

DOMESTIC VIOLENCE SUPPORTIVE SERVICES PROGRAM GUIDANCE

Office of Women's Health Domestic Violence Housing
and Support Services Unit



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PURPOSE

The intention of this document is to serve as a support guide and practical reference for Domestic Violence Supportive Services (DVSS) contractors. It includes an overview of each aspect of DVSS activities, offers recommendations to support your understanding and implementation of the program.

Contractors should use this manual as a more detailed reference and shall adhere to the requirements and guidelines set forth in the development, implementation, and management of their domestic violence supportive services programs.

Revisions to the manual will be distributed to contractors at least thirty days prior to the effective date of any change, when appropriate. If these guidelines do not answer your questions or concerns, please contact the Office of Women's Health at the following address:

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INTRODUCTION

The County of Los Angeles, Office of Women's Health (OWH) is dedicated to helping individuals live free from domestic and sexual violence by promoting prevention and by working in partnership with the Domestic Violence Council, the Department of Public and Social Services (DPSS), stakeholders, and communities to advance safety for all residents.

With State funding originating from Department Public Social Services (DPSS), OWH contracts with domestic violence services agencies throughout Los Angeles County for services that include 24-hour crisis hotlines, emergency shelter, advocacy, counseling, and related intervention and prevention services such as information and referral, transportation, and community outreach.

These guidelines are meant to describe services funded under OWH contracts, including tools and samples to assist contractors in implementing services. These guidelines are not indicative of best practices for domestic violence services.

Program Description

Domestic Violence Supportive Services (DVSS) consists of a series of activities (e.g., legal and case management services) designed to provide the necessary support for DV survivors to achieve the desired outcome of obtaining legal protections, unsubsidized employment and move toward self-sufficiency. DVSS services are provided to participants in the following programs: California Work Opportunity and Responsibility to Kids (CalWORKs), General Relief (GR) and General Relief Opportunity for Work (GROW).

CalWORKs is a program that provides temporary financial assistance and employment services to families with minor children. GR is a County-funded program that provides financial assistance to indigent adults who are ineligible for federal or state programs. The GROW Program offers employment and training services to GR employable individuals and to GR participants who are exempt from mandatory participation in GROW, but who choose to enroll in GROW as volunteers.

CalWORKs regulations provide considerations for domestic violence survivors to ensure that participants who are past or present survivors are not placed at further risk or are unfairly penalized by CalWORKs program requirements. Domestic violence is a pattern of controlling, coercive, and/or assaultive behaviors directed at one partner by the other to achieve power and control over that person. Intimate partners are considered current or former romantic/sexual partners and include both adults and adolescents. Domestic violence can take many forms including physical, sexual, psychological, financial, and spiritual. It can be a barrier to employment and participation in WtW activities for a DV survivor. DVSS are provided to assist survivors in achieving a network of safe supports so that they can overcome barriers to employment and become self-sufficient.

ELIGIBILITY

Survivors of domestic violence in the CalWORKs, General Relief (GR) and/or General Relief Opportunities for Work (GROW) programs are eligible to participate in the DVSS Program. Participants must reside in Los Angeles County. Participants cannot receive services at more than one (1) DVSS Provider at the same time for case management services. DVSS providers shall determine CalWORKs, GR, and GROW participant's initial and on-going eligibility to the DVSS program by adhering to the procedures outlined in the contract and highlighted throughout this document. These procedures include completion and submission of Department of Public Social Services (DPSS) forms and maintenance of documentation in participants' files.

Provider shall ensure that participant is eligible for the DVSS Program. To qualify for DVSS, each participant shall be a victim of DV by a current/past spouse or intimate partner. The abuse may be current or have occurred in the past.

Obtaining Participants' Case Number

During intake, Provider shall ask for and obtain from participant his/her CalWORKs or GR/GROW case number. Most participants carry their Electronic Benefits Card (EBT) with them, which includes the participant's case number.

If the participant's EBT card was lost or stolen they must report it immediately to EBT Customer Service at 1-877-328-9677, so they can cancel the card and give them a new one.

Provider shall obtain the name, DPSS office location, and phone number of the participant's GSW/CCM or GROW Case Managers from the participant. If the participant is only able to provide the name of the GSW/CCM/GROW Case Manager and CalWORKs or GR case number, the other information may be obtained by calling DPSS at (866) 613-1044.

Maintaining Participant Confidentiality

It is important to ensure that participants' rights to privacy and confidentiality are maintained if that participant information is released to other providers or agencies for additional services. The DV service providers must respect participants' right to privacy and only collect information that is essential to providing quality care services. All information about a participant and his/her significant others or family members should be held in the strictest confidence. Information may be released to other professionals and agencies only with the written permission of the participant or his/her guardian. The participant has the right to revoke this release by written request at any time. DV service providers must avoid discussing confidential information in any setting where

privacy cannot be ensured, including public or semipublic areas such as, hallways, waiting rooms, elevators, and restaurants.

Referrals

The COVID-19 pandemic caused many organizations to adjust business continuity plans to manage and reduce risk of virus transmission. County offices, including DPSS shifted to a primarily remote setting for an indefinite period of time.

During office closures, DPSS created interim instructions for connecting CalWORKs participants requesting DV services with County-Contracted DV providers.

Provider will receive participant referrals from DPSS for the provision of domestic violence supportive services.

DPSS staff will initiate a call to the Provider to schedule an appointment for the participant. Provider shall coordinate scheduling of appointments and shall implement the following steps when receiving participant referrals from DPSS. Providers must keep record of the participants respective GAIN Region and GAIN Service Worker contact information to help communicate future reporting to them.

Direct Referrals from DPSS

During County office closures due to the COVID-19 pandemic, direct referrals to County-Contracted DV providers significantly decreased.

When participants disclose the need for DV services during telephonic appraisals or at any point of contact, DPSS staff will initiate a call to the DV provider to schedule an appointment for the participant. The DV provider shall coordinate the scheduling of appointments and implement the following steps.

In addition, to safeguard participants' confidentiality and safety during the County's "Stay at Home" Order, forms (e.g., WTW Plan Rights and Responsibilities, Plan Activity Assignment) will not be mailed to DV participants.

CalWORKs Participants

- Obtain a copy of CalWORKs Specialized Supportive Services Provider Referral, GN 6006B form, from the participant or DPSS GSW/CCM/GROW Case Manager.
- Complete Page 2, Section B of GN 6006B form, and fax or transmit the completed form via County-approved encrypted email to the DPSS GSW/CCM/GROW Case Manager within five (5) business days of participant's intake.

- Retain a copy of the completed GN 6006B form in the participant's case file.
- Ensure that the DV component is open in DPSS's California Statewide Automated Welfare System (CalSAWS) for at least one day of a service month to establish eligibility for entire month.

GR/GROW Participants

- Obtain a copy of General Relief Domestic Violence Services Referral, ABP 1467 DVS (Appendix B, Exhibit 9) from the GROW Case Manager via confidential fax or U.S. mail.
- Complete the ABP 1467 DVS form and fax it or transmit via County-approved encrypted email to the GROW Case Manager within five (5) business days of the participant's intake. Keep a copy of the completed ABP 1467 DVS form in the participant's file.
- Retain a copy of the completed ABP 1467 DVS form in the participant's file.

Reverse Referrals

During County office closures due to the COVID-19 pandemic, Reverse Referrals are being used as the primary method of participant enrollment into the DVSS program.

Reverse referrals are used by DV providers who wish to serve and bill for participants who want to access DV services without directly being referred or given an appointment by DPSS. Providers may identify that a participant has a CalWORKs case and inquire about their current eligibility status with the PA 1923 Centralized Unit utilizing the Reverse Referral process.

CalWORKs Participants

- Provider must follow the instructions in the PA 1206 (Appendix B, Exhibit 1, Form1) to screen for current CalWORKs eligibility.
- Provider shall submit and retain a copy of the completed PA 1923 (Reverse Referral) to the DPSS PA 1923 Centralized Reverse Referral Section by fax to (818) 775-6969 or uploaded into the PA 1923 share folder.
- Provider shall receive an acceptance/approval or rejection of the PA 1923 submission, via the Provider Notification Letter by mail, fax, or email.
- Provider may not continue to provide services and shall not be reimbursed for any services rendered to the participant if the Notification Letter states that the PA 1923 is rejected.

GR and GROW Participants

Provider shall legibly complete the General Relief Domestic Violence Services Verification form (ABP 127 DVS) with participant's signature, and fax or transmit the form via County-approved encrypted email within five (5) business days of the intake appointment/initial contact with the participant to the GROW Program Section.

DVSS SERVICES

LEGAL SERVICES

Legal Services include family law, immigration services, translator/translation services, restraining order, benefits advocacy, other legal services, and legal services workshops.

Legal Services are offered and provided to participants upon request during his/her participation in DVSS, which includes formal legal representation (by Staff Attorneys) to ensure that participant's rights are preserved and that issues are resolved with participant's best interest and safety in mind. Provider shall also ensure services assist participants in removing barriers to employment, meeting service plan objectives, and achieving successful outcomes.

CASE MANAGEMENT SERVICES

Domestic Violence Case Management Services include assessment, safety plan, service plan, counseling services, support group services, life skills education services (client advocacy), DV education classes, shelter bed night service, language assistance services, childcare/youth activities, and outreach.

Case Management Services

Case Management are services that assist eligible individuals in gaining access to housing, and supportive services. Case managers help domestic violence survivors and their children navigate social services systems to assist them in getting access to services that help them become safer from recently domestic violence that they have experienced. Case managers provide referrals, linkages, and follow-up activities to help with participants in obtaining the domestic violence community resources such as shelter, Victim Services Compensation and Legal services programs.

Case Management services are client-centered and trauma-informed. The activities are provided for the purpose of facilitating access to supports and services to assist participants in obtaining employment to ensure that they become self-sufficient through the provision of supportive service activities.

Intake

Provider shall conduct a (in-person or virtual) interview and complete a Client Intake form for all participants to obtain information and determine the participant's immediate needs. Participant is eligible for services based on his/her service needs. Participant may simultaneously access case management and legal services. However, the participant cannot receive case management services with more than one (1) DVSS contractor, at the same time.

Provider shall ask every new participant whether he/she is involved in multiple DV services (i.e., receiving services from other DVSS Provider(s), from other, and/or County departments). DVSS shall be coordinated with other agencies to assure that DV families are not subjected to conflicting service goals. It is critically important to set an appropriate tone during the first meeting with a potential domestic violence survivor. The following are some steps to consider in planning and initiating an intake with a domestic violence survivor:

- Before meeting with a domestic violence survivor, complete as much of the intake form as possible with the domestic violence survivor's basic information. Consider including information received from other sources (such as the referring law enforcement agency or other community-based partner). While you will likely revisit/confirm that information as you build your relationship with your client, it can be helpful to consider this information in planning and prioritizing your intake and needs assessment process.
- If needed, secure a safe and appropriate interpreter in the language the survivor identified as preferred.
- Begin with a warm welcome. This may be difficult during virtual sessions. If you are meeting in-person, apply your agency's workplace safety guidelines about in-door mask-wearing and social distancing to protect yourself and the client from potential COVID-19 transmission.
- Provide a brief tour of the building, to familiarize domestic violence survivors with a new environment. If your agency offers in-person meetings, follow the workplace safety guidelines by applying in-door mask wearing and social distancing rules.
- Be sure to have all documents outlining available services, confidentiality, and domestic violence survivors' rights on hand, print in the domestic violence survivor's preferred language.
- Review the concept of confidentiality and the specific agency policy, outlining the commitment to not share any information with any outsider (including law enforcement or other providers associated with the case) without specific, written permission. Ensure you are holding this meeting in a confidential and private space. Make sure to emphasize your role as a mandated reporter (if applicable) BEFORE client is asked to provide information.
- Discuss the services program, including the survivor's rights and responsibilities under the program and, specifically, the right to not engage in services. Speak with the survivor about which services appear to be relevant to their

current situation. Ask for the participant's feedback, reactions, suggestions, and any specific supports they might be looking for.

[Assessment](#)

Provider shall conduct a comprehensive assessment of every new participant to identify the participant's DV situation, service need(s), level of capacity to participate in WtW, including referrals to assist the participant in overcoming DV barriers to move toward self-sufficiency. The assessment shall include, the information needed to develop a Service Plan tailored to the participant's needs, circumstances that may impair the participant's ability to be regularly employed, or to participate in WtW activities, or that may prevent the participant from participating at all in WtW. The assessment shall include narrative information supporting the selected goals, and objectives for the participant.

- **Conducting a Needs Assessment** – it is rare to conduct a thorough assessment during the initial meeting with a survivor. Rather, a thorough assessment of needs takes place over several meetings, allowing the domestic violence survivor to identify and prioritize her/his needs. Emergency needs should be attended to first, ensuring physical safety for the survivor.

[Safety Plan](#)

A safety plan is a personalized plan of actions that can help participants avoid dangerous situations and know the best way to respond when they are in danger. As part of safety planning, providers shall discuss safety considerations that participants should be aware of such as safety when attending court, discussions with children, and legal considerations when taking children out of the area. Provider shall ensure that safety plans are developed and customized for each participant assessed. Provider shall work with each participant to develop safety plans that meet their specific needs.

- **Create a safety plan.** It is imperative for staff to receive training on the process of thorough and collaborative safety planning with domestic violence survivors. Note, it is not uncommon for domestic violence survivors to express the desire to return to their perpetrator, or to actually do so. Discussing a safety plan is even more important in this situation.
- **Be aware of and educate survivors about common responses to trauma, validate and normalize reactions**, such as sleeping too much or too little, forgetfulness, and hyper-vigilance, numbness and review possible interventions if these responses occur. When appropriate do the same for reactions and behaviors among children and teens.

Safety plans are intended to optimize survivor safety at every stage and should minimally include the following:

- Detail plans in case of dangerous situations or changes in the relationship, such as acts of violence, coercion, control, changes in perpetrator's mental health, substance use, presence of a women, break up or needing to flee the relationship or shared residence suddenly for any reason;
- Identify safe friends and safe places.
- Identify the essential items to take should one need or decide to leave home
- Include information about local domestic violence resources and legal rights; and
- Build on what a survivor is already doing to survive.

Survivors are the experts in their own situation and some of the information or suggested steps provided in the plan may not be relevant or feasible to an individual survivor. The safety plans should be adapted as needed and include direct input from survivors.

Service Plan

A Service Plan shall be created to empower the participant to engage in services and seek supports, to accomplish the desired goals, to assist in overcoming barriers to employment, and obtaining self-sufficiency. A thorough Service Plan incorporates the results of the assessment.

Developing the service plan is a collaborative process between the team of DV service providers and the participant. It is a clear outline of tasks and processes through which these tasks will be accomplished, developed through discussion with the participant while completing the assessment, and agreed upon by the participant and team of DV service providers.

- a) **Summarize participant needs identified** during the assessment following its completion.
- b) **Solicit feedback** from the participant to ensure clarity and how needs identified relate to their treatment adherence and risk behavior.
- c) **Discuss with the participant which issues are most important/pressing** within the context of their specific needs and prioritize which issues to address first.
- d) **Share the service plan with the participant**, review the established objectives with the participant, and make any necessary changes based on the participant's feedback.
- e) Divide each objective into **manageable tasks** needed to achieve the objective.

- f) **Discuss any barriers or challenges** to completing the task. Strategize ways to overcome these concerns.
- g) **Identify a date** by when each task and objective must be completed. Allow realistic timelines.

Follow these guidelines to develop service plan objectives that are Specific, Measurable, Attainable, Relevant, and Timely (**S.M.A.R.T.**)¹⁰ with participants:

- **Specific:** Clearly define the objective, including the *what, why, and who*. *What* will be done? *Why* will it be done? *Who* will do it?
- **Measurable:** Set criteria to measure progress towards the objective. How will you know if it is accomplished? For example, reduce missed medications from 3 times per week to 1 time per week by the end of 30 days from today.
- **Achievable/Attainable:** Ensure the objective can be reached. Keep in mind that a good objective *should* challenge and stretch someone outside of their comfort zone. An objective that is too easy will not allow a person to grow, while an objective that is unrealistic will only discourage, frustrate, and foster fatalism. Some objectives may require multiple tasks to achieve.
- **Relevant:** Ensure the objective aligns with the domains of need identified in the assessment. It must also be an objective the person is willing and able to prioritize and work towards.
- **Timely:** Develop a realistic timeframe or target date to achieve the objective. Too short and the person risks automatic failure. Too long and you invite procrastination.

Follow-Up

Follow-up is the process of conducting ongoing contact with participants to ensure that services provided are adequate and assist participant in achieving their goals. Provider's and staff shall evaluate whether services are consistent with the needs in the service plan and determine if any changes to goals are necessary. Additionally, these activities shall ensure that referrals are linked, and services are obtained in a timely, coordinated manner. Provider shall ensure that participants engage in WtW activities as required by DPSS.

At a minimum of once every 90 days from the date services began Provider shall monitor the progress of participants and note the progress of CalWORKs participants on the Mental Health/Substance Abuse/ Domestic Violence/ Family Preservation Program

Service Provider Progress Report, GN 6008 (Appendix B, Exhibit 6). This report shall be submitted via fax or County-approved encrypted email, within 15 calendar days of report, and a signed copy of the form and fax confirmation shall be retained in the participant's file.

- **Referrals and Linkages**

Providing referrals to participants and following up with agencies that participants were referred in order to ensure that they received the referral and obtained those services.

Providers shall maintain documentation with the following information to verify that the Case Management Services were provided.

- Date service was provided.
- Signature and Name of individual(s) who provide the service.
- Description of type of case management services provided by case manager.
- "CM" noted for Case Management.
- Time spent providing the service, which must match the time billed on contractor invoice.
- Participant Information: First initial of first name, CalWORKs or GROW Case Number, Year of Birth, Participant's Case Number, and notes about participant progress and/or barriers to safety and/or changes.

Counseling Services

Counseling Services are participant centered and consist of individual, family (participant and child/adolescent), or group counseling and education. Services shall be provided by a licensed, or non-licensed clinician, or a para-professional trained specifically in domestic violence counseling. Counseling Services shall be focused on strength-based methods and interventions for enhancing, empowering and motivating DVSS participants to build positive behaviors and self-regard (i.e., increase safety; address his/her emotional, social, vocational, educational, and health needs; promote the recovery of the adult survivor/children from the immediate and long-term effects of domestic violence; identify and achieve personal and emotional well-being).

Support Group Services

Support Group Services are meetings with participants which cover group discussion topics, activities, and special events to address myths associated with abuse, affirm participant's positive self-image, encourage participants to share their stories, lend support and validate each other's experiences, teach and practice coping, communication, self-awareness and emotional regulation skills.

A group is defined as three or more DV participants. Provider shall be reimbursed for the length of the group session in total hours, not the number of participants per hour in

the group. For instance, if a group is two hours in length, the reimbursement will be for two hours of group time regardless of how many participants attended the group.

Childcare/Youth Activity Services (CalWORKs Participants Only)

Childcare/Youth Activity Services is defined as an on-site activity of the CalWORKs participant's minor child(ren). This may include leading or overseeing the minors in any educational or recreational activities.

Provider shall not utilize other DVSS Program participants to provide childcare or youth activity services under any circumstances.

Life Skills Education Services

Life Skills Education Services are skills building educational sessions provided to participants to increase self-reliance, self-confidence, independence, and accountability by acquiring skills necessary to live free from violence. Life Skills Education Services include but are not limited to 1) parenting education; 2) independent living skills; 3) household establishment skills; and healthy relationship skills. These skills are taught to participants on an individual basis or in a group/classroom setting.

Provider shall provide Life Skills Education sessions on a face-to-face basis with each participant that includes the following:

- **Parenting education**
- **Independent Living Skills**
- **Household establishment skills education**
- **Healthy relationship skills**
- **Client Advocacy.**

DV Education Sessions

DV Education Sessions consist of skills building educational sessions to help participants learn about domestic violence (e.g. definition of DV, cycle of violence, DV myths, dynamics of DV, etc.) to empower participants, in a group setting. For purposes of payment/billing, a class is defined as two or more participants. Provider shall be reimbursed for the length of the education class in total hours, not the number of participants per hour in the class.

Shelter Bed Night Services

Shelter Bed Night services have bed divided into two different billable services noted below to allow for distinguishable reimbursement rates for instances where Providers house DV participants in hotels and motels versus sheltering participants in shelters run by the contractor. In both instances, Shelter Bed Night services are for CalWORKs participants and their family members only.

Shelter Bed Night Services

Shelter Bed Night Service is a service at a DV shelter operated by the contractor. Reimbursement for Shelter Bed Night shall be made only in instances where Provider is not reimbursed via alternate funding sources.

Shelter bed nights are not reimbursed for contractors that have alternate funding for such services such as the Domestic Violence Shelter-Based Programs (DVSBP) contract.

Hotel Shelter Bed Night Services

Hotel Shelter Bed Night Services is a service provided to participants when they are sheltered at a licensed commercial lodging establishment (Hotel or Motel) that operates with security precautions (i.e., security guard, video surveillance, etc.). The reimbursement for Hotel Shelter Bed Night services shall be made only in instances where Provider is not reimbursed via alternate funding sources.

Language Assistance Services

Language Assistance Services are provided using an interpreter or interpretation services (e.g., Tele-Interpreter or Open Communications International, TDD device or tele braille equipment) directly with a participant in a language other than English. Translation can be written and/or interpreted orally.

Provider shall not require participant to provide his/her own interpreter at any time. The most common non-English languages required by participants in the DVSS Program are Armenian, Cambodian, Chinese (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

Court Accompaniment and Support Services

For any DV survivor, navigating the legal process can be intimidating and overwhelming because of the close relationship between the victim and the defendant, and the complicated nature of the impact of the abuse. Court Accompaniment and Support Services ensure that a person does not have to go through this process alone.

Court Accompaniment and Support Services is not a legal service and is not provided by a California licensed attorney. Court Accompaniment and Support Services do not include providing legal advice or legal information or representing anyone in court. Services include the following:

- Provision of emotional support throughout the legal proceedings.
- Accompanying participants to court proceedings and assisting the development of safety planning to ensure they are safe getting to and leaving the courtroom.
- Facilitating referrals to services that address the impacts of abuse such as counseling, safe housing and/or advocacy programs.

Licensed Therapy Services for Mental Health

Provider may provide Licensed Therapy Service by individuals who are licensed by the California Board of Behavioral Sciences (BBS).

Legal Services

Legal Services are available to CalWORKs, GR and GROW participants only. The exception is Immigration Services, which may be provided to non-CalWORKs, GR and/or GROW participants to assist in stabilizing their immigration status. Legal services shall be provided to CalWORKs, GR and GROW participants to ensure that participant's rights are preserved and that issues are resolved with their best interest and safety in mind. Legal Services Provider shall ensure that written documentation requirements are not in conflict with the relevant California State laws regarding Attorney-Client confidentiality and the Attorney-Client and Attorney-Work Product privileges.

Family Law Services (Divorce and Child Custody)

Family Law Services may include, but are not limited to divorce, marital property division, spousal support, paternity establishment, child custody and visitation orders, child support, and the filing of a restraining order, etc. Legal Services Provider shall:

- Clearly document the initial consultation(s), legal advice, and legal/related research.
- Prepare/file court documents/forms.
- Provide Court/alternative dispute resolution representation.
- Prepare participant for testimony at trial by explaining the basic background of the American Court system procedures.
- Conduct/prepare communications with other involved parties.

- Provide court accompaniment of participant to family law, and/or civil courts to offer support and information.

Restraining Order Services

Restraining Order Services are legal services provided to DVSS participants that are associated with obtaining a DV restraining order, emergency protective order (EPO), temporary restraining order (TRO), or otherwise.

Legal Services Provider shall provide Restraining Order Services, which may include any combination of the following:

- Initial consultation and legal advice.
- Preparation of court documents/forms including filing fees.
- Court representation.

Benefits Access Assistance (BAA) Services/Advocacy

Benefits Access Assistance (BAA) Services are legal services provided by Legal Service Provider staff to help DVSS participants access government benefits to which they are entitled. These BAA services include, but are not limited to, helping participants understand their rights, appealing any administrative law decisions, compensation for medical bills, court fees, troubleshooting, and any services substantially similar to the aforementioned services.

Immigration Law Services

Immigration Law Services are legal services in connection with participant's access to services from the United States Citizenship and Immigration Services (USCIS). These are services that assist participants in stabilizing their immigration status which include, but are not limited to, filing petitions under VAWA, or Widow(er), or U Visa, or appeals, including obtaining work authorization, and/or other lawful permanent residency issues.

Translator/Translation Services

Translator/Translation Services are associated with Provider using a translator or translation services (e.g., Tele-Interpreter or Open Communications International, TDD device or tele braille equipment) to provide direct services to a participant in a language other than English. Translation can be written and/or oral.

Provider shall provide translation services to non-English and limited English proficient participants using bilingual staff, or an interpretation service.

Provider shall not require participant to provide his/her own interpreter at any time. The most common non-English languages required by DVSS participants are Armenian, Cambodian, Chinese (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.

Legal Services Workshop

Legal Services Workshops are provided in a group setting to assist in completing the required legal paperwork to avoid paperwork returns from the court. Legal Services Workshops are facilitated by the Family Law or Staff Attorney. Legal Services Workshops provide information on the legal aspects about family law matters, i.e., divorce, paternity establishment, child custody, support, and visitation; step-by-step instructions on completing required legal forms. Participant confidentiality shall be maintained by providing opportunity for participants to privately ask questions on a one-on-one basis.

DOCUMENTATION

Contractors shall develop a distinct file specific to maintaining eligibility documentation, progress notes and other required documentation for each DVSS participant served, billed, and reimbursed. The DVSS participant record file shall be maintained in such a way that it is accessible to DPH programmatic monitors and county fiscal auditors on at least an annual basis. **The DVSS participant files must be maintained separately from any files that are subject to attorney/client privilege and must maintain all the required documentation that determine what services were rendered and match services billed and reimbursed.**

Case Management Documentation

Contractor shall maintain documentation the following information within each participant's DVSS file to verify that the Case Management Services billed and reimbursed for were provided on the date billed and the amount of time:

- Date service was provided
- Signature and name of individual(s) who provided the service
- Appropriate designation for type of service provided. ("CM" noted for Case Management, "CS" for Counseling, etc. for the type of case management: childcare/youth activities, counseling services, support group services, life skills education services/client advocacy, DV education classes, shelter bed night service).
- Participant's Information: First initial of first name, CalWORKs or GROW Case Number, Year of Birth, and Participant's Case Number

- Time spent providing the service, which must match the time billed on contractor invoice
- Progress note indicating what occurred during the case management session. See sample documentation format below:

Sample Documentation Format, G-I-R-P stands for Goal(s), Intervention(s), Response(s), Plan:

- **Goal**/objective is being worked on (from POC)
- **Intervention** used (reviewed, coached, prompted, assisted, encouraged, etc.)
- **Response** of the client (feeling and/or action words)
- **Plan** for next steps (next visit, client will, client plans to...)

Example of G-I-R-P Note:

- (G) Case Manager (CM) met with client at her office for the purpose of updating participant's Service Plan.
- (I) CM conducted semi-annual assessment and screened participant for current needs to be addressed.
- (R) Participant communicated about concerns about her ability to rent an apartment. Participant appeared slightly anxious as evidenced by her "biting her nails" and saying she "didn't have the move-in deposit."
- (P) CM will generate referral for financial assistance services at a partnering agency. Participant will call for appointment within the next 24 hours.

Legal Services Documentation

Please note, a DVSS Legal Services participant record file is **not** the same as an agency's **Legal Case File**. Legal Case files contain legal case notes and are protected by attorney/client privilege. **The DVSS participant files must be maintained separately from any files that are subject to attorney/client privilege and must maintain all the required documentation that determine what services were rendered and match services billed and reimbursed.**

A DVSS Legal Services participant record file contains documentation related to a participant's eligibility for the DVSS program and brief notes indicating that a **DVSS Legal service** was provided to a participant. Contractor shall maintain documentation within the **DVSS Legal Services Participant record file** for each participant with the following information to verify that the DVSS Legal Services were provided:

- Date service was provided

- Signature and name of individual(s) who provided the service
- Description of type of (legal services) that were provided
- “LS” noted for Legal Services for specific type of legal service provided
- Time spent providing the service, which must match the time billed on the contractor invoice
- Participant’s Information: First initial of first name, CalWORKs or GROW Case Number, Year of Birth, and Participant’s Case Number

OTHER DVSS SERVICE ITEMS

Discharge, Termination and Changes

CalWORKs

Provider shall complete or update the DV assessment tool, the Client Satisfactory Survey, and the CalWORKs Supportive Services Enrollment Termination Notice, GN 6007B for all participants at discharge, termination, completion or drop-out, within five (5) working days, if the change occurs in between the progress report period.

For all changes such as, an increase/decrease to the number of hours of participation, participation in concurrent activities, and/or receipt of additional supportive services, provider shall complete the Notification of Change form Specialized Supportive Services Provider, GN 6007A within five (5) working days of the actual change. Fax or transmit via County-approved encrypted email a copy of GN 6007A and/or GN 6007B to the Greater Avenues for Independence (GAIN) Services Worker (GSW)/Contracted Case Manager (CCM), if the change occurs in between the progress report period.

GR AND GROW

Provider shall utilize the General Relief Opportunities for Work (GROW) Progress Report DVS, ABP 1469 DVS to report participant discharge, termination, or changes.

Provider may bill for services provided to a terminated GR/GROW participant for a period not to exceed 30 days after notification of termination of GR/GROW eligibility has been received from DPSS. Provider shall not be reimbursed for services provided to terminated GR/GROW Participants that exceed the 30-day limit.

Customer Service Questionnaire

Provider shall download the most recent Customer Service Questionnaire (CSQ) from the OWH website and give it to every participant with a stamped envelope addressed to DPH Office of Women's Health, 1000 South Fremont Avenue, Building A-9 East, 5th Floor, Mail Unit 105, Alhambra, California 91803. Provider shall give the CSQ to each participant within 90 days of intake and at discharge, instructing them to complete the form and mail it to DPH. The Customer Service Questionnaire consists of the participant's input about their satisfaction and progress with the program. Before the participant completes the form, provider shall label the form with their agency's name, date, and complete the bottom of the form, documenting that the participant was given the questionnaire. Providers shall note the date that the form was given to the participant in their case file for monitoring purposes.

Job Club

Case Management Providers shall participate in GAIN Orientation/Job Club presentations that consist of providing information about the DVSS Program services to assist survivors or potential victims of DV.

During the closure of County offices due to the COVID-19 pandemic, DPSS, Los Angeles County Office of Education (LACOE) and DPH OWH collaborated to implement virtual Job Club. DPH OWH in partnership with LACOE, provide a schedule of the virtual GAIN Orientation/Job Club presentations with the Zoom links, date, and time of the presentations for providers to participate.

Virtual Job Club presentations must be 15-minutes long and presenters must adhere to professional behavior and business dress code.

It is recommended for service providers to communicate with the LACOE presentation Facilitator or Area Manager before the date of the presentation to confirm the Zoom link is working.

If service providers are unable to attend the scheduled presentation, a makeup date may be requested by contacting the LACOE Area Manager on the schedule provided. A notification of the change(s) must be sent to DPH OWH to ensure documentation and alignment at billing. Service providers use the DVSS Event Services Report Form to document their virtual presentation.

MONTHLY MANAGEMENT REPORTS

These are screenshots of the case management and legal services Monthly Management Reports (MMRs). The reporting form can be accessed from the OWH website.

Providers shall enter the number and demographic information of new participants that have never been reported on the MMR. The numbers in the demographic sections must match the number of new participants. Providers shall use the yellow lines to confirm that demographics were collected for each new participant counted in the report. Demographics for continuing participants do not need to be collected.

Case Management MMR Screenshots

CASE MANAGEMENT SERVICES MONTHLY MANAGEMENT REPORT													
CONTRACT #:	CONTRACT #:					SUPERVISORIAL DISTRICT:							
NAME OF STAFF COMPLETING REPORT:		PSS PROGRAM					SUBMISSION DATE:						
I. PARTICIPANTS	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD
1. Number of New Participants (never been reported)													0
2. Number of Continuing Participants (reported in previous months)	X												
Total Participants served:	0	0	0	0	0	0	0	0	0	0	0	0	0
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS													
A. PARTICIPANT GENDER													
1. Female													0
2. Male													0
3. Transgender (Male to Female)													0
4. Transgender (Female to Male)													0
5. Other													0
6. Unknown/Declined to State													0
Total number of participants by gender:	0	0	0	0	0	0	0	0	0	0	0	0	0
B. PARTICIPANT AGE													
1. ages 0-9													0
2. ages 10-17													0
3. ages 18-24													0
4. ages 25-44													0
5. ages 45-64													0
6. ages 65+													0
7. Unknown/Declined to State													0
Total number of participants by age range:	0	0	0	0	0	0	0	0	0	0	0	0	0
C. PARTICIPANT SEXUAL ORIENTATION													
1. Heterosexual													0
2. Bisexual													0
3. Lesbian													0
4. Gay													0
5. Other													0
6. Unknown													0
7. Declined to State													0
orientation:	0	0	0	0	0	0	0	0	0	0	0	0	0

D. PARTICIPANT RELATIONSHIP STATUS													
1. Single													0
2. Married													0
3. Divorced													0
4. Separated													0
5. Domestic Partnership													0
6. Unknown/Declined to State													0
Total number of participants by relationship status:	0	0	0	0	0	0	0	0	0	0	0	0	0
E. ESTIMATED ANNUAL INCOME OF PARTICIPANT													
1. \$0-\$24,999													0
2. \$25,000-\$49,999													0
3. \$50,000 and above													0
4. Unknown/Declined to State													0
Total number of participants by income:	0	0	0	0	0	0	0	0	0	0	0	0	0
F. SELF-IDENTIFIED DISABILITY OF PARTICIPANT													
1. No Disability													0
2. Physical													0
3. Mental/Emotional													0
4. Vision													0
5. Hearing													0
6. Other													0
7. Unknown/Declined to State													0
Total number of participants by disability:	0	0	0	0	0	0	0	0	0	0	0	0	0
G. SELF-IDENTIFIED RACE/ETHNICITY OF PARTICIPANT													
1. White													0
2. Black or African Descent													0
3. American Indian and Alaska Native													0
4. Asian (Subcategories below)													0
Subcategories below: Enter the participants served by ethnic breakdown below													
a. Asian Indian													0
b. Cambodian													0
c. Chinese													0
d. Filipino													0
e. Japanese													0
f. Korean													0
g. Thai													0
h. Vietnamese													0
i. Asian - Other													0
Total Asian:	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Native Hawaiian/Pacific Islander													0
Subcategories below: Enter the participants served by ethnic breakdown below													
a. Pacific Islander													0
b. Native Hawaiian													0

Total Hispanic or Latino/a/lnx	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Mixed Race - Mixed Heritage													0
8. Unknown/Declined to State													0
Total number of participants by race/ethnicity:	0	0	0	0	0	0	0	0	0	0	0	0	0
H. PRIMARY LANGUAGE OF PARTICIPANT													
1. English													0
2. Spanish													0
3. American Sign Language													0
4. Arabic													0
5. Armenian													0
6. Chinese - Cantonese													0
7. Chinese - Mandarin													0
8. Farsi													0
9. Khmer (Cambodian)													0
10. Korean													0
11. Russian													0
12. Tagalog													0
13. Vietnamese													0
14. Other													0
15. Unknown/Declined to State													0
Total number of participants by language:	0	0	0	0	0	0	0	0	0	0	0	0	0
III. SELECTED SERVICES													
A. Number of Participants obtained by Direct Referral from DPSS													0
B. Reverse Referral (Accepted PA1923)													0
C. Number of Participants identified in need of legal services													0
D. Number of Participants referred to DVSS Legal Services													0
E. Number of Participants referred to mental health services													0
F. Number of Participants referred to substance use disorder (SUD)													0
E. Number of Participants referred to housing services													0
F. Number of Individuals reached through outreach activities													0

Legal Services MMR Screenshots

CONTRACT#	CONTRACT #:						SUPERVISORIAL DISTRICT:						
NAME OF STAFF COMPLETING REPORT:	DPSS PROGRAM						SUBMISSION DATE:						
I. PARTICIPANTS	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
1. Number of New Participants (never been reported)													0
2. Number of Continuing Participants (reported in previous months)	X												
Total Participants served (per month):	0	0	0	0	0	0	0	0	0	0	0	0	0
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS													
A. PARTICIPANT GENDER													
1. Female													0
2. Male													0
3. Transgender (Male to Female)													0
4. Transgender (Female to Male)													0
5. Other													0
6. Unknown/Declined to State													0
Total number of participants by gender:	0	0	0	0	0	0	0	0	0	0	0	0	0
B. PARTICIPANT AGE													
1. ages 0-9													0
2. ages 10-17													0
3. ages 18-24													0
4. ages 25-44													0
5. ages 45-64													0
6. ages 65+													0
7. Unknown/Declined to State													0
Total number of participants by age range:	0	0	0	0	0	0	0	0	0	0	0	0	0
C. PARTICIPANT SEXUAL ORIENTATION													
1. Heterosexual													0
2. Bisexual													0
3. Lesbian													0
4. Gay													0
5. Other													0
6. Unknown													0
7. Declined to State													0

LEGAL SERVICES MONTHLY MANAGEMENT REPORT (MMR)													
CONTRACT#	CONTRACT #:						SUPERVISORIAL DISTRICT:						
NAME OF STAFF COMPLETING REPORT:	DPSS PROGRAM						SUBMISSION DATE:						
I. PARTICIPANTS	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
1. Number of New Participants (never been reported)													0
2. Number of Continuing Participants (reported in previous months)	X												
Total Participants served (per month):	0	0	0	0	0	0	0	0	0	0	0	0	0
II. PARTICIPANT DEMOGRAPHICS - ONLY PROVIDE DEMOGRAPHIC DATA FOR PARTICIPANTS NOT REPORTED IN PREVIOUS MONTHS													
A. PARTICIPANT GENDER													
1. Female													0
2. Male													0
3. Transgender (Male to Female)													0
4. Transgender (Female to Male)													0
5. Other													0
6. Unknown/Declined to State													0
Total number of participants by gender:	0	0	0	0	0	0	0	0	0	0	0	0	0
B. PARTICIPANT AGE													
1. ages 0-9													0
2. ages 10-17													0
3. ages 18-24													0
4. ages 25-44													0
5. ages 45-64													0
6. ages 65+													0
7. Unknown/Declined to State													0
Total number of participants by age range:	0	0	0	0	0	0	0	0	0	0	0	0	0
C. PARTICIPANT SEXUAL ORIENTATION													
1. Heterosexual													0
2. Bisexual													0
3. Lesbian													0
4. Gay													0
5. Other													0
6. Unknown													0
7. Declined to State													0

H. UNKNOWN DECLINED TO STATE												
Total number of participants by race/ethnicity:		0	0	0	0	0	0	0	0	0	0	0
H. PRIMARY LANGUAGE OF PARTICIPANT												
1. English												0
2. Spanish												0
3. American Sign Language												0
4. Arabic												0
5. Armenian												0
6. Chinese - Cantonese												0
7. Chinese - Mandarin												0
8. Farsi												0
9. Khmer (Cambodian)												0
10. Korean												0
11. Russian												0
12. Tagalog												0
13. Vietnamese												0
14. Other												0
15. Unknown/Declined to State												0
Total number of participants by language:		0	0	0	0	0	0	0	0	0	0	0
III. SELECTED SERVICES												
A. Number of Participants obtained through Direct Referral from DPSS												0
B. Number of Participants obtained by Reverse Referral (Accepted PA)												0
C. Number of Participants referred to DVSS case management services												0
D. Number of individuals reached through outreach activities												0
E. Number of Participants identified in need of restraining order services												0
F. Number of Participants that received restraining order assistance												0
G. Number of Participants identified in need of benefit access assistance												0
H. Number of Participants that received benefit access assistance												0

CONTRACT MONITORING

The Department of Public Health (DPH) is responsible for the evaluation and monitoring of contracts. Periodic site reviews are scheduled to ensure that services are delivered pursuant to the terms and conditions of the contract, applicable statutes, rules, and other policies applicable or made part of the contract. A site review will be scheduled annually.

Contract monitoring is essential to achieving desired results in a responsible way. Monitoring provides the Department with the information necessary to assess the fiscal and programmatic accountability of service providers. Monitoring also helps us determine whether to renew contracts or require corrective action.

The site review process also provides DPH with an opportunity to meet with you to discuss public health issues in your community and provide training and technical assistance as needed.

Onsite Monitoring Review

The purpose of **Onsite contract monitoring review** is to ensure contractor's compliance with the contract requirements and all terms of the contract are fulfilled. **Onsite monitoring** visits are most effective when a specific methodology and tools are being utilized, such as entrance and exit conferences and monitoring checklists.

Upon arrival at the contractor's site, the DPH Contract Administrator (CA) will conduct a monitoring entrance meeting with the Contractor's Program Manager and any other staff whom the contractor deems necessary to be present at the meeting. The CA will explain the reason and scope of the visit and how findings will be presented. The CA may answer any questions the contractor may have regarding the monitoring review process.

The monitoring review will focus on the three aspects of monitoring, which are Fiscal, Administrative, and Service Delivery.

The on-site review is comprised of two elements:

- **Entrance Conference** at which the monitor should discuss the purpose of the visit and scope of review to be conducted.
- **Site Visit Activities** which include:

- a. Interviews with key contractor personnel responsible for program operations.
- b. Review of specific documentation, records, and reports to verify contracted services per monitoring methods identified in the Performance Summary.
- c. Validation of invoices and billings submitted by the contractor against services performed.

A variety of inspection methods to evaluate the contractor's performance may be used. Examples of monitoring methods used are:

- Random sampling of recurring output products. Services are sampled by the monitor to determine if the contractor's level of performance during a given period of time is acceptable or should be rejected. This method is useful when large quantities of a service or a product are produced.
- The CA will collect copies of fiscal records to further review at CAs headquarters as deemed necessary.
- The CA will consult with the Contract Manager when documentation targeted for review cannot be found.
- If the information cannot be found, the CA shall consider the documentation lost and prepare a Contract Discrepancy Report.
- At the conclusion of the review, the CA will return the records back to the contractor's files.
- The CA will review personnel file folders for confidentiality agreements, background check reports and confidentiality forms and/or any other applicable documentation.

Client File Review

The client file review is a monitoring process that the monitor uses to determine and evaluate the following:

- A completed Client Intake form;
- A completed Contractor's DV Assessment, Service Plan, and a Safety Plan with results on file;
- Name, address, and phone number of client's Eligibility Worker/GAIN Services Worker;
- A completed DPSS Referral Results Form (GN 6006B) dated within 60 days of service;
- A completed CalWORKs Progress Report (GN 6008) dated within 90 days of service;

- A completed DPSS Termination Notice (GN 6007B) and fax confirmation notice for exited participants;
- A copy of the Customer Service Questionnaire provided to client within 90 days of intake;
- A log showing service units, dates and services provided to Participant; and
- Contractor's Performance Outcome measuring tool that track each Participant's progress.

[Exit Conference](#)

Prior to leaving the contractor's site at the end of the monitoring session, the CA will conduct an exit conference with the Contract Manager. The CA may, in general terms, discuss the initial findings. The CA may also make recommendations as to how to correct the errors detected and how to prevent the recurrence of future errors. However, the extent of these recommendations will be limited, as the final review of all documents collected may uncover additional findings.

A copy of the Final Site Review report will be sent via email. s included with this letter. Please review the report by the Site Visiting Committee. A Corrective Action Plan must be submitted within fourteen (14) days of the receipt of this letter if the Site Review Summary contains required corrections.

[Corrective Action Plan \(CAP\)](#)

The Corrective Action Plan (CAP) must contain the contractor's proposed corrective action(s) for each non-conformance problem / deficiency identified by the Department. The CAP must delineate a clear understanding and ownership of each deficiency, a detailed description and ownership of the corrective action(s), the process for tracking and reporting the status of CAP completion, planned effectiveness review activities to ensure successful resolution, and planned prevention activities to avoid a recurrence

The submitted written Corrective Action Plan will be reviewed, and accepted, or changes to the plan will be requested. Upon acceptance of the Corrective Action Plan, the Program Manager is available to provide technical assistance.

SERVICE PROVISION TIPS

Stages of Change

The Transtheoretical (also called the Stages of Change) model ^{1, 2} acknowledges that behavior change involves specific stages of readiness to change, and that specific actions or processes are needed to move through these stages. These stages include pre-contemplation, contemplation, preparation, action, maintenance, and termination. Some add relapse as a seventh stage to the cycle of behavior change.

Key Principles of the Transtheoretical Model include:

1. **Change occurs in steps over time.** It is unrealistic to expect someone to fully change a long-standing behavior after a single intervention. However, providers can assess what stage a person is at in relation to a specific behavior, and then focus on trying to move that person to the next stage using stage-specific and tailored interventions that are delivered over multiple sessions.
2. **People are in different stages for different behaviors.** People can be in the process of changing many different behaviors at the same time. The Stages of Change model describes a person's relationship to changing a particular behavior (not a person's relationship to change in general).

Pre-Contemplation - The survivor does not recognize the abuse as a problem and is not interested in change.

- “Well, basically, you know, when we first started going out I didn’t, I won’t say I didn’t detect some obsessiveness, but I was like, ‘Oh well, you know, (the abuser) just cares about me.’”

Contemplation - The survivor recognizes the abuse as a problem and has an increasing awareness of pros and cons of change.

- “[I recognized the abuse as a problem when] the hits got more harder...it wasn’t a slap or something.”

Preparation - The survivor recognizes the abuse as a problem, intends to change and has a developed a plan.

- “I [can’t leave the abusive situation], not like right now but as soon as I get myself together where I can stand on my own two feet without needing anybody to help me then I’ll be gone... I’ve been trying to find a job.”

Action - The survivor is actively engaged in making changes related to ending the abuse.

- “I got tired of getting my tail whipped, you know. That’s when my sister said I could come stay with her.”
- “I got tired of it, that’s why I left. I got tired of getting beat on. I got tired of feeling like I was to blame. I got tired of being cussed out.... I had to get a restraining order to keep (the abuser) away from me because (the abuser) was very abusive. (The abuser) would fight me and put holes in the walls and stuff... (the abuser) was mean. (The abuser) did mean things.”

Maintenance - The abuse has ended, and the survivor is taking steps to prevent relapse.

- “I wouldn’t take (the abuser) back. Never look back. I see myself now as just struggling and taking it day by day [after having left (the abuser)]. Doing the right thing.”
- “No person out there that can put hands on me again. It’ll never happen. I refuse to let any man, woman, child, whatever, any human being hurt me again. Because I’ve been hurt too much, and I feel good about myself today.”

3. **Different interventions work better at different stages.** One of the most powerful aspects of using this model is that different kinds of interventions work better with different people, depending on what stage they are in. “Contemplative” and “Preparation” usually respond best to verbal processes, focusing on insight, as well as education. Strictly behavioral interventions will be less successful at these stages compared to the “Ready for Action” and “Action” stages.
4. **The process of change is not linear.** People tend to move fluidly back and forth between stages. The pace of movement through these stages may vary greatly. Some individuals may remain in the contemplative stage for months or years while others may fluctuate between the contemplative and ready for action stages. Work with participants where they are and identify strategies to help them move forward, understanding that there may be movement between stages.
5. **Relapse (or recurrence) to earlier stages is always possible.** Once a person initiates a behavior change, that person is susceptible to relapse at any time and therefore may cycle back through the stages repeatedly. Therefore, it will be important to explore what the relapse means to them and the context within which it occurred. It can be a learning opportunity to revisit the service plan and explore what did and didn’t work.

- Once a person leaves the pre-contemplative stage, he or she becomes aware of or acknowledges some problems (in their DV relationship), change becomes an increased possibility. Some individuals become more aware of the conflict and feel greater ambivalence to making changes in their behavior. For example, as awareness begins to increase about the dynamics of a healthy relationship, change becomes an increased possibility even if they remain in an unhealthy relationship.

Intervention Needs by Stage

Stage of Change	Intervention Needs
Precontemplation	<ul style="list-style-type: none"> Increase awareness of need for change Personalize risks and benefits
Contemplation	<ul style="list-style-type: none"> Motivate Encourage to make specific plans
Preparation	<ul style="list-style-type: none"> Assist in developing concrete action plans Help to set gradual goals
Action	<ul style="list-style-type: none"> Assist with feedback Help to problem solve Provide social support and reinforcement
Maintenance	<ul style="list-style-type: none"> Assist in coping Provide reminders Engage in helping others

Tips for Eliciting Information

The following are techniques and statements that can assist providers in facilitating a conversation:

- Listen carefully**
Avoid completing sentences for the participant or filling in a word when the person is struggling to find one or asking another question when the person pauses for "too long." Let the person fill the spaces.
- Ask simple questions**
If your question is complex, the participant might not understand it, and then he or she might not answer the question you asked.
- Encourage elaboration**

- Once information has been elicited, ask the participant to elaborate more fully.
 - Ask for specific examples, including clarification as to why (how much, in what way) each one is a concern.
 - Ask “what else” questions
 - “What else have you noticed?”
 - “What other concerns have you had?”
 - “What else have you thought about your behavior?”
- **On short or slow answers, follow up**
When the participant gives a response that's much shorter than most other responses, or when a response contains atypically little content, it's possible that you've touched on something that the participant doesn't want to speak about. Follow up.
 - “Can you tell me more about that?”
- **Use the hypothetical**
If the participant seems blocked by something, ask a hypothetical: "If you did know what was best, what would it look like?"
- **Seek clarification**
Use "starters" such as "By that you mean..." or "Say more about that." Encourage the participant to go on a bit without specific guidance. Because clarifications give participants a chance to speak up, they frequently elicit more information than was originally shared.
- **Try to get corrected**
If you have a guess about something, and open questions haven't worked, try making a statement that you know is incomplete or incorrect in some way. The participant who knows better might then correct you.

Being able to ask the right question is an art and a skill. Once mastered, it will allow a provider to pull out as much information as possible from a participant.

Be aware of signs that participant might be overwhelmed or checked out and try to match their speed of processing and relaying information. These can be common reactions to trauma and abuse and require checking in with the participant, meeting their current needs and being patient.

[Successful Service Linkages](#)

To ensure successful linkage of support service referrals:

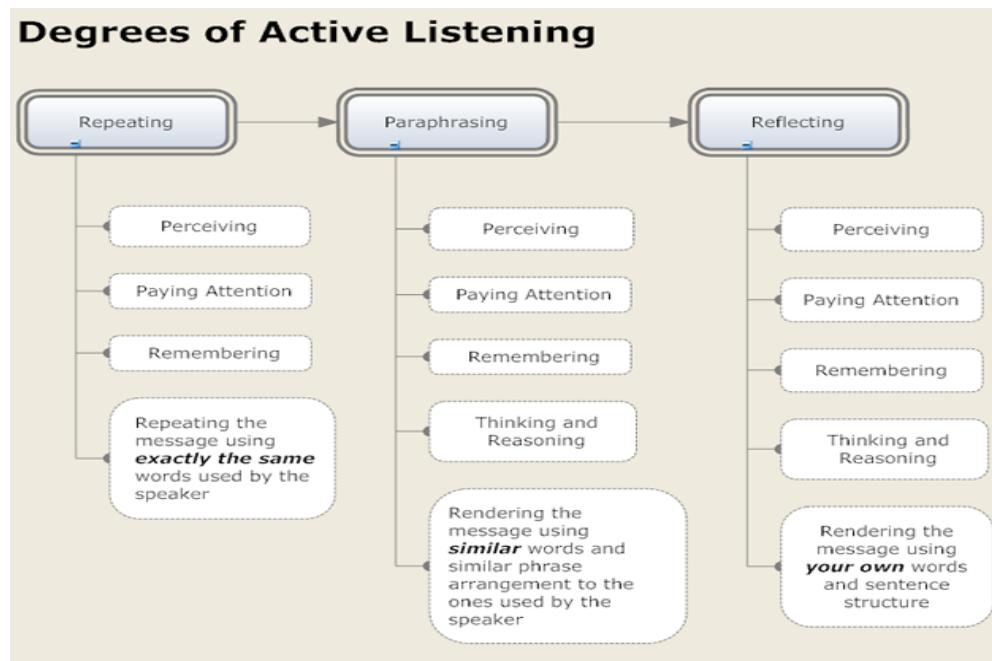
1. Consider limiting the number of referrals made at a given time so participants are not overwhelmed. Prioritize needs with the participant and document immediate referrals on service plan.
2. Ensure referral services are appropriate to a participant's culture, language, gender, sexual orientation, age, and development levels. Check in with participant to assess their comfort level with the potential referral options.
3. Call ahead to confirm the referral site can accommodate the participant. Services may be limited to the type of population(s) served and availability.
4. When possible, call the agency or initiate the first appointment while with the participant. Otherwise, provide a specific contact person with relevant contact information. Contact information includes agency name, address/location, telephone number, types of services, hours, eligibility requirements, costs, time frame to get a 'usual' appointment, and process for making an appointment/securing services. Write down the information and/or encourage the participant to program the number, name of contact, address into their cell phone or offer to send information via text message or e-mail.
5. Review what participant should expect, including the length of time they may expect to wait, and what information they will be required to provide during the appointment, if applicable.
6. Assess and address any other barriers to accessing the referral, such as transportation or childcare, in advance. Identify strategies to overcome these barriers with the participant.
7. Arrange to call the participant (or have the participant call you) to follow up on referral to ensure linkage and elicit feedback on the services received.

Effective Follow Up

Regular participant attendance at scheduled face-to-face DV meetings is essential to meet the goals in the service plan successfully. Strategies for minimizing missed appointments include:

- **Be flexible.** Participants may have difficulty keeping appointments at certain times or on certain days. If possible, make a wide variety of appointment times available that include drop-ins, evenings, and weekends.

- **Remind participants.** After confirming the safest method of communicating with participant, consider making reminder phone calls or sending a note card (or text) a few days before the appointment to reduce the chances of participants missing their appointments. At every participant encounter, verify participant contact information to make sure that it is correct, reliable, and that it's safe to use.
- **Follow-up on Missed Appointments** – Follow-up with participants that miss DV appointments within **twenty-four (24)** hours of the missed appointment. Determine why participants miss appointments and help identify strategies together to prevent missed appointments in the future. If follow-up cannot be conducted within the twenty-four (24) hour time period, the DV staff member must document reason(s) for delayed follow-up. Document all missed appointment follow-up in the DV progress notes in the participant's record.



- Summarize the most important aspects of what has been discussed. At the same time, providers may be giving the “main idea” of what was heard and checking for accuracy.
- Change Talk is a strategy that invites the participant to make the argument for change by eliciting types of statements that indicate readiness to change. Types of change talk are categorized as follows:
 - Desire to change (I want...)
 - Ability to change (I can...)
 - Needs to change (I should...)
 - Commitment to change (I will...)
 - Reason to change (it's important because...)

The acronym DANCR is frequently used to refer to these five categorizes of change talk.

Trauma Informed Listening

- Announce and make sure the client understands any mandated reporting duties you may have BEFORE they share.
- Do not judge or compare – keep personal opinions, experiences, preferences, and views to yourself. This is about the participant’s experience(s) not your own, another client, friend, or family member.
- Do not ask for details – allow the participant to share as much or as little as they feel comfortable and ready to. Recounting experiences in detail can be retraumatizing.
- Validate and acknowledge the participant’s experiences, thank them for sharing this information with you.
- Check-in frequently, do they need anything like a break, water or to take a few deep breaths.
- Focus on calling out inappropriate and abusive behaviors, do not demonize or bad mouth the person who caused harm.

REFERENCES

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8. S.M.A.R.T. stands for Specific, Measurable, Attainable, Results Oriented and Timely It was developed Results Oriented and Timely. It was developed George T. Doran – “There's a S.M.A.R.T. Way to Write Management Goals and Objectives”, November 1981, *Management Review (AMA Forum)* *Management Review (AMA Forum)*