&gt;Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 30.1</td>
<td>A comprehensive manual containing all personnel policies is maintained, kept current, and made available to all staff.</td>
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<tr>
<td>Practice 30.2</td>
<td>The personnel policies provide for job classification, leave, and benefits that are designed to attract and retain qualified staff.</td>
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<tr>
<td>Practice 30.3</td>
<td>A written employee grievance policy is provided.</td>
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<tr>
<td>Standard 31</td>
<td>The program employs and authorizes staff sufficient to ensure that the responsibilities the program undertakes are adequately carried out.</td>
<td>LANO Resource Model&lt;br&gt;Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
</tr>
<tr>
<td>Practice 31.1</td>
<td>The program establishes and keeps current written qualifications and comprehensive job descriptions for all positions and employs persons who meet or exceed these qualifications.</td>
<td></td>
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<tr>
<td>Practice 31.2</td>
<td>The program recruits a diverse staff reflective of the community and geographic area where the program is located.</td>
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<tr>
<td>Practice 31.3</td>
<td>The program follows acceptable practices for recruiting, hiring and assigning staff. Responsibility for hiring is clearly defined.</td>
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<tr>
<td>Practice 31.4</td>
<td>The program conducts comprehensive performance evaluations to measure the efficiency and effectiveness of staff administration.</td>
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<tr>
<td>Practice 31.5</td>
<td>The program follows acceptable practices in terminating employees. Responsibility for terminating employees is clearly defined.</td>
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<tr>
<td>Practice 31.6</td>
<td>The program maintains a comprehensive confidential personnel record for each staff member.</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 32</strong></td>
<td><strong>The program follows clearly defined screening practices that serve to protect the program and its clientele.</strong></td>
<td>Louisiana R.S. 15:587</td>
</tr>
<tr>
<td>Practice 32.1</td>
<td>Employers, staff, or others responsible for the actions of one or more persons who have been given or have applied to be considered for a position of supervisory or disciplinary authority over children, with the permission of said person, will have a criminal history records check conducted. (See R.S. 15:587.1 Provision of information to protect children and R.S. 15:587.3 Volunteers and employees in youth-serving organizations; background information)</td>
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</tr>
<tr>
<td><strong>Standard 33</strong></td>
<td>The program uses acceptable practices in providing for orientation, training, and debriefing of staff.</td>
<td>LANO Resource Model Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence</td>
</tr>
<tr>
<td>Practice 33.1</td>
<td>Experienced staff accompany new employees at all times and they are not given sole responsibility for working with survivors until orientation is complete.</td>
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<tr>
<td>Practice 33.2</td>
<td>As a minimum, forty (40) hours of family-violence training is required during the first year of employment. Thereafter, all staff will have a minimum of thirty (30) hours of family violence training annually.</td>
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<tr>
<td>Practice 33.3</td>
<td>Training content is compatible with DCFS's statement of philosophy.</td>
<td>DCF Contract Requirement</td>
</tr>
<tr>
<td>Practice 33.4</td>
<td>The program provides debriefing opportunities for direct service staff to prevent burnout. Debriefing can occur in an on-going forum, such as weekly</td>
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<tr>
<td>Standard 34</td>
<td>The program has a regular practice of supervision of employees that ensures acceptable job performance.</td>
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<tr>
<td>Practice 34.1</td>
<td>Supervision is implemented no less than monthly for part-time employees (20 hours or less in a week) and biweekly for full-time employees.</td>
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<tr>
<td>Practice 34.2</td>
<td>Family violence programs provide a written record of individual and group supervision for employees. Documentation of supervision for volunteers is recorded and implemented as if they were part-time employees.</td>
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<tr>
<td>Standard 35</td>
<td>The program determines the need for volunteer services and utilizes the services of volunteers who are qualified to provide both direct and non-direct services.</td>
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</tr>
<tr>
<td>Practice 35.1</td>
<td>The program maintains comprehensive and current job descriptions for volunteer positions.</td>
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</tr>
<tr>
<td>Practice 35.2</td>
<td>The program follows acceptable practices in recruiting, screening, and assigning volunteers. Screening practices serve to protect the program and its clients.</td>
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<tr>
<td>Practice 35.3</td>
<td>Volunteers responsible for the actions of one or more persons who have been given or have applied to be considered for a position of supervisory or disciplinary authority over children, with the permission of said person, will have a criminal history records check conducted. (See R.S. 15:587.1 Provision of information to protect children and R.S. 15:587.3 volunteers and employees in youth-serving organizations; background information.)</td>
<td></td>
</tr>
<tr>
<td>Practice 35.4</td>
<td>The program maintains, keeps current, and makes available to volunteers a manual. This manual includes policies and procedures regarding recruitment, screening, training, supervision, and/or dismissal of volunteers. The manual clarifies the role and contributions of volunteers, with specific detail addressing how, when, where, and the frequency with which volunteers will be used.</td>
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<tr>
<td>Practice 35.5</td>
<td>The volunteer policies provide for hours, benefits, and recognition that are designed to attract and retain qualified volunteers.</td>
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<tr>
<td>Practice 35.6</td>
<td>The program maintains a comprehensive confidential personnel record for each volunteer that includes but is not limited to a signed confidentiality statement and a record of trainings completed by the volunteer.</td>
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</tbody>
</table>
| Practice 35.7 | The program follows acceptable practices in the orientation, development and training of volunteers. Volunteers who work unsupervised with survivors and survivors' children must have completed a minimum of twenty (20)
Practice 35.8
Acceptable practices are followed in the supervision, evaluation, and termination of volunteers.

SECTION NINE: ELIGIBILITY

GUIDING PRINCIPLES
These common standards assure availability and equal provision of services to family violence survivors and their dependents. The standards also define circumstances and situations that could render a survivor ineligible for program services.

<table>
<thead>
<tr>
<th>Standard 36</th>
<th>The program serves persons eligible for its services and eliminates barriers to those who seek service.</th>
<th>FVPSA Definition</th>
</tr>
</thead>
</table>
| Practice 36.1 | Persons eligible for services include family violence survivors, their legal dependents, and those who are or have been in danger of being emotionally, physically, or sexually abused and meet the following criteria:  
A. Adults, legally emancipated minors, or minors granted permission for services by a parent, guardian, judge’s order, or caretakers of eligible persons. In the event of non-emancipated minors seeking services for themselves, programs shall acquire parental permission prior to providing applicable services.  
B. No legally dependent males or females with their parent or guardian are denied access to services on site.  
C. Those eligible for services under the above definition and who may be in imminent danger of being abused by their current or former intimate partner or family member.  
D. Those eligible above who have no safe place to go.  
E. Those eligible above who willingly agree to abide by program guidelines. | FVPSA Definition  
Title VI of the Civil Rights Act of 1964-Familial Status  
Title VII of the Civil Rights Act of 1964-Fair Housing Act  
Age Discrimination Act of 1975  
Title IX of Education Amendments of 1972 |
| Practice 36.2 | The program imposes no income eligibility standards on individuals seeking assistance. | FVPSA (42 10401) Section 306(c)(3)  
VOCA Program Guideline Requirement |
| Practice 36.3 | Survivors and their dependents may become ineligible if they refuse to follow safety guidelines either for themselves or others, thus causing an unsafe environment. |  |
| Practice 36.4 | Upon initial contact with survivors, program staff assesses for the following: |  |
| Standard 37 | The program provides services regardless of race, religion, color, national origin, gender, age (within above guidelines), mental or physical disability, sexual orientation, citizenship, immigration status, marital status or language spoken. | Omnibus Crime Control and Safe Streets Act 1968 -42 (U.S.C.) 3789 (d)  
Title VI of the Civil Rights Act of 1968  
Section 1407 of the Victims of Crime Act  
Equal Opportunity Act of 1972  
Federal Executive Order 11246  
Federal Rehabilitation Act of 1973  
Vietnam Era Veteran's Readjustment Assistance Act of 1974  
Title IX of Education Amendments of 1972  
Americans with Disabilities Act of 1990 |
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<tbody>
<tr>
<td>Practice 37.1</td>
<td>The program provides services to eligible male survivors.</td>
<td>Americans with Disabilities Act of 1990</td>
</tr>
</tbody>
</table>
| Standard 38 | The program assists persons with special needs, mental or physical. | Omnibus Crime Control and Safe Streets Act 1968 -42 (U.S.C.) 3789 (d)  
Section 1407 of the Victims of Crime Act  
Title IX of Education Amendments of 1972 |
| Practice 38.1 | In cases where survivors require assisted living, eligibility is not withheld, but services are made available through coordinated efforts between family violence program staff and other identified service providers. | Louisiana RS 37:221 |
| Practice 38.2 | Alcohol or drug abuse and addictions: Family violence programs do not withhold services to persons using alcohol or drugs, off the program property, solely based upon the use of the alcohol or substance. Programs provide a written policy demonstrating how repetitive substance/alcohol use, or the demonstration of behaviors incongruent with community living, may affect continued stay in a facility or the limitations of other services available. | Louisiana RS 37:221 |
| Standard 39 | In some instances, applicants and current survivors may be denied or be ineligible for program or shelter services. | |
| Practice 39.1 | The program informs survivors seeking services of these instances as soon as possible in order for them to make a more informed decision about accessing services. This provision is intended to guard against a survivor discovering she or he is ineligible for services when they have already risked leaving their abuser. |
| Practice 39.2 | If, prior to admission, a person is determined ineligible for program services, information and referrals are made for other appropriate services. |
| Practice 39.3 | The extent to which eligibility criteria affect the long-term or future eligibility for services must be evaluated and documented on a case-by-case basis. Examples of ineligibility criteria include but are not limited to:  
   A. Not an adult or emancipated minor, or granted permission.  
   B. Active suicidal or homicidal behaviors.  
   C. Previously been disqualified from services. |
| Practice 39.4 | In the event the program cannot admit new survivors to a shelter due to capacity, every effort is made to secure and facilitate admission to safe alternate accommodations. This placement may include, but not be limited to hotel/motels, safe homes, sister shelters, homeless shelters, or other facilities that can be safely and confidentially provided. |
| Practice 39.5 | If, after admission to a shelter, a person is determined to be ineligible for services, program staff:  
   A. Refers the person(s) to appropriate services elsewhere.  
   B. Assists the person(s) with accessing transportation, if possible, to receive the services. |
| Standard 40 | The program develops and provides a written grievance policy to be given to every survivor upon admission to services. | LANO Resource Model  
Minnesota Council of Non-Profits-Principals and Practices for Non-Profit Excellence |
| Practice 40.1 | The policy shall include, but not be limited to:  
   A. Procedures to follow in the event a survivor believes they have been denied services.  
   B. Procedures to follow in the event a survivor is dissatisfied with the quality of services.  
   C. Procedures to follow in the event a survivor is dissatisfied with behaviors of a staff person or volunteers. |
SECTION TEN: INTERVENTION SERVICES

GUIDING PRINCIPLES

These standards provide that family violence programs establish common quality intervention services including access to a shelter or a safe place, counseling, support groups, and advocacy to all survivors who seek assistance.

These standards assure that family violence programs provide appropriate quality services to survivors of family violence and their children in an empowering, non-blaming way.

<table>
<thead>
<tr>
<th>Standard 41</th>
<th>Relevant goals, objectives, and plans are established for service delivery management.</th>
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<tbody>
<tr>
<td>Practice 41.1</td>
<td>The service delivery plan fulfills the program's mission.</td>
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<tr>
<td>Practice 41.2</td>
<td>Services are survivor-centered, nonjudgmental, culturally sensitive, and designed to empower persons served.</td>
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<tr>
<td>Practice 41.3</td>
<td>The program recognizes and respects the autonomy, dignity, and rights of program participants.</td>
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<tr>
<td>Standard 42</td>
<td>The program maintains crisis lines or hotlines as the point of entry to all intervention services.</td>
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<tr>
<td>Practice 42.1</td>
<td>The first priority of the staff is immediate response and accessibility for a hotline caller.</td>
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<tr>
<td>Practice 42.2</td>
<td>The program operates a 24-hour a day, seven day a week crisis line answered by qualified trained staff or volunteers.</td>
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<tr>
<td>Practice 42.3</td>
<td>Hotline numbers are listed in the local telephone book and widely distributed in areas served by the family violence program.</td>
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<tr>
<td>Practice 42.4</td>
<td>Hotlines are answered using the name of the family violence program.</td>
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<tr>
<td>Practice 42.5</td>
<td>Staff/volunteers answer hotline calls in a place that is quiet, free of distractions, and confidential, a private office if possible.</td>
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</table>
| Practice 42.6 | When holding/transferring calls  
   A. staff completes initial assessment as to immediate danger before putting caller on hold;  
   B. staff checks back with callers on hold within two minutes;  
   C. staff prioritizes calls through safety and lethality assessment. |
| Practice 42.7 | If a professional, or third party other than another domestic violence program funded by DCFS calls on behalf of a survivor, generalized information may be given about program services and requirements. |

FVPFA 42 U.S.C 10401
| Practice 42.8 | Hotline services include, but are not limited to:  
B. Assessment of the caller's safety and needs  
C. Emergency protocols (i.e. calling 911; is batterer present or within hearing, etc.)  
D. Lethality/danger assessment  
E. Family violence education  
F. Information or referrals to available community resources  
G. An appropriate form documenting each hotline call, the services offered and/or referrals made, and a plan of action, including information received in calls from professionals or third parties. |
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<tr>
<td>Practice 42.9</td>
<td>The program has a minimum of two telephone lines, one of which is the designated hotline.</td>
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<tr>
<td>Practice 42.10</td>
<td>Hotlines have call block, to safeguard against caller ID and &quot;69 services. Local telephone companies can assist with needed information and services.</td>
</tr>
<tr>
<td>Practice 42.11</td>
<td>The use of commercial or mechanical answering services is prohibited.</td>
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<tr>
<td>Practice 42.12</td>
<td>The program provides a back-up system for use during emergencies. A supervisor or designee is available &quot;on call&quot; by way of pager or in some manner of contact that allows for immediate response. Each program establishes a protocol that defines criteria and steps for using the back-up system.</td>
</tr>
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</table>
| Practice 42.13 | When using administrative and outreach phones:  
B. After office hours, on weekends, and on holidays, administrative and outreach phones are answered by devices that clearly direct callers to the hotline. |
| Practice 42.14 | If either party is using a cell phone, the caller is made aware that confidentiality cannot be guaranteed. All crisis-line cell phones must have call waiting. |
| Practice 42.15 | If call forwarding is used to assure staffing of the service, it is the |
responsibility of the program staff to assure safety and confidentiality. Written protocols for forwarding calls to non-program locations must consider

A. the potential for family member to answer or pick-up (by way of an extension line) a hotline call;
B. the potential of a personal answering machine to pick-up on an incoming call;
C. the potential for calls to be routed to a cellular telephone that is answered by an advocate/volunteer in public place;
D. the potential of staff's/volunteer's personal telephone lines to be traced or identified through "caller ID" or other features.

<table>
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<tr>
<th>Standard 43</th>
<th>The program provides staff around the clock to assist survivors of family violence with determining levels of danger/lethality and to assist them in developing a personalized plan for safety.</th>
<th>Louisiana RS 46:2128(2)</th>
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<tr>
<td>Practice 43.1</td>
<td>Safety planning meets the needs of the caller, i.e. a survivor wanting to leave, a survivor intending to stay, a survivor with children and pets.</td>
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<tr>
<td>Practice 43.2</td>
<td>Each program develops a protocol for safe travel of survivors. Protocols contain a provision for survivor travel to the program for intake. Further, the protocol reflects the survivor's need for local travel whether provided by themselves, the program, or public/private carriers.</td>
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<tr>
<td>Practice 43.3</td>
<td>Safety planning includes a danger/lethality assessment to determine the survivor's immediate level of danger. Trained advocates will complete the assessment and document the findings in case notes or on a standardized form developed for the purpose of danger assessment.</td>
<td></td>
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<tr>
<td>Practice 43.4</td>
<td>Safety planning is a process that continues during a shelter stay or advocacy participation, especially at periods of increased risks, i.e. filing of court documents, court hearings, or any strategic move by the survivor or perpetrator.</td>
<td></td>
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</tbody>
</table>
| Practice 43.5 | Safety planning contains emergency response protocols for use during in-progress emergencies and in anticipation of an impending emergency. Minimum steps are provided to plan for the following:
A. Getting help or getting away
B. Recognizing and planning alternatives for stalking
C. Accessing transportation
D. Accessing a linkage to outside helpers
E. Developing protocols for the safety of children and pets | |
| Practice 43.6 | Documentation of safety planning includes but is not limited to:  
| A. | A logged note indicating that safety planning was offered during hotline calls  
| B. | Case notes or a standardized form indicating safety planning was offered during initial residential and outreach intake services  
| C. | Case notes or a standardized form indicating safety planning was offered on a regular basis and especially during changes in a survivor's plans or in event of a significant occurrence or change affecting the survivor, survivor's children, or the batterer. Examples: the survivor's court appearances, resumption of or beginning new job, an order for visitation of children by the batterer, a batterer being served stay away orders or being released from jail after an arrest involving the survivor and/or children. |

| Standard 44 | The program works collaboratively with other family violence programs throughout Louisiana and in other states as appropriate to meet the safety and security needs of survivors. |

| Standard 45 | Program staff competently assesses any circumstances of violence, threatened violence, or other crime by a survivor. | VAWA1994 42 (U.S.C. 13971) |

| Practice 45.1 | If a survivor engages in or threatens to commit a violent act or other crime on the premises of a family violence program facility, her actions may be reported to law enforcement personnel. |

| Practice 45.2 | Program personnel will disclose information only if deemed appropriate and necessary. |

| Practice 45.3 | Released information must be pertinent to the threatening situation. |

| Standard 46 | Program staff prohibits the keeping of firearms and other weapons by the survivor and her family while they receive services. |

| Practice 46.1 | Any form of firearm or weapon in the facility is prohibited even when locked in a locker at the facility. |

| Practice 46.2 | Program staff include in their assessment for services appropriate questions to identify those survivors who possess firearms or other weapons and assist them in making arrangements for someone else to keep them while they are receiving services. |

| Standard 47 | The program provides a written policy to assure serious incidents are
| Practice 47.1 | Program staff write incident reports for any injuries, accidents, unusual events, or circumstances involving staff, volunteers, visitors, vendors, or survivors. Provisions are made for evaluation of severity of the incident and any follow-up actions needed. |
| Standard 48 | The program empowers survivors to make their own life choices within the basic eligibility guidelines without coercion or threat of loss of program services. | FVPSA Domestic Violence State Coalition Provision VOCA |
| Practice 48.1 | Participation in intervention services shall be voluntary. | FVPSA 42( U.S.C. 10401 )Section 308(d)(2) |
| Practice 48.2 | Intervention services are provided in a manner best suited for individual survivors. |
| Practice 48.3 | Intervention services are provided only with approval of survivors. |
| Standard 49 | The program provides case management or develops an individualized service plan facilitated by staff for the purpose of assisting survivors with assessing needs, setting priorities, goal setting, implementing objectives, locating resources, or performing any activities pertaining to the accomplishment of goals. |
| Practice 49.1 | Case management or an individualized service plan is based upon survivor-identified goals and not a standardized or ‘cookie cutter’ formula. Case management shall reflect, at least the following:  
A. Identify and prioritize survivor’s needs, including safety planning.  
B. Identify resources available to survivors.  
C. Develop goals and objectives specific to the survivor’s own goals and record these in a program-approved service plan.  
D. Staff internal and external referrals to assist in goal/objective achievement.  
E. Correlation with survivor’s length of stay, if in a shelter.  
F. Progression toward completion of survivor’s goals and objectives.  
G. Adaptation to survivor’s changing needs, as appropriate. |
| Practice 49.2 | The program develops and implements procedures for adequate staff communication to provide continuity of service for survivors, including a regular review of any problem areas to resolve. |
| Standard 50 | Program staff conducts an intake process that facilitates a survivor’s participation in the program and introduces her to program guidelines. |
Practice 50.1  Family violence programs ensure that staff members:

A. Have immediate face-to-face contact with a newly admitted survivor to help determine emergency needs and to orient her to the program and procedures.

B. Conduct a formal face-to-face intake process with a new survivor and answer any questions the survivor may have. During this time the staff gives the survivor a copy of program guidelines and education material on family violence, being very sensitive to the survivor's ability to read and understand. The staff person is trained on discipline guidelines for children and how to assist the mother on following these guidelines through appropriate discipline techniques.

C. Sign a written agreement with each survivor about services to be provided by the program, which include but are not limited to:
   1) program services, its staff, and volunteers;
   2) confidentiality agreements, including records and information releases;
   3) guidelines, rights, and privacy matters;
   4) length of stay policies for emergency shelter.

D. Child care is provided during the parent's initial intake.

Practice 50.2  Program guidelines are written in positive and respectful language, including those guidelines posted throughout a shelter. The purpose of the guidelines is for protection, safety, or health. Guidelines are limited to the most crucial of situations and reflect the intent to show that the shelter facility is the survivor's safe haven. Guidelines include only those items under the following categories:

A. Confidentiality: confidentiality of staff, survivors, and program locations, etc.: >>Standards 11-23 address confidentiality

B. Safety: Around security issues (possession of weapons, locked doors, etc.); and around physical safety (threats or acts of violence including discipline of children, etc.) >>Standards 43-45 address survivor safety issues

C. Cooperation: The program makes every reasonable effort to keep a survivor eligible for services regardless of her ability or willingness to participate in daily upkeep of the program facility and to adhere to the health and safety guidelines.

| FVPSA 42 U.S.C. 10401 Section 306 (c) (5) (H) |
| FVPSA 42 U.S.C. 10401 Section 306 (c) (5) (H) |
| Louisiana RS 46:2128(2) |
1) An individual agreement is developed with the survivor and appropriate documentation placed in the survivor's file which demonstrates attempts to assist the survivor and/or her children with problematic/disruptive behaviors. This agreement is documented in the survivor's file to reflect the process of offering assistance. Example: A survivor's child's behavior is repeatedly disruptive or destructive. A worker addresses this problem with the survivor/parent and offers suggestions to remedy this by developing a plan that may include alternate resources such as a parental support group or referrals to other appropriate child service providers in the community.

2) Respect for self and others: Demerit and warning systems are not used.

3) Right to privacy. The program respects at all times the survivor's constitutional right to privacy in their person, property, communications, papers, and effects. Survivors are not subjected to unwarranted or unreasonable searches by shelter staff of her person, room, or property. However, circumstances may arise where some sort of search may be necessary to protect the health or safety of other survivors or staff.

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<thead>
<tr>
<th>Standard 51</th>
<th>Program staff provides eligible survivors with basic services and provisions.</th>
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| Practice 51.1| Every survivor is provided access to: A. Emergency shelter that is structurally safe and accommodates the particular security concerns of survivors. The method of providing this security needs to be documented and made available to survivors. [Standards 43-45 further address survivor safety issues](#)  
B. Confidentiality of program participation. This is documented in a form and signed by the survivor during intake. [Standards 11-23 further address confidentiality](#)  
C. Emergency food, clothing, and hygiene items free of charge to survivors and their children. When medical services are needed, the program helps survivors access services. |  
|               | Louisiana RS 46:2128(2)  
FVPSA 42 U.S.C. 10401 Section 306 (c) (5) (H) |
| Practice 51.2 | Religious beliefs: Every survivor will have the option of practicing her religious/spiritual beliefs so long as they do not interfere with the rights of other survivors.  
A. Religious activities must not take place in common, shelter, or program areas. | Omnibus Crime Control and Safe Streets Act of 1968-42 (U.S.C.) 3789 (d)  
Section 1407 of Victims of Crime Act  
Title VIII of the Civil Rights Act of 1964 |
| Standard 52 | Family violence programs provide access to emergency shelter to survivors who need a safe place to stay. The program designs shelter living policies that stress non-violence and that are fair and survivor-centered. Policy enforcement balances the rights of survivors with the need to ensure safety for survivors who choose not to follow the program's policies. | Louisiana RS:46:2124 |
| Practice 52.1 | The program provides access, admittance, and residence in temporary shelter for survivors of family violence and their children 24 hours a day, every day of the year. |  |
| Practice 52.2 | Accommodations fall into the following categories:  
A. Traditional  
1) Traditional shelters, which require staff in residence 24 hours a day and monitored security (electric, camera, guards, police or sheriff)  
B. Alternative housing  
1) Multi-family apartment(s), which require staff in residence 24 hours a day and monitored security  
2) Single-family apartment(s), which do not require staff in residence 24 hours a day but require monitored security  
3) Hotel/motel apartment(s), which do not require staff in residence 24 hours a day but have written safety and |
| Practice 52.3 | The program maintains written protocols outlining the location(s) and methods by which shelter, advocacy/counseling, and other services are delivered to eligible adult and minor male survivors needing services. |
| Practice 52.4 | Volunteers are not allowed to make final determinations about shelter eligibility. |
| **Standard 53** | The program has policies that specify length of stay, extensions, re-entry, and discharge of survivors. |
| Practice 53.1 | The program establishes a flexible length of stay policy that balances the needs of survivors and the program’s ability to meet those needs. Programs that offer traditional, multifamily, or single family housing provide safe shelter for a period of six weeks with extension possible. Programs that utilize hotels/motels offer a minimum length-of-stay of four nights and facilitate a stay in a traditional, multifamily, or single family program for longer periods. Survivors are informed of the minimum length of stay and any criteria that may impact or shorten this stay. |
| Practice 53.2 | Length of stay extensions are contingent upon the survivor’s progress toward meeting self-identified goals. |
| Practice 53.3 | The shelter does not discriminate against a survivor by limiting the number of times of re-entry or by requiring a time limit between re-entry. The program does not maintain a “no re-admit” list; however it is permissible to “not admit at this time” if a survivor is not currently appropriate. This information is documented in survivor’s file. Reentry status reflects the survivor’s need and behaviors at the current time and is not based on past situations. |
| Practice 53.4 | No program shall place a limit on the number of admissions to shelter without the presence of at least one of the ineligibility criteria. |
| Practice 53.5 | When a request for an extension of stay is denied, reasons are documented in the case file and shared with the survivor in sufficient time for her to make other safe arrangement if necessary. |
| Practice 53.6 | Involuntary Discharge: Shelters must make every effort to work with a survivor in order for her/him to remain in shelter, except for situations that compromise the safety of others or of the shelter such as  
A. The use of violence or threats of violence;  
B. The use of behavior that repeatedly disrupts the ability of other
<table>
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<tr>
<th>Standard 54</th>
<th>The program utilizes advocates to perform direct intervention on behalf of and with the permission of survivors, to further goals and objectives initiated by the survivor.</th>
<th>Best Practices-Confidentiality Manual-Washington DC Coalition Resource Manual Chapter 2: Confidentiality and Testimonial Privilege Julie Kunce Field</th>
</tr>
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<tbody>
<tr>
<td>Practice 54.1</td>
<td>Advocacy contacts made on behalf of survivors to individuals or groups outside the family violence program are not initiated without the survivor's direct permission. Proof of permission is provided by program staff on an approved Release of Confidential Information Form.</td>
<td>FVPSA 42 ( U.S.C. 10401 )Section 306 (5)(c)</td>
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<tr>
<td>Practice 54.2</td>
<td>Survivors are informed of the process by which they may gain access, informally and by appointment, to advocates within the program in which they are receiving services.</td>
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<tr>
<td>Practice 54.3</td>
<td>Program staff provide to advocacy contacts only information necessary to reach the survivor's goal.</td>
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<td>Practice 54.4</td>
<td>Documentation for advocacy should contain the data specified in Standard 60. Documentation contains dates of advocacy and contact, demographic data, and appropriate releases of information as needed.</td>
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<tr>
<td>Practice 54.5</td>
<td>In the event that an advocate/counselor is sick or on vacation, it is that advocate/counselor’s responsibility to make sure that another staff member meets with the survivor on that day. This is documented in the survivor’s file.</td>
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<tr>
<td>Practice 54.6</td>
<td>Empowerment advocacy does not mean the advocate/counselor sits and waits for the survivor to come to her office. Many times survivors of family violence need assistance to ask for the things they need and need to have this modeled for them. This is the advocate/counselor’s responsibility to daily offer and model empowerment to survivors.</td>
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<tr>
<td>Standard 55</td>
<td>Family violence programs providing court or legal advocacy assist survivors in receiving self-identified interventions and actions sought from the civil and/or criminal justice systems.</td>
<td>Louisiana RS 46:2124</td>
</tr>
</tbody>
</table>
| Practice 55.1 | Court or legal advocacy is provided by qualified, trained staff or volunteers who  
A. offer support to survivors seeking relief through the courts.  
B. help survivors understand court actions.  
C. provide information that enables the survivor in making informed decisions about court actions, decisions, or processes. |
|----------------|--------------------------------------------------------------------------------------------------|
| Practice 55.2 | Programs providing court advocacy services  
A. assure that appropriate staff and volunteers have a working knowledge of current Louisiana laws on family violence, as well as the local justice system’s response to family violence, including court rules, in each parish where services are provided.  
B. strictly monitor and prohibit staff members and volunteers from practicing law or providing legal representation if they are not properly certified.  
C. maintain a current list of local criminal and civil justice agencies and contact persons in each parish where services are provided.  
D. maintain a current referral list of local attorneys, including pro bono resources, who are sensitive and familiar with legal issues and orders of protection, for representation in civil and criminal cases.  
E. train and offer assistance to the criminal and civil justice system within the parishes served, in order to build a working relationship and institute a law enforcement protocol involving family violence. |
| Practice 55.3 | Court advocates are responsible for documenting services provided and the outcome of those services in each survivor’s file. If volunteers provide services, court advocates obtain the necessary information and document. |
| Standard 56 | The program provides group interactions facilitated by program staff to address emotional needs of adult or child users of services. These services may include but are not limited to crisis, peer, supportive, educational, and domestic violence counseling.  

Louisiana RS 46:2124  

| Practice 56.1 | Family violence programs are required to provide support groups to shelter residents and non-residents, including former residents. |
| Practice 56.2 | Interactive group sessions are topic oriented, or informational and educational, and conducted in a process that is survivor-directed, and facilitated by qualified trained program staff/volunteers. |
| Practice 56.3 | Support group services provide understanding and support, that includes, but is not limited to |

30
| Practice 56.4 | Support group services provide education and information that includes, but is not limited to:  
A. how batterers maintain control and dominance;  
B. the role of society in perpetuating violence against women;  
C. the need to hold batterers accountable for their actions;  
D. the social change necessary to eliminate violence against women, including discrimination based on race, gender, sexual orientation, disabilities, economic or educational status, religion or national origin. |
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<tr>
<td>Practice 56.5</td>
<td>The program provides at least one weekly group for survivors while providing, at the same time, a multi-age play group for the children of the survivors. If the children's group is not always possible, then at the very minimum, appropriate child care is provided during the survivor's group. Children of adult survivors may not be restricted from attending children's group if the mother refuses to attend a support group, although the mother may be required to remain at the program while her child is in group.</td>
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<tr>
<td>Practice 56.6</td>
<td>A survivor's unwillingness to attend support group(s) may not be used as a reason to remove the survivor from programs.</td>
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<tr>
<td>Practice 56.7</td>
<td>The group facilitator documents and signs support group attendance in each survivor's file to include date of group and focus of discussion.</td>
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<tr>
<td>Standard 57</td>
<td>The program offers individual planning and counseling sessions to survivors. In addition to the sessions above, the following points apply.</td>
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<tr>
<td>Practice 57.1</td>
<td>Each survivor is assigned a resident-advocate/counselor. This staff person is available to meet with the survivor daily, Monday through Friday. Daily face-to-face interaction with the survivor is made available to her in order to check on her safety and other needs and to offer to schedule a meeting time. If the survivor works, the survivor's advocate/counselor may contact the survivor via telephone or by visiting at her workplace if this is desirable and chosen by the survivor.</td>
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FVPSA 42 (U.S.C. 10401) Section 308 (d) (2)

Louisiana RS 46:2124
| Practice 57.2 | Survivors are notified in writing that they have at least one hour per day, five days per week of individual sessions available to them at their request. Such sessions are provided by staff trained in techniques of individual, one-on-one intervention. Sessions focus on issues of safety planning for the survivor and dependents, physical and emotional needs assessment, planning for meeting those needs, education on the dynamics of family violence, and knowledge of community resources with phone numbers provided. |
| Standard 58 | The program recognizes the special needs of survivors’ children and provides services specific to them. | Louisiana RS 46:2124 |
| Practice 58.1 | The program has on staff a child advocate/counselor who is trained in a minimum of the following areas:  
A. The developmental stages of childhood, including physical, social, cognitive, and emotional stages,  
B. Developmentally appropriate ways of working with children,  
C. A working knowledge of family violence and its effects on children (including the ways that mothers are re-victimized by the child welfare and educational system, etc.),  
D. Assertive discipline techniques,  
E. Non-violent conflict resolution,  
F. The warning signs of child abuse,  
G. Appropriate methods for interviewing children who have disclosed abuse,  
H. How the child welfare system works and their role as “mandated reporters.” |
| Practice 58.2 | The child-services intake process involves interactions with the mother and the child(ren) and includes the following.  
A. Family violence programs conduct a child intake as soon as possible after the survivor’s initial contact with the program. Intake forms are completed by the mother. Intake forms include  
1) areas of concern the mother has for each child;  
2) physical, social, or educational needs of the child;  
3) education level of the child including any learning disabilities or diagnoses;  
4) medications the child is on and what they are for;  
5) any child abuse suspected or documented;  
6) type of discipline used in the home and its effectiveness; |
7) check list for problem areas, such as, weight, eating, sleeping, hygiene, motor skills, language skills, bedwetting, handling conflict; 
8) relationship with adults and with other children.

B. At the intake interview, the child advocate discusses child guidelines in detail, including discipline guidelines, offers help and guidance in following the guidelines, and discusses child services offered. This information is documented in the survivor’s record. If programs offer booklets giving this information, they can be given in addition to the required face-to-face interview with the mother.

C. Child advocates provide a physical and social assessment of each child following the initial intake. Appropriate referrals are made to meet the areas of need.

D. The child advocate introduces herself, lets the child(ren) know she is there to help them in any way she can, provides a tour of the program, talks about the guidelines of the program, and reviews the discipline guidelines. Some programs may provide books that cover this material, but this does not replace the face-to-face meeting with the child(ren).

Practice 58.3 Child services include the use of playgroups.
A. Playgroups are held at the time that survivors are in support groups. This playgroup is a time to allow children to play in a safe, structured environment. The playgroup is based on a developmentally-appropriate philosophy. While the playgroup is planned and facilitated by the child advocate, the child directs her/his own progress in the group. This empowers the child, offers the child a safe and appropriate place to say, “No,” and teaches consistency, structure, and nonviolent conflict resolution.

B. Goals of the playgroup are: to break the “conspiracy of silence,” to learn how to protect oneself, to have a positive experience, and to strengthen self-esteem and self-image.

Practice 58.4 Program staff develops a safety plan for each child of a survivor.
A. Each child with the assistance of the child advocate develops a personalized safety plan for avoidance of and for return to the abuser as soon as possible because no one knows if or when the mother may return to the abuser. This is documented in the
| Practice 58.5 | Program staff make available to the mother education and support.  
| | A. Child advocates may conduct a weekly education group for the mothers, including education on developmental stages and discipline techniques. Group attendance and topic to be discussed are documented in each survivor's file.  
| | B. Child advocates are available to meet with each mother at least once a week in an individual session. This is a time when mothers can share problems they are having and get assistance with the solutions. Methods of parenting education are respectful and non-victim blaming of the adult survivor. |
| Standard 59 | The program does not offer services that could jeopardize the physical or emotional safety of the survivor. |
| Practice 59.1 | The program does not provide couples counseling in any form. |
| Practice 59.2 | The program does not provide family counseling that includes the presence of an alleged batterer. |
| Practice 59.3 | The program does not provide or accommodate mediation services. |
| Practice 59.4 | The program does not allow Batterer Intervention Services to take place on or near the premises of the family violence program. |
| Practice 59.5 | Individual staff is not allowed to work with both survivors and batterers. Job descriptions for individual family violence program staff working with survivors and their dependents do not include work with the abusers. |
| Practice 59.6 | No staff whose responsibility it is to provide direct services to survivors, or to supervise or direct programs for survivors, is allowed to participate in or to lead batterer intervention program services. These two programs remain entirely separate so that it is apparent to survivors that there is no conflict of interest within the program or staff. |
| Practice 59.7 | These practices do not preclude staff from overseeing, for the purposes of holding accountable, batterer intervention program services. |
| Standard 60 | The program maintains documentation of services for each survivor. General features are listed below; advocacy and case management standards include elements unique to them. |
| Practice 60.1 | Service notes are provided in the following manner:  
| | A. Notes are entered in chronological order; |
| Practice 60.2 | Documentation for advocacy, counseling, and case management contains at least:  
| | A. Demographic data;  
| | B. Lethality assessment;  
| | C. History of abuse;  
| | D. Safety plan;  
| | E. Description of the abuser;  
| | F. Case Management or Individualized Service Plan;  
| | G. Children’s assessment (if children in the family);  
| | H. Notification of Exceptions to confidentiality, advising survivors of advocate’s duty to release confidential information in the following circumstances:  
| | 1) Report child abuse  
| | 2) Protect against danger to self or others  
| | 3) Summon emergency services  
| | 4) Maintenance of safety and health standards of shelter facilities  
| | I. Release of Liability form;  
| | J. Informed Consent to Release Confidential Information form(s);  
| | K. Exit Interview |

| Standard 61 | Programs that use computer-generated case notes or survivor records must maintain a written policy and accompanying procedures that reflect security measures. |

| Practice 61.1 | The program assures confidentiality of computerized information. Policies and procedures contain, but are not necessarily limited to:  
| | A. A generalized policy stating the responsibility of all staff and volunteers to assure survivor confidentiality. |
B. A standardized protocol for creating and securing computerized survivor data on all computers including portable laptops.
   1) Stating which data entries are allowable and those which are not.
   2) Outlining use and storage of disks.
   3) Outlining the uses and protection of hard-drive storage (including protocols for use of passwords).
   4) Outlining the use and methods of network systems storage.
   5) Outlining protocols for the creation, routing and storage of hardcopy materials generated from computer-based records. Further, programs provide the following:
      a. protection of computerized confidential records by the use of appropriate software and passwords.
      b. In the event a protocol includes use of a computer’s recycle bin, staff are required to delete the information from the recycle bin as a final step in the process of deleting confidential files.

<table>
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<tr>
<th>Standard 62</th>
<th>The program attempts to provide an exit interview with each survivor and child upon the completion of service delivery or prior to their departure from a shelter.</th>
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| Practice 62.1 | Minimum categories of exit interview include, but are not limited to:  
A. An assessment of programs, services, and treatment by staff (respectful, helpful, available),  
B. Knowledge of staff in the areas of dynamics of family violence, children's services, safety planning, and goal planning,  
C. This is completed by the survivor through use of a survivor friendly survey. |
| Practice 62.2 | The exit interview provides for a revision of the survivor’s safety plan (inclusive of children’s safety issues) and linkage to outreach and/or follow up services provided by the family violence program and other community resources. These items are listed in detail on an exit interview form. |
| Practice 62.3 | If at all possible, each child or sibling is given an exit interview. In this interview, child(ren) can assess child services and staff in some type of developmentally appropriate way. Safety planning and transition period are discussed. |
Appendix I
DEFINING STATE DOMESTIC VIOLENCE COALITIONS

ESSENTIAL CRITERIA
The National Network to End Domestic Violence, a social change organization representing state domestic violence coalitions, is dedicated to creating a social, political and economic environment in which violence against women no longer exists.
PREFACE

The National Network to End Domestic Violence serves as the membership organization for the nation's state domestic violence coalitions. In 2005, NNEDV began working on criteria to describe the essential functions of state domestic violence coalitions. NNEDV assembled a committee of coalition directors, and this group examined the core functions, missions and values that have guided the development of state domestic violence coalitions throughout the country. This document will be disseminated to state and federal agencies, funders, shelters, community-based organizations and others who work with state domestic violence coalitions in order to enhance their understanding of these organizations.

INTRODUCTION

State coalitions have played a unique role in our nation's response to domestic violence. Their history is rooted in the battered women's movement and the values that define this movement, including working towards social justice, self determination and ending the oppression of women. These core values have informed the principles, structure and functions of state domestic violence coalitions and are woven throughout this description of their work.

This document examines the history of state domestic violence coalitions, as well as their principles, structure and scope of current work. The purpose is to define state domestic violence coalitions by describing their essential functions and developing a common understanding of what it is they do within their states and local communities. Recommendations for partnering organizations and state coalitions to use in considering the essential criteria are included. The vision of this initiative is to strengthen the movement to end domestic violence at the local, state and national level.
I. HISTORY AND CHARACTERISTICS OF STATE DOMESTIC VIOLENCE COALITIONS

Every state has a statewide domestic violence coalition (SDVC), and each SDVC has a unique history within its own state. Collectively, the coalitions play a critical role in the enactment and implementation of social change at both the state and federal levels. The vision of early leaders from state domestic violence coalitions created options for survivors across the nation, and SDVCs continue to guide communities in their quest to end violence against women.

Roots in Social Justice and Grassroots Efforts

The first SDVCs, and the local domestic violence programs that created them, emerged from a long history of social justice organizing, in particular the women’s, civil rights, and anti-war movements in the U.S. in the 1960s. These early SDVCs were formed by grassroots activists working in their local communities to establish shelters and hotlines and to raise awareness about violence against women. Budgets for statewide coalitions in these early days were meager, and shelters were still informal organizations taking women into their own homes. These activists began meetings throughout their states with few resources but with a strong commitment to sharing information and developing strategies for social change.

In one state, for instance, in 1978, five women sat on a floor, came up with a plan, and began to lobby for funding, education, and changes in public policy. Many state coalitions can trace their founding to similar grassroots efforts. Support and the exchange of ideas among each other in developing programs and policy typically motivated advocates in the formation of SDVCs. The experiences of battered women at the local level formed the basis for developing legislative and policy goals.

Analysis of Oppression of Women

The earliest SDVCs embodied the analysis of the battered women’s movement. The work was not just about helping individual women escape violence, but about changing the conditions in society that allowed violence to continue. These conditions included sexism and inequality in relationships and society at large. Battering was seen as the result of a society that demeaned and dehumanized women, and was integrally linked to other societal oppressions such as racism and homophobia. As tools of power and privilege used to dominate others, these oppressions also served to support violence against women.
Domestic violence was identified as a pattern of abusive and intimidating behaviors used by
men to control and dominate women in intimate relationships. Battered women themselves
described a range of tactics used to enforce this control, including physical abuse, economic
coercion, sexual violence, verbal abuse, threats towards children and threats of homicide.
The goals of the movement focused on assisting victims, challenging male violence and
improving the position of women in society. Like any movement, participants had diverse
ideologies, but all shared the desire to end abuse.

Peer Support and Policy Change
Initially, SDVCs focused on two central purposes. The first was to support each other in
working through the difficult challenges they were facing in their own communities. These
early advocates faced apathy, lack of awareness and even hostility towards their efforts to
address violence against women. The peer support provided through the state coalition helped
break this isolation and created a supportive environment where they could learn from each
other and continue to develop their services.

The second function of state coalitions was to create policy, legislative, and social change
beyond the provision of services to individual victims of domestic violence. This dual
approach, focusing both on supporting organizations providing immediate, lifesaving
services, and on systems and social change, continues to this day. It is one of the unique
and important features of SDVCs.

Expanding Leadership Role
During the late 1980s and early 1990s, SDVCs became more formalized and structured.
Incorporated as 501(c) (3) non-profit organizations, SDVCs sought funding, hired staff, and
broadened their efforts. Passage of the Violence Against Women Act (VAWA) created specified
and discretionary funding streams for both direct services to victims and the macro-level work
most commonly conducted by SDVCs. Increasingly, a wide array of systems, public and private,
looked to SDVCs for leadership in policy creation, state planning, and resource allocation. This
leadership role and the establishment of a myriad partnerships evolved with input and participa-
tion from local domestic violence programs and the women with whom they work.

Today, state coalitions work closely with policy makers in responding to domestic violence at the
state and federal level. They often hold positions of influence on governmental commissions and
task forces addressing domestic violence, and use these positions to bring the voices of survivors
and advocates into the policy arena. Working through NNEDV, state coalitions play a major
role in advocating for federal legislation and ongoing funding. State coalitions are looked to by
policy makers, local programs, individual activists and allied organizations for their leadership
role in addressing emerging issues on both program and policy levels.
II. PURPOSE OF ESSENTIAL CRITERIA FOR STATE DOMESTIC VIOLENCE COALITIONS

Defining the essential criteria for state domestic violence coalitions will serve to raise awareness about their work and strengthen their core functions. The criteria are useful in:

- expressing the expertise and experience of state coalitions;
- informing and guiding their work as unique organizations;
- making others aware of the role of state coalitions;
- presenting a unified voice and increasing effectiveness; and
- preserving the integrity of the movement to end domestic and sexual violence

The essential criteria will be part of strengthening the local, state and national response to domestic violence. The experiences of survivors will remain central to ongoing efforts to further develop the essential criteria for the work of state domestic violence coalitions. The essential criteria can assist policy makers, funders, governmental agencies and allied groups in understanding the role of state coalitions.
III. ESSENTIAL CRITERIA FOR STATE DOMESTIC VIOLENCE COALITIONS

State domestic violence coalitions are non-governmental, non-profit membership organizations that work with their members and allies to:

- promote quality services for victims that focus on safety and self-determination;
- advocate and educate on behalf of survivors, their children, and their advocates;
- facilitate partnerships among victim advocates, allied organizations, and state agencies;
- mobilize a statewide voice on domestic violence;
- connect local, state and national work; and
- engage in prevention and social change efforts that challenge the social, economic and political conditions that sustain a culture of violence in which domestic and sexual violence is condoned.

SDVCs must:

- be a non-governmental organization and a not for profit;
- be an organization that is self-determining and not under the auspice of any government office, private entity or umbrella organization;
- have a mission statement that includes the previously described components;
- have a history of involvement in the movement to end domestic and sexual violence; and have a membership representing a majority of organizations whose primary focus is domestic and sexual violence.

Coalitions involve at least a majority of the domestic violence service providers in the state, as well as advocates for Native American/Indigenous survivors and for those marginalized on the basis of race, color, religion, ethnicity, national origin, ancestry, citizenship, gender/gender identity, sexual orientation, physical/cognitive ability, age, marital status, class, or legal status.
IV. PRINCIPLES

Core values emerged from the collective experience and expertise of state domestic violence coalitions, advocates and survivors. While the mission statements of state domestic violence coalitions vary in length and language, common elements can be found in all, demonstrating a strong, nationwide commitment to those core values of the battered women's movement. These values include survivor safety and self-determination and perpetrator accountability.

In addition to mission statements, many SDVCs have vision statements, principles of unity, or guiding principles that expand and clarify the purpose of their coalition work. Members of SDVCs are often asked to sign on to these principles as part of their commitment to the values of the coalition.

V. STRUCTURE

State domestic violence coalitions have diverse and distinct histories, constituencies, geographies, politics, funding, and program priorities. These factors influence the uniqueness and strengths of each SDVC within its state. Consequently, SDVCs have developed board and membership structures that will best facilitate their productivity and effectiveness in working to end domestic violence.

A. Board

Board structures vary in size, composition and governance but typically reflect consideration of and may include any of the following:

- Member program representation
- Regional representation
- Survivor representation
- Diverse representation
- Representation from the community at large
- Representation of organized task forces or caucuses
B. Membership
The criteria for and categories of membership in state coalitions vary widely, but typically consider any combination of the following:

- private, non-profit domestic (and sexual) violence programs;
- gradations of membership with corresponding benefits and responsibilities;
- allied organizations that are aligned with coalition mission;
- individuals; and/or
- diverse representation

C. Common Elements
Even with very different board, staff and membership structures, state domestic violence coalitions have in common:

- primary constituencies of private, non-profit community-based domestic violence programs;
- commitment to provide an array of services to these programs;
- involvement of these programs in the development of coalition services; and
- accountability to these programs.
- survivor driven, inclusive of survivor leadership
- diversity in board and membership that reflects survivor diversity
VI. SCOPE OF CURRENT WORK OF STATE DOMESTIC VIOLENCE COALITIONS

The scope of the work of state domestic violence coalitions is intentionally broad because they are responsible for the leadership that integrates local, state and national programs, laws, and policies to end domestic violence. That scope includes:

A. System Change and Reform

State domestic violence coalitions work to create social change and to reform systems that are not responsive to the needs of survivors. Systemic reform occurs at many levels. SDVCs work with institutions at the local and state level to develop and implement policies that will improve their methods of responding to domestic violence. Such institutions include the criminal and civil legal systems, law enforcement agencies, child protective services, public and private workplaces, social service agencies, health care providers, public assistance programs and many others affecting the lives of battered women.

B. Improved Laws

SDVCs historically have played a critical role in legislative advocacy. In many states, SDVCs helped pass statutes creating domestic violence protection orders, strengthening the penal code, creating civil rights and remedies, reforming family law statutes and providing funding for domestic violence programs. Many of the legal reforms focused on bringing considerations about victim safety into the civil and criminal legal systems.

Without the work of SDVCs over the years, many of the legal protections that now exist for survivors would not have been enacted. Today SDVCs continue to be involved in reforming statutes and seeking additional remedies for victims of domestic violence. While most states have enacted basic protections for victims in their civil and criminal statute, lessons continue to be learned from survivors about their experiences with these systems, and ongoing efforts to amend and enhance statutes are part of the work of many SDVCs.

In addition to reforms in the legal system, more recent efforts have focused on expanding protections in the workplace, public housing and other systems that come in contact with survivors. The range and scope of the legislative work of SDVCs varies according to their resources and priorities for the state, but at a minimum most SDVCs track legislation and keep their members informed about issues of importance to their work. Some SDVCs employ fulltime policy staff who are more directly involved in the development of legislation.
C. Legislative Advocacy at the National Level

Working primarily through the National Network to End Domestic Violence and using private, non-federal funds, SDVCs were instrumental in the initial passage the Violence Against Women Act (VAWA) in 1994 and its reauthorizations in 2000 and 2005. VAWA represents a significant commitment of federal resources to combat domestic and sexual violence and institutes a comprehensive and coordinated response at the community and systems level. Coalitions have also been active in securing reauthorization of the Family Violence Prevention and Services Act (FVPSA), which provides essential funding for community-based domestic violence programs, and are involved in shaping and securing passage of other federal laws impacting the safety and well-being of survivors.

Building on their successes with legislative advocacy at the state level, SDVCs help identify gaps in services that require a federal response and assist in drafting federal legislation and commenting on administrative rules implementing federal laws. SDVCs mobilize survivors, advocates, and other community allies to educate Congress and the Administration about the need for legislative change or administrative action. At the state level, SDVCs continue to serve as the primary advocacy group working to ensure that implementation of VAWA, FVPSA and other federal laws and rules remain focused on the needs of survivors.

D. Work with Local Programs

SDVCs work intensely with their member domestic violence programs. Their functions include providing training, technical assistance and dissemination of promising practices. They focus on bringing local programs together in a variety of forums to share information, dialogue about challenges and develop new strategies.

In some cases, SDVC help local programs troubleshoot community relationships and promote coordinated community response teams. In others, they help member programs manage the growth that has come with increased public awareness and funding, and keep focused on their missions and core goals. SDVCs assist member programs in educating their funders and community partners about critical safety issues such as privacy, confidentiality and data collection. SDVCs interact with each other at the national level, and share information about promising practices and emerging issues with their member programs.
E. Accountability to Survivors and to Community-Based Domestic Violence Programs

Due to their diverse roles, state domestic violence coalitions have multiple constituents to whom they are accountable. First and foremost, SDVCs seek to empower battered women and help them get what they need from systems and providers. Coalitions also are accountable to member domestic violence programs. At minimum, this responsibility includes ensuring that programs have enough funding to keep their doors open and the support they need to provide quality services to survivors.

F. State Domestic Violence Coalitions and Anti-oppression Work

SDVCs recognize that domestic violence affects all communities, but that some communities—subject to societal prejudice, oppression, isolation, or systemic poverty— are more negatively affected by the experience of violence and less able to access community and institutional response systems. SDVCs also recognize that such systems may negatively impact marginalized communities and reduce the willingness of victims to access or cooperate with that system.

SDVCs strive to build sensitive and culturally appropriate alliances with immigrant communities, communities of color, faith-based organizations, and sexual orientation/gender identity advocacy and support organizations, among many others. This work is often conducted through caucuses, task forces or other efforts to focus resources and attention on those most likely to be isolated by mainstream efforts.
CONCLUSION

This description of the core values, functions and roles of SDVCs has attempted to capture the essential aspects of their work. From their early days as grassroots networks to their current status as leaders in their respective states, SDVCs have evolved in response to the changing needs of domestic violence survivors. SDVCs vary in size, structure and priorities, but they share common goals of responding to the needs of survivors, serving their member programs and creating social change on the local, state and national level.

SDVCs continue to evolve today and to serve as a dynamic force for social change. Most recently, state coalitions have focused on expanding their efforts beyond the criminal and legal systems to creating a broader response within states and local communities. SDVCs continue to hold themselves accountable to their member programs and most importantly, to survivors.

SDVCs work in partnership with policy makers, local programs, community-based organizations, funders, allied organizations and individual activists. The essential criteria put forth here may be useful to these partners in understanding the work of SDVCs. It may also be used by coalitions themselves to strengthen their core functions and enhance their efforts to address violence against women.
SPECIAL ACKNOWLEDGEMENTS to the Essential Criteria Workgroup

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Appendix J
LCADV History and Board Structure

The issue of domestic violence rose to prominence in the social conscience in the mid-20th century. By the early 1970's several countries were openly addressing the issue and the first shelter for battered women opened in the United Kingdom.

The first advocates were battered women who volunteered to help other women experiencing domestic violence. Although advocates were discussing the issue and finding ways to help women they did not find the necessary support to open the first shelters in the United States until the late 1970's.

During this early period there were few paid advocates throughout the nation. Advocates, paid and volunteer, sought each other out for peer support. They needed to share stories of their struggles and successes and learn from each other. Collectively they came together to start demanding legislative and policy changes that supported battered women. These meetings were the initial incubators for coalitions, LCADV was no exception.

LCADV held its first meeting in 1979. As with most coalitions throughout the nation the LCADV Board was originally comprised of the program director of each domestic violence shelter in the state. LCADV formally incorporated in 1982. Because resources were scarce the activities of the coalition were still carried out by member programs.

It became apparent over the years, as the movement grew, that advocates working in local communities could not manage both their work and the sort of advocacy at the state and federal levels that was needed to push the movement forward. With the passage of the Family Violence Prevention and Services Act in the mid 80's and then the Violence Against Women Act in the mid 90's, coalitions finally had enough resources to provide for permanent staff. In 1993 LCADV was able to hire its first permanent employee, at first part-time and then moving to full time in 1994.

During these years, advocates worked hard to ensure that the same federal legislation that created resources for both local programs and coalitions also created responsibilities and protections in federal law. For instance, the idea that coalitions would partner with the state in the distribution of resources was crafted by advocates in the field and meant to ensure that people with expertise in the topic had the ability to give input on the use of funds. It provided a sort of checks and balances that ensured the money would not be diverted for other purposes and that services would remain true to the field and consistent throughout the nation, not corrupted by any bureaucratic systems.

As the resources and responsibilities of coalitions grew, many realized that board structures comprised of only program representatives from shelters was causing some conflicts. The board structure was limiting. There was little turnover in members and often little diversity. The structure also posed some problematic legal ambiguities. Because each program director had a seat this meant that by default the coalition members could not choose their own board members and could not remove them if they were inactive or violated the by-laws or policies. Each seat on the board really belonged to each individual program, making that program as a whole potentially legally liable for any actions of the coalition. It also caused significant conflicts of interest when the coalitions participated in the distribution of funds as required in federal law.

As coalitions grew they realized the structure severely limited their ability to fundraise and did not mirror what they were advocating in the field, a coordinated approach to ending domestic violence that partnered with allies in other disciplines.
For all of these reasons, by the fall of 2009, almost 80% of all coalitions had transitioned to a ‘mixed model’ board structure. This essentially meant that while they had program representatives on their board they also had seats filled by allies or other community members.

After years of discussion about the board structure, in July of 2010 at a Board Retreat, LCADV began formally reviewing options for change. This included subcommittees who researched various models and began discussions on an appropriate board structure.

It was decided that the group would implement a new board for the coalition. The structure would be a minimum of 12 seats, a minimum of 40% of the seats had to be occupied by representatives from programs who were serving as individuals, not as representatives of that specific program. The goal was to maintain 6 employees of programs as board members.

The state was divided into 3 regions, North, Southeast and Southwest with the goal of maintaining equal representation in both programs members and allies in the board structure.

The new Board structure was approved on July 21, 2011 at a membership meeting in Marksville, LA with only 2 of 25 program representatives voting against it.

The first meeting of the new board occurred in January of 2012.