

453.4 Emergency services. In addition to the provision of temporary shelter at the facility which must be available on a 24-hour basis, seven days a week, including weekends and holidays, the following emergency services must be provided directly by the operator of the facility or, in the case of medical services, through a plan for obtaining appropriate medical services:

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(a) Twenty-four hour access to the program which means the provision of immediate assistance to victims of domestic violence through a telephone hotline which provides crisis intervention counseling and information and referral, including referrals to other available residential programs when the facility is filled to capacity. Such assistance, including admission to the program, must be made available on a 24-hour basis, seven days a week, including weekends and holidays. Such assistance may be provided directly by the program or by an employee or volunteer of a designee of the program, with such designation documented by a letter of agreement between the program and the designee. Staff or volunteers responsible for the provision of such services must be knowledgeable about the dynamics of domestic violence, facility services and the availability of community resources.

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(b) Information and referral which means:

(1) the provision by the program of information about and referral to community services and programs which meet the individual needs of residents. Referrals to such services must be made available to residents on a daily basis during regular business hours; and

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(2) the program maintaining and making accessible to all residents a list of community services and programs which may be relevant to victims of domestic violence, their minor children and family or household members.

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(c) Advocacy which means the provision by a program of liaison services and active intervention with community resources and services on behalf of a resident. Advocacy services must be made available to residents on a daily basis during regular business hours. Such services must include assistance in accessing legal remedies and protections; obtaining medical care, social services, employment and housing; and obtaining and submitting public assistance applications where appropriate. Staff persons or trained volunteers responsible for advocacy services must be oriented on an ongoing basis about community services and agencies, and the rights of victims of domestic violence to obtain necessary services and assistance.

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(d) Counseling which means the provision by a program of individual counseling and crisis intervention which supports self-determination<sup>1</sup>. Appropriate counseling must

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<sup>1</sup>There was not a consensus among committee members regarding this change. The majority of committee members agreed that self-determination was a better description of the goals of counseling because self-sufficiency is linked to welfare reform and refers more to economic self-sufficiency. They felt that self-determination encompassed a broader number of issues and did not carry the negative connotations of the word self-sufficiency. A couple members of the committee disagreed with this revision and felt that self-sufficiency

be made available to adult residents. Such counseling must be provided by a qualified staff person or trained volunteer with appropriate skills and training. Counseling provided must include:

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(1) the needs identified by the resident;

(2) safety planning;

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(3) the dynamics of domestic violence; and

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(4) information on legal resources and options.

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(e) Children services which means the program:

(1) making appropriate arrangements to, provide for the education of school- aged children in compliance with article 65 of the New York State Education Law, part 1, section 3201 et seq.;

(2) assisting parents, as needed, in arranging care for their children when such care is necessary to enable the parent to seek employment, housing and/or services or activities necessary to alleviate the parent's need for temporary shelter and emergency services;

(3) providing age appropriate recreational and social activities on weekdays and when feasible, weekends, for children residing in the facility; and

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(4) offering and providing age appropriate counseling and/or supportive services to children residing in the facility.

(f) Support groups which means the provision by the program of peer support to interested residents through discussing in group settings experiences with domestic violence. Support groups must be made available to residents at least once each week. Such groups must be coordinated by a qualified employee or trained volunteer and must not replace individual counseling.

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(g) Follow-up which means the program:

(1) ensuring that prior to a resident's planned departure from the facility, efforts are made to involve the resident in discussions on available community

was an essential component of counseling for domestic violence victims and was an integral part of plans for local districts.

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<sup>2</sup> There was confusion among the committee about why article 65 of the NY State Education Law, part 1; section 3201 was being referenced here as it addresses discrimination in admission to public schools on the account of race, creed, color or national origin. The committee wondered if Part 100.2(x), which addresses education of homeless children, should be referenced here instead.

services and programs which may assist the resident in carrying out their intended future plans upon departure. Such follow-up services may include, but are not limited to, counseling services, employment or training services, educational services, legal services, medical services, day care and housing services. Any referrals to other residential programs for victims of domestic violence must be documented in the resident's case record; and

- (2) recognizing every resident's need for safety and confidentiality and contacting residents after departure only when the residents have given prior written approval. Such approval must be documented in the resident's case record. Nothing in this subparagraph mandates the participation of the resident in follow-up services.

(h) Medical services which means:

- (1) The program having ~~a plan for the referral of residents to~~ a fully accredited medical institution or clinic ~~with qualified medical personnel, which include a physician, physician's assistant or nurse practitioner, for preliminary health examinations and follow-up visits, when requested and/or necessary.~~
- (2) When a referral for additional screening for physical examination, laboratory and tuberculin tests, inoculations and other appropriate treatment has been made, the program must assist the resident in arranging for such treatment when requested by the resident.

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(i) Transportation which means the program:

- (1) to the extent possible, arranging for transportation to the facility in an emergency; and
- (2) to the extent possible, making transportation available to residents in order for the residents to secure legal, medical, housing, employment, or public assistance services or assist residents to obtain available public or private transportation where possible.

<sup>3</sup>

<sup>3</sup> A majority of committee members agreed that community education and outreach activities are better addressed by non-residential service providers. This requirement is burdensome on residential service providers who rarely have staff devoted to this function. Also, because of shelter's confidentiality, it may be difficult to do these types of activities (e.g. utilize media, etc.)

However, one committee member felt that outreach and education by residential providers (who may not have non-res component) is essential in the establishment of relations with community service providers. This is especially pertinent in seeking community resources for clients including day care services, summer programs/camps, after school programs, precinct relations, etc. Generally this has been a function of shelter administrators and should be maintained.

Deleted: (j) Community education/outreach which means the provision of educational activities by the program to the community on the need for and benefits of domestic violence services, the dynamics of domestic violence, and prevention of domestic violence by making presentations, distributing written materials, and utilizing the media. The availability of program services must be made known to police agencies, courts, hospital personnel, and local social services districts. A segment of such community education/ outreach must be focused on informing victims of domestic violence about existing services.

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