



**RURAL SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL**

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF WOMEN'S AND CHILDRENS HEALTH
OFFICE OF WOMEN'S HEALTH

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CHAPTER ONE

GLOSSARY

- A. ADHS:** The Arizona Department of Health Services (ADHS).
- B. Family Violence:** Any act or threatened act of violence, including any forceful detention of an individual that: (a) results or threatens to result in physical injury; and (b) is committed by a person against another individual (including an elderly individual) to or with whom such person is related by blood, or is or was related by marriage or is or was otherwise legally related, or is or was lawfully residing. Partners may be heterosexual, gay, or lesbian; living together, separated.
- C. Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from the person's acts under the domestic or family violence laws of the jurisdiction.
- D. Dating Violence:** Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.
- E. Supportive Services:** Services for adult and youth victims of family violence, domestic violence, or dating violence, and dependents exposed to family violence, domestic violence, or dating violence, that are designed to:
- a. Meet the needs of victims of family violence, domestic violence, or dating violence, and their dependents, for short-term, transitional, or long-term safety; and
 - b. Provide counseling, advocacy, or assistance for victims of family violence, domestic violence, or dating violence, and their dependents.
- F. Related Assistance:** As defined in 42 U.S.C § 10421: US Code – section 10421: The provision of direct assistance to victims of family violence and their dependents for the purpose of preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence. Related assistance include:

- 1) **Prevention services** such as outreach and prevention services for victims and their children, assistance for children who witness domestic violence, employment training, parenting and other educational services for victims and their children, preventive health services within domestic violence programs (including nutrition, disease prevention, exercise, and prevention of substance abuse), domestic violence prevention programs for school age children, family violence public awareness campaigns, and violence prevention counseling services to abusers;
 - 2) **Counseling** with respect to family violence, counseling or other supportive services by peers, individually or in groups, and referral to community social services;
 - 3) **Transportation and technical assistance** with respect to obtaining financial assistance under Federal and State programs, and referrals for appropriate health-care services (including alcohol and drug abuse treatment), but shall not include reimbursement for any health-care services;
 - 4) **Legal advocacy** to provide victims with information and assistance through the civil and criminal courts, and legal assistance; or
 - 5) **Children’s counseling and support services**, and child care services for children who are victims of family violence or the dependents of such victims, and children who witness domestic violence.
- G. Youth Related Support Services:** indicates approaches to help young people navigate the challenges of victimization by offering continuous support from adults, education on topics such as increasing feelings of self-worth, safety awareness, healthy relationships and coping skills which provide an opportunity to develop the skills needed to help cope with current and future situations. Youth related support programs build assets for young people that both protect and motivate.
- H. Key Personnel:** Staff involved in the planning, administration, operation, or monitoring of this Grant.
- I. Logic Model:** The sequential representation of a program planning, implementation and evaluation process that identifies and links the Needs Assessment/Resources, Goals and Outcome Objectives, Strategies/Approaches, Implementation Plan, Process Objectives, and Evaluation Plan and will result in positive impacts upon individuals and the community.
- J. Protocols:** Those policies and procedures used to refer and provide services to victims of domestic violence in a local safe home network. Protocols may include, (but are not limited to) development of written Memorandums of Agreement, procedures regarding referrals and service provision to victims of domestic violence, etc.

- K. Arizona Service Standards & Guidelines for Domestic Violence Programs:** a reference manual developed in 2011 to assist DV programs in providing quality services and implementation of best practices.
- L. Rural areas of Arizona:** 1) A county with a population of less than 400,000 persons according to the most recent United States decennial census. 2) A census county division with less than 50,000 persons in a county with a population of 400,000 or more persons according to the most recent United States decennial census.
- M. Rural Safe Home Network (community):** An alliance of businesses, agencies, and individuals in a community who have come together to break the cycle of abuse. The network is a program for the prevention of family violence, committed to bringing communities the latest information and methods to break the cycle of violence.
- N. Rural Safe Home Network Programs:** Those programs throughout rural Arizona who are funded with ADHS domestic violence funding. These programs meet on a quarterly basis to discuss problems, share resources, and provide domestic violence related training to participants.
- O. Safe Home:** The provision of temporary, safe emergency refuge by a private party, hotel/motel, available residence within a community, or other appropriate accommodation for victims of family violence and their dependents.
- P. Shelter:** The provision of temporary refuge and related assistance in compliance with applicable State law and regulation governing the provision, on a regular basis, of shelter, safe homes, meals, and related assistance to victims of family violence and their dependents.
- Q. Strategic Plan:** An agency's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy, including its capital and people. A Strategic Plan documents why an organization exists, what it is trying to accomplish, and how it will go about doing so. Various analysis techniques can be used in strategic planning, including Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. Strategic Plans should include, but are not limited to:
- 1) Guiding Principles:** Beliefs that are shared among the stakeholders of an organization. Values drive an organization's culture and priorities.
 - 2) SWOT Analysis: (Strengths, Weaknesses, Opportunities and Threats)** An analysis of an organization and its environment as it is at the moment and how it may develop in the future. The analysis should be executed at an internal level as well as an external level to identify all opportunities and threats of the external environment as well as the strengths and weaknesses of the organization.
 - 3) Key Directions (Strategic Plan):** Directed activities desired by the organization the drives the activities, resources, etc. needed to accomplish the goals of the

Strategic Plan. Key Directions will narrow down, identify and prioritize issues.

- 4) **Operational Plan:** A schedule of events and responsibilities that details the actions to be taken in order to accomplish the goals and objectives laid out in the strategic plan. The Operational Plan includes details for which programs and management functions are going to do what, by when, and how much in resources it will require.
- 5) **Action Steps (Operational Plan):** Carefully laying out how the goals of the Operational Plan will be accomplished. Action planning often includes identifying specific results for each goal.

CHAPTER TWO

INTRODUCTION

2.1 Program Background and Description

The mission of the Bureau of Women’s and Children’s Health (BWCH) is to “strengthen the family and community by promoting and improving the health status of women, infants, and children.” This is accomplished through the provision of community-based services and the facilitation of systems development. The Bureau of Women’s and Children’s Health administers the federal Family Violence Prevention and Services Act Grant, other federally funded programs, as well as private and state supported programs.

The Arizona Department of Health Services, (ADHS) Bureau of Woman's and Children's Health, has the responsibility for administering Federal Family Violence Prevention and Services Act (FVPSA) grant funds. The intent of these funds is to assist States, Native American Tribes and Tribal organizations in supporting the establishment, maintenance, and expansion of programs and projects to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

In Arizona, FVPSA funds have supported the development of rural domestic violence programs or Rural Safe Home Networks to provide safety and related assistance to victims of domestic violence. The ADHS Rural Safe Home Network program encompasses all domestic violence programs funded through the Department and provides guidelines and technical assistance for developing and implementing Safe Home Networks in communities throughout rural Arizona. These guidelines promote networking and collaboration among domestic violence and community social service providers and are the cornerstone of the Rural Safe Home Network program.

Services provided by Safe Home Network Programs (community domestic violence service providers) include temporary, safe emergency shelter, crisis intervention, individual and group peer counseling, case management, transportation, advocacy, legal advocacy, children’s services and information and referral.

2.2 Authority for the Program

Legislative Authority: Title III of the Child Abuse Amendments of 1984, Pub. L. 98–457, 42 U.S.C. 10401 et seq. is entitled the “Family Violence Prevention and Services Act” (FVPSA).

FVPSA was first implemented in FY 1986. The statute was subsequently amended by Public Law 100–294, the “Child Abuse Prevention, Adoptions, and Family Services Act of 1988;” further amended in 1992 by Public Law 102–295, the “Child Abuse, Domestic Violence, Adoption, and Family Services Act” and then amended in 1994 by Public Law

103–322, the “Violent Crime Control and Law Enforcement Act.” FVPSA was amended again in 1996 by Public Law 104–235, the “Child Abuse Prevention and Treatment Act (CAPTA);” in 2000 by Public Law 106–386, the “Victims of Trafficking and Violence Protection Act,” and amended further by Public Law 108–36, the “Keeping Children and Families Safe Act of 2003.” FVPSA was amended by Public Law 109–162, the “Violence Against Women and Department of Justice Reauthorization Act of 2005” as amended by Public Law 109–271, which was enacted on August 17, 2006. FVPSA can be found at 42 U.S.C. 10401 et. seq.

2.3 Funding for the Rural Safe Home Network Programs

FVPSA grants to the States, the District of Columbia, and the Commonwealth of Puerto Rico are based on a population formula. Each State grant shall be \$600,000 with the remaining funds allotted to each State on the same ratio as the population of the State has to the population of all States (section 304(a)(2)). State populations are determined on the basis of the most recent census data available to the Secretary of Health and Human Services (HHS) and, the Secretary shall use for such purpose, if available, the annual current interim census data produced by the Secretary of Commerce pursuant to section 181 of Title 13.

The funding for the Rural Domestic Violence Services program administered by the Bureau of Women’s and Children’s Health is supported entirely by dollars received from FVPSA funds. FVPSA funds awarded to sub-grantees should be used for:

- Provision of immediate shelter and related supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents, including paying for the operating and administrative expenses of the facilities for a shelter.
- Assistance in developing safety plans, and supporting efforts of victims of family violence, domestic violence, or dating violence to make decisions related to their ongoing safety and well-being.
- Provision of individual and group counseling, peer support groups, and referral to community-based services to assist family violence, domestic violence, or dating violence victims, and their dependents, in recovering from the effects of the violence.
- Provision of services, training, technical assistance, and outreach to increase awareness of family violence, domestic violence, and dating violence, and increase the accessibility of family violence, domestic violence, and dating violence services.
- Provision of culturally and linguistically appropriate services.
- Provision of services for children exposed to family violence, domestic violence, or dating violence, including age-appropriate counseling, supportive services, and services for the non-abusing parent that support the parent’s role as a caregiver, which may, as appropriate, include services that work with the non-abusing parent and child together.
- Provision of prevention services, including outreach to underserved populations
- Provision of advocacy, case management services, and information and referral services, concerning issues related to family violence, domestic violence, or dating violence intervention and prevention, including: (1) assistance in accessing related Federal and State financial assistance programs, (2) legal advocacy to assist victims

and their dependents; (3) medical advocacy, including provision of referrals for appropriate health care services (including mental health, alcohol, and drug abuse treatment), which does not include reimbursement for any health care services; (4) assistance locating and securing safe and affordable permanent housing and homelessness prevention services; (5) transportation, childcare, respite care, job training and employment services; and (6) parenting and other educational services for victims and their dependents.

2.4 Program Goals and Priorities

The Rural Safe Home Network Program strives to:

- Improve accessibility to temporary, emergency safe shelter and related assistance and support to victims of domestic and their families in rural communities.
- Develop and maintain strong collaborative collaborations and partnerships that address domestic violence issues and result in improvements and/or increased access to services for domestic violence victims and their families.
- Reduce domestic violence through prevention, early intervention and education in rural communities.
- Implement services based on the Arizona Service Standards and Guidelines for Domestic Violence Programs as developed by the State Agency Coordinating Team (SACT) and supported by the Arizona Coalition Against Domestic Violence (AzCADV).

The following four priority areas will be addressed through the Rural Safe Home Network Program grants:

- Increase safety for victims of domestic violence and their families.
- Increase youth related support services for children who have either witnessed or experienced domestic violence.
- Increase awareness and understanding of the prevalence and incidence of domestic violence in Arizona.
- Increase related services available to domestic violence victims and their families by service collaboration and coordination among key guiding stakeholders.

2.5 Mission Statement

The Rural Safe Home Network strives to decrease family violence in Arizona by providing support services and education to victims and their families through collaborative community approaches to safe intervention and prevention.

2.6 Vision Statement

Communities throughout Arizona accept responsibility and take action to protect victims and potential victims of family violence and to hold perpetrators accountable. As a result, there is a comprehensive, coordinated, well-funded, and responsive system of family violence prevention and intervention programs and services in Arizona communities. Community support fosters safety, security, and empowerment for all

families. Programs and services are culturally, physically, and programmatically accessible to all people. Children and adults receive the respect they deserve because family violence is not tolerated by individuals or within communities.

2.7 Guiding Principles

- 1.** We believe children and adults deserve to live without violence in their lives. We are committed to working together as individuals to prevent family violence.
- 2.** We believe family violence affects everyone and all aspects of life. Furthermore, we believe that family violence is everyone's problem. We are committed to promoting a comprehensive, culturally sensitive community response to family violence and a comprehensive, coordinated and effective system of services and supports.
- 3.** We appreciate the diversity represented in Arizona's communities. We are committed to developing and implementing programs that take into account cultural norms and demonstrate respect for diversity in all its forms.
- 4.** We believe children and adults who are victims of family violence should have information and services in order to be safe and secure. We are committed to providing emergency shelter and related services, as well as information about how to access other services and other needed supports.
- 5.** We believe every person deserves to be treated with dignity and to be valued. We are committed to developing and implementing programs in a manner consistent with our respect for each individual and honoring their right to make informed choices. Furthermore, we are committed to demonstrating compassion and caring for those who are victims of family violence.
- 6.** We believe victims should not be blamed. We are committed to providing support that empowers victims of family violence.
- 7.** We believe in self-responsibility for wellness and healing. We are committed to providing support that empowers victims of family violence.
- 8.** We believe perpetrators of family violence are responsible for their actions and must be held accountable. We are committed to ensuring that they experience the consequences of their actions and that they have access to appropriate intervention.
- 9.** We believe the voices of victims of family violence must be heard. We are committed to providing opportunities and the means for them to take leadership roles in developing and implementing family violence prevention and intervention programs and services.
- 10.** We believe continuous learning is key to community development and successful programs. We are committed to reflecting on the lessons we have learned and using these lessons to guide us as we strive for safety, health, and justice for all.

2.8 The Purpose of this Manual

The purpose of this manual is to document the domestic violence services program policy and procedures for all Rural Safe Home Network Contractors to use in development, implementation, and management of their programs. Program Contractors, Department Administration, and other interested parties are to use this manual for reference and to provide more detailed information than contained in the contract. Rural Safe Home Network program Contractors are instructed to adhere to the requirements and guidelines set forth in this manual, and are also responsible for incorporating any policy changes into their operations.

Revisions to the manual will be distributed to all Contractors at least thirty days prior to the effective date of any change, when appropriate. Contractors may consider keeping relevant correspondence and program updates as an Appendix to this document.

If this reference does not answer your question or concern, or if you have suggestions for additional information that might be included in the policy manual, please contact the Rural Safe Home Network Program Manager at the following address:

Arizona Department of Health Services
Bureau of Women's and Children's Health
Rural Safe Home Network Program
150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 542-7341
FAX (602) 364-1494

CHAPTER THREE

PROGRAM FUNDING

3.1 Requests for Funding Grant Application

- A.** Family Violence Prevention Services Act funding through ADHS is made available in Arizona through a competitive Request for Grant Application (RFGA) process. The grant application process is based on a five year cycle. Contractors who submit a successful grant application may renew contracts for a one year period for four renewals or a total of five years.
- B.** The Rural Safe Home Network Program Grant funds collaborative efforts at the community level that can result in improvements specific to the safety needs of women and children experiencing domestic violence. The community level efforts should emphasize partnership building with those entities that can most effectively contribute to improving safety needs.
- C.** The Rural Safe Home Network Program Grant funds the development and implementation of community-based, multi-faceted, comprehensive programs that target the problems facing populations experiencing or at-risk of domestic violence. Funded grants include specific strategies to address underserved populations experiencing or at-risk for violence in their relationships. Given documented difficulties racial and ethnic groups have in accessing domestic violence services, providers and systems must address cultural competencies to narrow those gaps. Cultural competence encompasses specific knowledge, skills, and attributes that are critical at all levels.
- D.** Contractors will utilize methods that are appropriate for the demographics and particular characteristics of their community to achieve program standards and outcomes. Contractors will have the flexibility to implement the program in a manner that fits their community. Rural Safe Home Network programs work to assure that differences in culture, family structure, personal and family values and resources are respected among communities throughout the state.

CHAPTER FOUR

SCOPE OF WORK

4.1 Logic Model

- A. Contractor Scope of Work** is developed from response to the RFGA. Scopes of Work may not be changed throughout the duration of the contract without approval from the Program Manager and a contract amendment.
- B.** BWCH incorporated the **Arizona Program Design and Evaluation Logic Model** (better known as the Logic Model) into its Request for Grant Applications process. The Logic Model was developed by the former Governor’s Community Policy Office in collaboration with other state agencies for the purpose of creating a standardized, consistent approach to making grants that identify and describe a sequence of tasks needed to solicit, apply for, and award grants. Effective July 1, 2012 BWCH is adopting the use of the **Valley of the Sun United Way (VSUW) Logic Model** as it’s framework for program planning and development.

Based on the information from the logic model submitted in your RFGA, you will be reporting your progress quarterly using the new format included in this manual.

C. Moving from the AZ Program Design and Evaluation Logic Model to the VSUW Logic Model:

Both logic models include the same components but slight differences in vocabulary.

PAST Arizona Program Design and Evaluation Logic Model	NEW Valley of the Sun United Way (VSUW) Logic Model
Goals	Goals
Outcome Objectives	Short-Term, Mid-Term and Long-Term Outcomes
Strategies/Approaches	Strategies/Inputs
Implementation Plan/Organizational Capacity	Strategies/Inputs
Process Objectives	Indicators
Program Evaluation	Program Evaluation

D. New Logic Model Components

- 1) Goal:** Describe the goal of your program(s). The goal should be client-focused, a broad statement of intended change which identifies the target population.

- 2) **Theory:** Explain your theory about why the program(s) approach will work.
- 3) **Target Population:** Describe the population of clients that will be served.
- 4) **Inputs:** List the inputs – i.e. the resources, people, skills, knowledge and tools being used to deliver services.
- 5) **Strategies:** List the strategies – i.e. activities, services, processes; things done to, for, or with the population intended to lead to the desired change.
- 6) **Outputs:** List the outputs – i.e. the product of the activity, service or process: How many clients will be served? How many types and units of service (staff hours, trainings, etc.) will be delivered? List the quantitative measures of intended outputs.
- 7) **Short-term Outcome(s):** List the short-term benefits expected in the target population. Most short-term outcomes focus on changes in knowledge, attitude or skills in the target population, and usually address a timeframe.
 - 7a) **Indicators:** List the indicators that will be used to measure the changes/benefits. Use the indicators to quantitatively describe the program(s) intended measurable results. Not every outcome requires an indicator.
- 8) **Mid-term Outcome(s):** List the mid-term benefits expected from the target population. Most mid-term outcomes focus on changes in behavior, practice or decisions in the target population based on the earlier acquisition of knowledge.
 - 8a) **Indicators:** List the indicators that will be used to measure the changes/benefits. Use the indicators to quantitatively describe the program(s) intended measurable results. Not every outcome requires an indicator.
- 9) **Long-term Outcome(s):** List the long-term benefits expected from the target population. Most long-term outcomes focus on changes in condition or altered status in the target population, based on earlier changes in behavior.
 - 9a) **Indicators:** List the indicators that will be used to measure the changes/benefits. Use the indicators to quantitatively describe the program(s)' intended measurable results. Not every outcome requires an indicator.
- 10) **Program Evaluation:** A program's Evaluation Plan is designed to answer questions about whether or not the program is working and what can be done to make the program more effective. The evaluation is directly connected to both the process objectives and the outcome objectives. The process/formative evaluation will measure program fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation. The outcomes/substantive evaluation will determine the extent to which the program has accomplished the stated goals and outcome objectives.

E. New Logic Model Format for Rural Safe Home Network 2012-2017

GOAL

Reduce the incidence of Domestic Violence in Arizona

THEORY

The program will provide advocacy and support services based on *the 2011-2012 Arizona Service Standards & Guidelines for Domestic Violence Programs*. These standards and guidelines were developed to assist domestic violence programs in providing quality services and implementation of best practices. They cover the core services provided to victims who are battered and their children.

In 2000 the Arizona Coalition Against Domestic Violence (AzCADV) presented a new resource document titled the "*Best Practice Manual for Domestic Violence Programs*." As a result of this project many providers, community advocates and survivors began to examine the state requirements for domestic violence shelters. The current "*Arizona Service Standards and Guidelines for Domestic Violence Programs*" were developed by the Shelter Standards Subcommittee of the State Agency Coordinating Team (SACT) as well as staff from the Arizona Coalition Against Domestic Violence, members of the subcommittee include administrators from state agencies, member programs and staff of the AzCADV. In addition, individual agencies develop and implement educational materials based on evidence and promising practice models.

POPULATION

Victims of domestic violence living in underserved areas of Arizona

INPUTS

- Funding
- Qualified Staff
- Access to a safe home/shelter
- Access to support services
- Transportation
- Community Partners
- Standards of Practice
- Volunteers

STRATEGIES

- Provide temporary emergency shelter and/or related assistance to victims of DV and their families
- Develop/maintain strong community collaborations and partnerships to address DV issues and services
- Create opportunities for domestic violence prevention education

OUTPUTS

- Provide shelter services to # victims annually
- Provide non shelter services to # victims annually
- Provide # bed nights annually
- Provide # education sessions to families in shelter annually
- Answer # crisis-line calls
- Deliver # community presentations on DV related issues annually
- Deliver # educational presentations /workshops to youth annually
- Attend # community activities/booths annually
- Hold a # RSHN community meetings annually
- Establish # MOUs with community partners annually
- Provide # hours of training to staff annually
- Provide case management to # clients annually
- Collect # client satisfaction surveys annually
- Conduct # of support groups annually
- Conduct # of counseling sessions annually
- Hold # batterer intervention sessions annually
- Provide transportation; # of miles and/or # of round trips
- # of clients completing safety plans

At the beginning of the contract year, fill in the blanks for each OUTPUT that pertains to the agency.

Each quarter, data from Shelterbase will be used to show progress toward intended annual outputs.

The same process will be used for OUTCOME INDICATORS

*Only Short Term Outcomes are included in this example. **Each agency will create and submit Mid Term** (to be reached by year three) **and Long Term Outcomes** (to be reached by year five) **and Indicators.***

SHORT TERM OUTCOMES

- Clients have a safety plan in place
- Clients have increased knowledge on community resources
- Community partners have increased knowledge to assist survivors of DV
- Staff has skills needed to provide assistance and support to victims of DV and their families.

OUTCOME INDICATORS

- % of clients report knowing more ways to plan for their safety as evidenced by surveys
- % of clients report increased knowledge of community resources as evidenced by surveys
- Community partners' knowledge of how they can assist victims of DV increased by % as evidenced by surveys
- Staff reported a % increase in DV knowledge which enables them to better assist clients

CHAPTER FIVE

PROGRAM MANAGEMENT AND ADMINISTRATION

5.1 Role of the Bureau of Women's and Children's Health

- A.** The Bureau of Women's and Children's Health (BWCH) administers the federal Family Violence Prevention and Services Act Grant. BWCH recognizes that domestic violence has serious impact on the health of women and children. Rural communities in Arizona experience unique barriers and gaps in service provision to victims of domestic violence who are seeking safety and services to end the violence in their lives. BWCH utilizes FVPSA funding to address domestic violence in rural Arizona and provides the criteria, policies, funding, and requirements for developing and implementing domestic violence safe home networks at the community level.
- B.** BWCH contracts with local public and private agencies. Contractors may use a variety of strategies and/or service delivery systems to achieve program best practices and desired outcomes. Within the framework of the Rural Safe Home Network Program is the flexibility for Contractors to implement domestic violence programs and provide safety and adjunct services in a manner that suits the needs of their community. BWCH provides technical assistance to the contractor, monitors contract compliance, and authorizes payment of contracted deliverable services.
- C.** BWCH will also:
 - Provide training and technical assistance to support RSHN activities.
 - Disseminate information and promote cooperation among RSHN contractors.
 - Administer the grants at a state level.

5.2 Role of the Contractor in Program Management

The role of contracting agencies is to:

Provide temporary, emergency safe shelter and related assistance to persons experiencing family violence, domestic violence, or dating violence and their dependents.

- A.** Provide leadership for the use of funds in accordance with the local needs and opportunities.
- B.** Include community input regarding domestic violence issues and systems.
- C.** Establish and maintain a local Safe Home Network of community service providers and other interested parties to provide services to domestic violence victims.
- D.** Develop and/or document the protocols used within the local safe home network to provide services to domestic violence victims.

- E. Develop an Implementation Plan annually.
- F. Provide domestic violence services that focus on improving accessibility to services available to persons experiencing family violence, domestic violence, or dating violence and their dependents.
- I. Develop a plan for evaluating the outcomes of their program.
- J. Contractors are required to achieve and maintain certain minimum standards. Contractors must provide services of high quality and must be efficiently administered. The Contractor must develop administrative, management, and organizational systems that meet all Rural Safe Home Network Program requirements.
- K. It is essential the Contractor provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Contractor must assign specific individuals to key positions of responsibility. Once assigned to work under this Grant, key personnel must not be removed or replaced without prior notification to the ADHS Program Manager.
- L. If key personnel are not available for work on a specific project for a continuous period exceeding 30 calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor must immediately notify the ADHS Program Manager. If new to the RSHN, develop a 3 – 5 year Strategic Plan, with 1 year Operational Plan.

5.3 Sub-contracts

Grantees shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the State Government Administrator and the ADHS Program Manager. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.

5.4 Contractor's Personnel Policy Standards

Contractors must establish and maintain written personnel policies that comply with Federal and State requirements. The personnel files should contain at a minimum, but need not be limited to: staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, orientation to the agency and the program, in-service training, and grievance procedures. At a minimum, Contractors must require and ensure that:

- A. Personnel records are kept confidential in a secured place.
- B. An organizational chart and personnel policies are available to the program manager.

- C. Job descriptions (specifying training, formal education, experience, and licensure) are available for all positions paid with FVPSA funding, and that these are reviewed annually and updated as necessary to reflect changes in duties.
- D. A performance appraisal system is in place for all employees. An evaluation and review of the job performance of all program personnel must be conducted annually, at a minimum.
- E. For each employee that provides direct care services to minors, a statement or affidavit is completed and notarized that states that the employee is not awaiting trial on, and has never been convicted of, or admitted committing any of the following criminal acts or similar offenses in any state or jurisdiction:
 - 1. Sexual abuse of a minor
 - 2. Incest
 - 3. Sexual assault
 - 4. Sexual exploitation of a minor
 - 5. Commercial sexual exploitation of a minor
 - 6. A dangerous crime against children
 - 7. Child Abuse
 - 8. Sexual conduct with a minor
 - 9. Molestation of a child
 - 10. Exploitation of minors involving drug offenses.
- F. The Contractor must have in all applicable personnel files, fingerprint records as required by ARS§ 36-3008 - Shelters for victims of domestic violence; personnel; fingerprinting.
- G. Current Staff certifications and licenses.

5.5 Staff Training and Orientation

- A. Contractors must provide for the orientation of all Program personnel.
 - 1. Orientation must include orientation to the agency of employment.
 - 2. Orientation must include orientation to domestic violence issues, Program protocols, and Program policy and procedure.
 - Key management personnel working within the program and with victims experiencing domestic violence shall demonstrate a minimum of one year's experience working with victims of domestic violence.
 - Key direct service personnel working within the program and with victims experiencing domestic violence shall complete either the *Sharing Experience: From Domestic Violence in Our Homes to Peace in Our Communities* OR *Lay Legal Advocacy Training*, both offered by the Arizona coalition Against domestic violence PLUS a minimum of 20 hours of domestic violence related training each year of contract award.

- At least 5 of the required hours must be related to children and domestic violence issues.
- At least 2 of the required hours must be in cultural competency.
- Ten of the required 20 hours shall be from sources/entities outside the applicant agency.
- Documentation of attendance at trainings and of having received orientation must be kept in the program's records or the staff's personnel record. Documentation of training and orientation will be used in evaluating the scope and effectiveness of the staff training program.

5.6 Continuous Quality Improvement (CQI)

A. Contractors must develop an ongoing, systematic process to monitor and evaluate the quality, efficiency, effectiveness, and appropriateness of client service and program operations.

B. Required CQI

1. Resolving Client Problems

The Contractor and its subcontractors must develop and implement a process by which clients may present grievances about the operation and management of the program and services received. When developing grievance policy and procedure the following must be included:

- a. Contractors must inform the client of the right to grieve and must assist the client with the grievance process.
- b. Client grievances must be addressed in a timely manner.
- c. Client problems and issues must be tracked to identify trends.
- d. Contractors must incorporate findings and feedback into a plan to identify and correct future problems.
- e. The Contractor must include in writing the address and the phone number of ADHS in the last step in the grievance process.
- e. The Contractor must cooperate in the resolution of client problems brought to the attention of the Bureau of Women's and Children's Health.

2. Client Satisfaction Surveys

- a. Contractors must develop client satisfaction surveys to facilitate client input into shelter and program operations and services.
- b. Contractors must include on client surveys two required FVPSA survey questions:

Because of Shelter Experience I feel I know more ways to plan for my safety
Because of Shelter Experience I feel I know more about community resources

Because of Support Services I feel I know more ways to plan for my safety
Because of Support Services I feel I know more about community resources

Because of Support Groups I feel I know more ways to plan for my safety
Because of Support Groups I feel I know more about community resources

Because of Counseling I feel I know more ways to plan for my safety
Because of Counseling I feel I know more about community resources

- c. FVPSA survey questions must be administered for four program areas.
 - 1) Shelter Services
 - 2) Counseling
 - 3) Support Group
 - 4) Support Services and Advocacy
- d. Client surveys may be administered to areas other than the four required.
- e. Survey results must be considered when identifying areas for improvement.

3. Client Record Review

All client records should be reviewed periodically for accuracy, completeness, quality of care, and compliance with policy and contract obligations. Examples include but should not be limited to:

- a. Counseling and education provided to the client
- b. Client receives and is assisted as needed with referrals for services that are not provided by the program
- c. Follow up by staff of client requested services and referrals
- d. Informed consent
- e. All necessary record documentation is signed and dated

C. Recommended CQI

1. Timeliness of Deliverables

Contractors should monitor the monthly performance report, the CER, and any other required deliverables for timely submission.

2. Monitoring Referral and Safe Home Networks

Contractors should periodically evaluate the accessibility, availability, and quality of service provided by the outside agencies, providers, organizations to which they are referring clients.

5.7 Internal Policy and Procedure for Rural Safe Home Network programs

A. Contractors must maintain an internal policy and procedure manual to be used to provide staff with guidelines for client care and Program management.

B. When developing policy, procedure, and protocols the Contractor must consider contract requirements and requirements as further detailed in this *Rural Safe Home Network Program Policy and Procedure Manual*. The internal manual should include but not limit policy to:

1. Management and administrative functions as detailed in Chapter 5 of this manual.
2. All required services as detailed in Chapter 6 of this manual.
3. Quarterly reporting.
4. Monthly billing.
5. Reporting physical, sexual, and emotional abuse and neglect to the protective agencies.
6. Procedure for management of on-site medical emergencies.
7. Procedure for prioritizing follow-up for referrals made for client medical, behavioral and/or social needs.

C. Confidentiality

1. Every Contractor must assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy as required by Arizona Revised Statute (ARS) and by Public Law 104-191, the Health Insurance Portability and Accountability Act (HIPAA).

2. Per the Federal Register / Vol. 77, No. 47 / Friday March 9, 2012 / Notices, in order to ensure the safety of adult, youth, and child victims of family violence, domestic violence, or dating violence, and their families, FVPSA funded program

must establish and implement policies and protocols for maintaining the confidentiality of records pertaining to any individual provided domestic violence services. Consequently, when providing statistical data on program activities and program services, individual identifiers of client records will not be used by the State or other FVOSA grantees or sub-grantees (Section 306(c)(5)).

For the annual grantee Performance Progress Report (PPR), States and sub-grantees must collect unduplicated data from each program rather than unduplicated data across programs or statewide. No client-level data should be shared with a third party, regardless of encryption, hashing, or other data security measures, without written, time-limited release as described in section 306(c)(5). The address or location of any FVPSA-supported shelter facility shall, except with written authorization of the person or persons responsible for the operation of such shelter, not be made public (Section 306(c)(5)(H)) and the confidentiality of the records pertaining to any individual provided domestic violence services by any FVPSA-supported program will be strictly maintained.

3. All information obtained and records prepared in the course of providing service to clients shall be considered to be confidential information. No information obtained by the provider's staff about individuals receiving services may be disclosed without the client's written consent, except as required by law. The client's statement of written consent must be included in the client's record. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual.

4. The address or location of any FVPSA supported shelter facility will, except with written authorization of the person or person responsible for the operation of such shelter, not be made public and the confidentiality of the records pertaining to any individual provided family violence prevention and treatment services by and FVPSA support program will be strictly maintained (42 U.S.C. 104002 (a)(2)(E)).

5. Contractors are bound by the following statutes:

- i. ARS § 36-160 Confidentiality of records; unauthorized disclosures unlawful; classification.
- ii. ARS § 36-568.01 Confidentiality of records
- iii. ARS § 41-162 Address Confidentiality Program
- iiii. Public Law 104-191 Health Insurance Portability and Accountability Act

6. Agencies shall develop internal policies and procedures that best meet the needs of the agency while accommodating the new *Arizona Address Confidentiality Program (ACP)* laws (ARS§41-162). The ACP program staff can assist with this process in an advisory capacity, and are available to discuss unique situations as they occur on a case by case basis.

7. Refer to *Arizona Service Standards & Guidelines for Domestic Violence Programs*, page 6 – 8 as needed.

5.8 Shelter Facility Standards

- A.** Shelter facilities for the Domestic Violence Services Network Program shall follow the *Arizona Service Standards and Guidelines for Domestic Violence Programs*. The manual may be found on the ADHS web site: <http://www.azdhs.gov/phs/owch/women/domesticviolence.htm> as well as in the back of this manual.
- B.** Shelter facilities must meet applicable federal, state, and local government standards, i.e.: fire codes, building codes, Occupational Safety and Health Administration (OSHA) requirements, CLIA Licensure, etc)
- C.** Shelter facilities must meet the accessibility standards as established by the American's with Disabilities Act.

5.9 Availability and Accessibility of Shelter and Related Assistance

- A.** Rural Safe Home Network shelter programs and services providers must maintain a 24 hour crisis hot line for domestic violence victims seeking services and/or information and referral.
- B.** Rural Safe Home Network shelter programs and services must be geographically accessible to the population served and must be available 24 hours a day, seven days a week.
- C.** Facilities should be adequate to provide the required services and should be designed for the comfort and privacy of clients.
- D.** Facilities must have a written plan and procedure for management of emergencies.

5.10 Program Eligibility

Per the Federal Register / Vol. 77, No. 47 / Friday, March 9, 2012/ Notices, no income eligibility standard will be imposed on individuals with respect to eligibility for assistance or services supported with funds appropriated to carry out the FVPSA (Section 306(c)(3)).

No fees will be levied for assistance or services provided with funds appropriated to carry out the FVPSA (Section 306(c)(3)).

5.11 Nondiscrimination

Programs will prohibit discrimination on the basis of age, handicap, sex, race, color, national origin, religion, or programs or activities that screen out or tend to screen out individuals with disabilities, unless such criteria are necessary to meet the objectives of the program. Under this law, individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities. Some examples of impairment which may substantially limit major life activities, even with the help of medication or aids/devices are: AIDS, alcoholism, blindness or visual

impairment, cancer, deafness or hearing impairment, diabetes, drug addiction, heart disease, and mental illness.

5.12 Voluntary Participation

- A.** Use of program services by any individual must be solely on a voluntary basis. Individuals must not be coerced to accept services or to make changes in their lives that are not comfortable/acceptable to them (i.e. leave their abuser/attend classes).
- B.** Acceptance of a non-violent life style must not be a prerequisite to eligibility for or receipt of safe shelter or any other service or assistance from or participation in any other contractor programs.

5.13 Client Records

- A.** Contractors must establish a record for every client who obtains shelter and/or adjunct domestic violence services.
- B.** Staff members must document all pertinent information about client interaction.
- C.** Entries in the client record are to reflect professional, nonjudgmental statements of fact. Records must be legible, dated, and are to be signed in ink with the initial and last name of the staff person providing the service. Records must be complete, accurate, and follow standard practice for client record documentation.
- D.** Client records must contain the following information:
 - 1. Basic intake information.
 - 2. Informed consent.
 - 3. Exit information including referrals given to the client.
 - 4. Follow up information when/where appropriate.
 - 5. Documentation of legal to include, but not be limited to Orders of Protection, Child Custody, Divorce, etc.
 - 6. Acknowledgement of Safety Planning.
 - 7. Action/Case Management/Goal (treatment) Plan.
- E.** Clients must be informed that a written record of services provided will be maintained and that this information is confidential information to be divulged only upon their written permission, or as otherwise required by law.
- F.** Clients shall have access to their own records at all times, and shall have the right to correct any inaccurate information included in the records.
- G.** Clients will have signed an informed consent statement prior to receiving shelter and/or support services.
- H.** The Contractor is responsible for maintaining the client's case file record in a confidential manner, and ensuring that information contained in the records is released only to authorized parties.

- I. The BWCH Program Manager may have access to client records without client consent in order to conduct necessary evaluations or programmatic review. Client case files must be redacted prior to review of the file. The Program Manager may request agency staff presence for file review procedures in which case the file will not be redacted, and the agency staff will verbally provide pertinent information as requested by the Program Manger. The client's case file record is not available to other governmental agencies, without specific prior written consent by the client for the release of information in the client record.
- J. The Contractor shall store and maintain client records in a safe, secure location. Except for non-identifiable demographic characteristics, records may be destroyed seven years after the client's last participation in the agency's program. Minors' records must be maintained until the age of majority plus three years.

5.14 Release of Information

- A. A written, signed, informed release of information statement must be received from the client prior to releasing client confidential information.
- B. The form must be written in the primary language of the client or witnessed by an interpreter the client knows and/or trusts.
- C. The form must cover all information to be released and the entity to which to information is to be given.
- D. A Release of Information form must be completed, signed and dated for each entity for which information will be given. One form cannot be utilized for multiple entities.
- E. The form must include any responsibilities of the client.
- F. The client has the right to terminate the release of information at any time.
- G. The release of information must include a beginning and ending date.
- H. No client shall sign an "open" release of information, i.e. one that does not include an ending date.

5.15 Finger Printing

The contractor shall have in all applicable personnel files, fingerprint records as required by A.R.S. § 36-3008 – Shelters for victims of domestic violence; personnel; fingerprinting.

5.16 Reporting Child Abuse

Any staff member who observes or otherwise reasonably believes that a child is a victim of abuse must report the abuse to Child Protective Services per which states A.R.S. § 13-3620.

5.17 Establishing Safe Home Networks

- A.** The Contractor must establish and maintain a local safe home network of community service providers and other interested parties to provide services to domestic violence victims.
- B.** The Contractor must organize regular meetings with the members of the community safe home network. Meetings must be held no less than quarterly.
- C.** The Contractor must maintain documentation of community safe home meetings in the form of sign-in sheets, agendas and minutes or other relevant documentation.
- D.** The Contractor must develop and maintain letters of support, memorandums of understanding, copies of subcontracts, or letters from collaborative agencies describing support of collaborations and/or partnerships. The letters and memorandums must include each collaborator's and/or partner's contribution to the program.
- E.** The Contractor must develop and/or document the protocols used within the community safe home network to provide services to domestic violence victims.

5.18 Peer Review

- A.** The Contractor must host at least one Peer Review during the contract term.
- B.** A consultant to conduct the Peer Review will be screened and hired through the Arizona Coalition Against Domestic Violence.
- C.** The Peer Review will be conducted by an outside consultant, experienced in the provision of domestic violence services and knowledgeable of domestic violence issues.
- D.** The Peer Review will be scheduled with the help of the Arizona Coalition Against Domestic Violence.
- E.** The Peer Review consultant will write a report of the findings of the peer review visit with the host agency.
- F.** A draft Peer Review report will be completed within 30 days and sent to the host agency.
- G.** The Host agency will review the report and may request corrections to the report.

- H. The Peer Review Consultant will make any corrections, if requested and send a final report to the Host agency within 10 days.
- I. The Peer Review report will be sent to the Arizona Coalition Against Domestic Violence and the ADHS Program Manager.
- J. The ADHS Program Manager will follow up with any recommendations of the Peer Review consultant and provide technical assistance when needed and/or requested.
- K. The ADHS Program Manager will provide a certificate of completion to the host agency when all Peer Review activities have been completed.

5.19 Strategic and Operational Plans

- A. Contractors must submit for review, an Agency Strategic Plan at the beginning of every five year funding cycle. The Strategic Plan must be submitted within the first six months of the contract award.
- B. **First time Contractors** receiving a FVPSA grant through ADHS must develop a 3-5 year Strategic Plan and an Operational Plan within 60 days of contract award.
 - 1) The ADHS Contract Manager must approve the Strategic Plan. The Strategic Plan will include (but may not be limited to) the following elements:
 - i. Mission Statement
 - ii. Vision Statement
 - iii. Guiding Principles/Values
 - iv. Key Directions
 - v. Internal and External SWAT Analysis
 - 2) The Contractor must develop a one year Operational Plan, outlining how the Strategic Plan will be addressed/accomplished. The Operational Plan, updated quarterly, will include (but may not be limited to) the following elements:
 - i. Major Actions/Goals
 - ii. Action Steps
 - iii. Responsible Staff/Party
 - iv. Start and Target Dates
 - v. Status of Action Steps
 - 3) The Operational Plan report will be submitted to the ADHS Program Manger as part of the Quarterly Report.
 - 4) The ADHS Program Manager will provide the Operational Plan report format.

5.20 Family Violence Prevention Service Act Grant (FVPSA) Requirements

- A. FVPSA programs must establish or implement **policies, procedures, and protocols** for maintaining the safety and confidentiality of the adult victims and their children of domestic violence, sexual assault, and/or stalking.
- B. Match is not required 7/1/12-6/30/13. **Match IS required 7/1/13 -6/30/17.** The **matching requirement** of not less than 20 percent of the total funds provided for a project with respect to an existing program, and with respect to an entity intending to operate a new program under FVPSA grants, not less than 35 percent will be required. The local share will be cash or in-kind; and the local share will not include any other Federal funds provided under any authority.
- C. Programs receiving FVPSA funds must refer to **Circulars A-122, Cost Principles for Non-profit Organizations and A-133, Audits of States, Local Governments, and Non-Profit Organizations and the Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs.** (Circulars are sometimes inaccurately referred to as the Blue Book, the Blue Book however is an ADHS document, the circulars are federal documents used in conjunction with the Blue Book).
- D. Grant funds made available under this program by the State will not be used as **direct payment to any victim** or dependent of a victim of family violence.
- E. **No income eligibility standard will be imposed on individuals** receiving assistance or services supported with FVPSA grant funds.
- F. **No fees will be levied for assistance or services provided with funds** appropriated to carry out the FVPSA.
- G. The **address or location of any shelter-facility assisted under FVPSA will not be made public**, except with the written authorization of the person or persons responsible for the operation of such shelter.
- H. All grants, programs or other activities funded by the State in whole or in part with funds made available under FVPSA will **prohibit discrimination** on the basis of age, handicap, sex, race, color, national origin or religion.
- I. **FVPSA funds will be used to supplement** and not supplant other Federal, State and local public funds expended to provide services and activities that promote the purposes of FVPSA.
- J. Receipt of **supportive services under the FVPSA will be voluntary.** No condition will be applied for the receipt of emergency shelter as described I Section 308 (d)2)).
- K. The State grantee has a **law or procedure to bar an abuser from a shared household** or a household of the abused person, which may include eviction laws or procedures (Section 307(a)(2)(H)).

CHAPTER SIX

PROGRAM SERVICES

6.1 Required Services

The purpose of FVPSA grants is to assist States in establishing, maintaining, and expanding programs and projects to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

- A.** Contractors must provide safe, temporary shelter to persons seeking safety from family violence.
- B.** Contractors must also provide related assistance that include but are not limited to; crisis intervention, case management, peer counseling, advocacy, legal advocacy, transportation, children's peer counseling, transportation and technical assistance.
- C.** Prevention and outreach services are provided to the community and includes, but is not limited to community presentations and training, technical assistance, attendance at community health fairs, activities and presentations at schools, etc.

CHAPTER SEVEN

AMERICANS WITH DISABILITIES ACT (ADA) TITLE III

Programs receiving Federal funds must meet ADA requirements. This Chapter will give a broad overview of the ADA requirements for public facilities and is not intended to cover all of Title III requirements. For more information RSHN programs are encouraged to go to <http://www.ada.gov/publicat.htm#Anchor-ADA-35326>.

7.1 Who is Covered by Title III of the ADA

The title III regulation covers Public accommodations (i.e., private entities that own, operate, lease, or lease to places of public accommodation)

7.2 Overview of Requirements

A. Public accommodations must:

- 1) Provide goods and services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity.
- 2) Eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy the goods and services of a place of public accommodation.
- 3) Make reasonable modifications in policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration would result in the nature of the goods and services provided.
- 4) Furnish auxiliary aids when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result.
- 5) Remove architectural and structural communication barriers in existing facilities where readily achievable.
- 6) Provide readily achievable alternative measures when removal of barriers is not readily achievable.
- 7) Provide equivalent transportation services and purchase accessible vehicles in certain circumstances.
- 8) Maintain accessible features of facilities and equipment.
- 9) Design and construct new facilities and, when undertaking alterations, alter existing facilities in accordance with the Americans with Disabilities Act Accessibility Guidelines issued by the Architectural and Transportation Barriers Compliance

Board and incorporated in the final Department of Justice title III regulation.

10) A public accommodation is not required to provide personal devices such as wheelchairs; individually prescribed devices (e.g., prescription eyeglasses or hearing aids); or services of a personal nature including assistance in eating, toileting, or dressing.

11) Public accommodation may not discriminate against an individual or entity because of the known disability of a person with whom the individual or entity is known to associate.

12) Commercial facilities are only subject to the requirement that new construction and alterations conform to the ADA Accessibility Guidelines. The other requirements applicable to public accommodations listed above do not apply to commercial facilities.

13) Private entities offering certain examinations or courses (i.e., those related to applications, licensing, certification, or credentialing for secondary or postsecondary education, professional, or trade purposes) must offer them in an accessible place and manner or offer alternative accessible arrangements.

7.3 Individuals with Disabilities

A. The Americans with Disabilities Act provides comprehensive civil rights protections for "individuals with disabilities".

B. An individual with a disability is a person who --

1) Has a physical or mental impairment that substantially limits one or more *major life activities*, or

2) Has a record of such an impairment, or

3) Is regarded as having such an impairment. Examples of physical or mental impairments include, but are not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Homosexuality and bisexuality are not physical or mental impairments under the ADA.

4) "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

5) Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

7.4 Eligibility for Goods and Services

- A.** In providing goods and services, a public accommodation may not use eligibility requirements that exclude or segregate individuals with disabilities, unless the requirements are *necessary* for the operation of the public accommodation.
- B.** Requirements that tend to screen out individuals with disabilities, such as requiring a blind person to produce a driver's license as the sole means of identification for cashing a check, are also prohibited.
- C.** Safety requirements may be imposed only if they are necessary for the safe operation of a place of public accommodation. They must be based on actual risks and not on mere speculation, stereotypes, or generalizations about individuals with disabilities. For example, an amusement park may impose height requirements for certain rides when required for safety.

7.5 Modifications in Policies, Practices, and Procedures

- A.** A public accommodation must make reasonable modifications in its policies, practices, and procedures in order to accommodate individuals with disabilities.
- B.** A modification is not required if it would "fundamentally alter" the goods, services, or operations of the public accommodation.
- C.** Modifications in existing practices generally must be made to permit the use of guide dogs and other service animals.

7.6 Enforcement of the ADA and its Regulations

- A.** Individuals may also file complaints with the Attorney General who is authorized to bring lawsuits in cases of general public importance or where a "pattern or practice" of discrimination is alleged.
- B.** In suits brought by the Attorney General, monetary damages (not including punitive damages) and civil penalties may be awarded. Civil penalties may not exceed \$50,000 for a first violation or \$100,000 for any subsequent violation.

CHAPTER EIGHT

QUARTERLY REPORTS

8.1 Quarterly Report Requirements

A. Quarterly reports in the format to be provided by ADHS are due to the ADHS program manager **on or before the 20th day of the month** following the end of each quarter.

B. Quarterly reports must include the following components:

- a. Progress Report
 - i. Documentation verifying required personnel training
 - ii. Logic Model Progress
 - iii. Breakdown of survey results by program area
- b. Statistical Report
 - i. Word formatted Shelterbase document
 - ii. Excel formatted Shelterbase document
- c. Updated Operational Plan, (for newly funded contractors)

8.2 Quarterly Reports

The contractor must submit quarterly reports in a format approved by the Bureau of Women's and Children's Health (BWCH).

A. Quarterly Progress Report

QUARTERLY RSHN PROGRESS REPORT					
Agency:			Date:		
__1 st Quarter (Jul – Sep)		__2 nd Quarter (Oct –Dec)		__3 rd Quarter (Jan –Mar)	__4 th Quarter (Apr – June)
At the beginning of the funding cycle, fill in the blanks with your target outputs for the year.					
Each quarter update the outputs from Shelterbase and submit progress. If the outputs to no apply, insert N/A .					
SHORT TERM OUTPUTS	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	TOTAL
Provide _____ hours of training to staff annually					
Provide non-shelter services to _____ clients annually					
Provide shelter services to _____ clients annually					
Provide _____ bed nights annually					
Answer _____ crisis-line calls					
Conduct _____ of counseling sessions annually					
Conduct _____ of support groups annually					
Provide _____ education sessions to clients in shelter					
Provide legal advocacy services to _____ clients annually					
Provide case management to _____ clients annually					
Hold _____ batterer intervention sessions annually					
Deliver _____ community presentations on DV related issues					
Deliver _____ educational presentations /workshops to youth					
Attend _____ community activities/booths annually					
Hold a minimum of _____ quarterly RSHN meetings annually					
Establish _____ MOUs with community partners annually					
Collect _____ client satisfaction surveys annually					
Assist _____ clients with safety planning					
SHORT TERM OUTCOME INDICATORS					
_____% of clients report knowing more ways to plan for their safety as evidenced by surveys					
_____%of clients report increased knowledge of community resources as evidenced by surveys					
Community partners’ knowledge of how they can assist victims of DV increased by _____% as evidenced by surveys					
_____% of clients who would recommend shelter services to other victim survivors as evidenced by surveys					
Staff reported a _____% increase in DV knowledge which enabled him/her to better assist clients					

B. Quarterly Statistical Report

Rural Safe Home Network Quarterly Statistical Report

Arizona Department of Health Services

1. Agency Name:

2. Report Period:

A. Federal FY _____ B. Quarter 10/1 – 12/31 1/1- 3/31 4/1 – 6/30 7/1 – 9/30

3. Total Domestic Violence Program Budget:

4. FVPSA Grant Amount:

Complete only Item 5 or Item 6

5. Residential emergency shelters:

Capacity (not including cribs):	
Type	Capacity
Emergency Shelter Beds	
Motel Room Beds	
Private Residence Beds	
Transitional Housing Units	

6. Non-Residential service sites

Utilization	
Type	Capacity
Emergency Shelter Beds	
Motel Room Beds	
Private Residence Beds	
Transitional Housing Units	

7. Program Staff:

Category	Number of Staff	Hours Worked
Full-time		
Part-time		
Volunteer		

Staff Training conducted this quarter

Item	Number
A. Training sessions attended by staff	
B. Staff hours spent in training	
C. Number of staff attending training	

A. People Served

8. Number of (unique) domestic violence victims seen for the first time during the reporting period:

Category	Residential	Non-Residential
Women		
Men		
Children & Youth		
Youth IPV Victims		
Total		

Note: Youth Intimate Partner violence victims is a subset of the primary victims and are not included in the total.

9. Demographics of new clients served this quarter (does not include batterers):

A. Age

0 - 17	18 - 24	25 - 59	60+

B. Sex

Female	Male

C. Race/Ethnicity

Black	Native American	Asian	Hispanic	Native Hawaiian	White	Unknown/ Other

Note: Native American includes Alaskan Native, and Native Hawaiian includes Other Pacific Islander.

B. Residential Services

10. Shelter nights (DV victims & children) _____

11. Unmet requests for shelter due to program being at capacity: _____

Reasons Denied	Primary Clients	Children
No Room		
Substance Abuse		
Mental Health		
Physical Limitations		
Pets		
Language Barrier		
No Show		
Other (specify)		
Total		

Specify Other Reasons:

Length of Stay in Emergency Shelter of Primary Clients who EXITED this quarter

Length of Stay	Emergency Shelter	Motel	Private Residence	Transitional Housing
Arrived and left on same day				
1 Day				
2 -4 Days				
5 -14 Days				
15-30 Days				
31-45 Days				
46-90 Days				
91 – 120 Days				
121 – 365 Days				
365+ Days				
Total Primary Clients exiting shelter				
Total Bed Nights Provided				
Average Length of Stay in Days				

Destination of Primary Clients who EXITED emergency shelter this quarter

Destination	Primary Clients	Children
Returned to original household with Batterer		
Returned to original household, Batterer moved out		
Moved in with relatives or friends		
Set up own household in new location		
Transferred to other Family Violence shelter		
Transferred to transitional housing program		
Transferred to other residential program or shelter		
Left without notifying staff of destination		
Other (specify)		

Specify Other Destinations:

C. Related Services & Assistance for Adult Victims

12. Crisis/Hotline Calls:

Note: Includes crisis and information/referral calls. Does not count donations, general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.

13. Supportive Counseling & Advocacy:

Type	Clients	Hours	Contacts
Individual			
Group			

D. Related Services & Assistance for Children & Youth

14. Supportive Counseling, Advocacy, and Activities:

Counseling/Advocacy	Children	Hours	Contacts
Individual			
Group			
Activities			
Individual			
Group			

E. Batterer Intervention Services

15. Batterer Services:

Type	Clients	Hours	Contacts
Individual			
Group			

F. Community Education & Public Awareness

16. Presentations and Activities

A. Community Education & Awareness Presentations	Number	Attendance
Adult Targeted Presentations		
Youth Targeted Presentations		
B. Community Awareness Activities (health fairs, booths, etc.)		

G. Service Outcome Data

17. Core Outcomes

Survey Type	Number of Surveys Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome
Shelter Survey			
Support Services and Advocacy Survey			
Counseling Survey			
Support Group Survey			

18. Performance Narratives

For services supported in whole or in part by your FVPSA grant, provide examples or summaries of your program accomplishments and challenges in these areas:

18. Share a story about a client, service, community or statewide initiative.
19. What does your FVPSA grant allow you to do that you wouldn't be able to do without this funding?
20. Describe, if applicable, any efforts to meet the unique needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges.
21. Describe significant prevention and outreach activities during the program year.
22. (Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.

8.3 Quarterly Report Instructions

A. Progress Report

Shelterbase Quarterly PROGRESS Reporting Instructions	
	At the beginning of the contract year, fill in the blanks for each OUTPUT that pertains to the agency.
	Each quarter, data from Shelterbase will be used to show progress toward intended annual outputs.
	The same process will be used for OUTCOME INDICATORS
	Each agency will create and submit Mid Term (to be reached by year three) and Long Term Outcomes (to be reached by year five) and Indicators.

B. Statistical Report Instructions

Question #	Shelterbase Quarterly STATISTICAL Reporting Instructions	
1	Agency Name	Name of Contractor
2	Reporting Period	Federal Fiscal Year – October 1 – September 30. For example, the report submitted December 2010 will include activities conducted by programs during the Federal Fiscal Year, October 1, 2008 through September 30, 2010. These activities may have been funded through the FY 2007 or FY 2008 FVPSA award. Sub-grantees report by quarter, i.e. July 1 – September 30, October 1– December 31, etc.

RURAL SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

CHAPTER EIGHT
QUARTERLY REPORTS
Statistical Report

3	Total Domestic Violence Program Budget	Total annual budget for domestic violence program at the time of FVPSA grant application including services not funded by FVPSA.
4	FVPSA Grant Amount	List total amount of FVPSA grant provided in reporting period.
5	Number of Residential Emergency Shelters	Programs with on-site residential facilities for emergency housing for domestic violence victims will answer YES. The answers to the capacity will be whole numbers. The capacity of shelter and transitional unit beds is the number of beds available. If motel and private residences are also used, count the number of locations available.
6	Non-Residential Service Sites	This number should include programs with no shelter facility, but which may coordinate emergency housing for victims through hotels/motels and safe homes.
7	Program Staff/ Volunteers	Count number of individuals from all areas, including programmatic (e.g. advocacy, transportation) and administrative services (e.g. Board Members*, data entry, etc.
7	Volunteer Hours	Count total time rounded to nearest hour. *The only volunteer hours you can NOT count are the hours Board Members spend at board meetings or performing advisory duties.
7	Staff Training	Record the number of training attended, the unduplicated number of staff attending trainings and the number of staff hours spent in training
A.	People Served (Unduplicated Count) Number of (unique) domestic violence victims seen for the first time during the reporting period	
8	Residential	Number of new domestic violence victims/survivors seen for the first time during this reporting period , counted once regardless of the number of times victim may be served during the fiscal year. <i>Count should be within program only and not unduplicated across programs statewide.</i> Number should include unduplicated counts for both residential and non-residential services. Clients who received shelter (residential services) should be counted in this category <i>only</i> .
8	Non-Residential	Clients who received <i>only</i> non-residential services should be counted in this category. Specify the numbers who were women, men and children under the age of 18. Exclude clients served only by Batterer Intervention Programs (they are counted in Sec. E). <i>Count should be within program only and not unduplicated across programs statewide.</i>
8	Youth IPV Victim	Where youth under the age of 18 identified as victims of intimate partner violence (IPV), count in subset "Youth IPV victims." For example, a program served 100 children & youth, 8 identified as IPV victims. Report as Children & Youth – 100; Youth IPV Victim – 8.
9	Demographics Unduplicated clients only. Exclude clients served by Batterer Intervention Programs.	
9A	Age	0 – 17; 18 – 24; 25 – 59; 60+
9B	Gender	Female Male
9C	Race/Ethnicity	Black or African American; American Indian & Alaska Native; Asian; Hispanic or Latino; Native Hawaiian & Other Pacific Islander; White; Unknown/Other. Clients may self-identify in more than one category; therefore, total number may exceed number of unduplicated clients.

B Residential Services		
10	Shelter nights	Shelter includes onsite shelter managed by the domestic violence program, program-sponsored hotel rooms, and safe houses – residences of volunteers who offer their private homes for short-term crisis situations, or other temporary housing that your program arranges. Include victims of domestic violence and their dependents only. A night should be counted for each person that arrives and is provided a shelter bed. Count the # of people housed multiplied by the # nights. For example, a victim/survivor and her 3 children stay in the shelter or safe house for 5 nights. 4 people x 5 nights = 20 shelter nights.
11	Unmet requests for shelter	Unmet requests for shelter due to program being at capacity. Count the adult victims of domestic violence only. This count should not include individuals who were not served because their needs were inappropriate for the services of your program, e.g. homelessness not related to domestic violence. Count the total number of times requests for shelter was declined.
11A	Length of Stay	Length of stay in emergency shelter of primary clients who exited this quarter
11B	Destination	Destination of primary clients who exited emergency shelter
C Related Services & Assistance		
12	Crisis/Hotline Calls	Calls received on any agency line that relate to an individual or family in need of some kind of service. Count all calls including repeat callers and calls from third parties. Do not count: donations; general information about program or violence issues unrelated to a specific individual or family; calls from the media; etc.
13 Supportive Counseling & Advocacy		
13	Individual	Supportive services provided to adults which extend beyond a brief, isolated contact; e.g. crisis intervention, safety planning, individual counseling, peer counseling, educational services, legal advocacy, personal advocacy, housing advocacy, medical advocacy, information/referral, transportation, home visits, etc. Count total number of hours and service contacts provided regardless of length. A contact could be a brief advocacy session in shelter or several hours to accompany a survivor to court. Do not count brief encounters such as distribution of tokens, supplies, toiletries, etc.
13	Group	Supportive services to adult victims in a group setting such as victims' support group. Total number of hours and/or sessions for each individual in attendance. E.g. Five 1-hour long support groups with 10 individuals at each = 50 service contacts and 50 hours. One 2-hour long support group with 6 individuals = 6 service contacts and 12 hours
D Related Services & Assistance for Children & Youth (Supportive Counseling, Advocacy, and Activities)		
14	Individual	Supportive services provided to children which extend beyond a brief, isolated contact, e.g. crisis intervention, safety planning, individual counseling, peer counseling, educational services. Children include anyone under the age of 18, unless legally emancipated.
14	Group	Supportive services provided to children in a group setting, such as child-witness support groups. Total number of sessions for each individual in attendance, e.g. Four 1.5-hour long support groups with 8 individuals at each = 32 service contacts and 48 hours.
D Activities for Children & Youth		
14	Individual	All activities that fall outside of child advocacy including unplanned/unstructured contacts such as

		mentoring opportunities. Count total number of hours and/or service contacts.
14	Group	All activities that fall outside of child advocacy including recreational activities, child care, etc. Count total number of hours and/or service contacts. For example, a 3-hour field trip for 4 children = 4 service contacts and/or 12 hours.
E	Batterer Intervention Services	
15	Individual	Provision of individual sessions based on a specific model of intervention i.e. programs designed to address accountability for abusive behavior; including re-education programs for those who abuse their intimate partners. Count total number of hours and/or service contacts provided. Count the number of unduplicated individuals served within the reporting period. <i>Report only if these services are funded by FVPSA.</i>
15	Group	Provision of group sessions based on a specific model of intervention for those who abuse their intimate partners. Total number of sessions for each individual in attendance. E.g. 5 hour long support groups with 10 individuals at each = 50 service contacts and/or 50 hours. <i>Report only if these services are funded by FVPSA.</i>
F	Community Education & Public Awareness	
16A	Adults	All presentations of information or trainings about domestic violence and/or services related to victims of domestic violence and their children, such as training for health professionals. Include all presentations for a mixed-age audience. Count the total number of training and community education presentations. Count the total number of individuals attending.
16A	Youth Targeted	Presentations that are specifically targeted for audiences of children or youth, such as school-based prevention programs, should be counted under the Youth section. Count the total number of training and community education presentations. Count the total number of individuals attending.
16B	Public Awareness Activities	All domestic violence-focused information forums where domestic violence information is distributed and developed and an exact count of audience cannot be obtained, such as: press conferences; booths at health fairs; etc. Use the narrative questions to describe any events of particular significance.
G	Service Outcome Data	
17		Describe Resource Outcome and Safety Outcome. For each program area from which you collected outcome data, indicate how many surveys were completed and how many positive responses you received to each of the outcome questions. If you did not collect outcome information for a particular service, write in N/A (for not applicable). Because of Shelter Experience I feel I know more ways to plan for my safety Because of Shelter Experience I feel I know more about community resources Because of Support Services I feel I know more ways to plan for my safety Because of Support Services I feel I know more about community resources Because of Support Groups I feel I know more ways to plan for my safety Because of Support Groups I feel I know more about community resources Because of Counseling I feel I know more ways to plan for my safety Because of Counseling I feel I know more about community resources

18-22	Performance Narrative Questions	<p>For services supported in whole or in part by your FVPSA grant, provide examples or summaries of your program accomplishments and challenges in these areas:</p> <ol style="list-style-type: none"> 1) For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative. 2) What does your FVPSA grant allow you to do that you wouldn't be able to do without this funding? 3) Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant to meet the unique needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges. 4) Describe significant prevention and outreach activities supported in whole or in part by your FVPSA grant during the program year. 5) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.
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C. Personnel Training

Provide documentation of the number of trainings, in services, college courses, etc. and the number of hours received by each staff person supported through FVPSA funding. Refer to Section 5.5 for details.

D. Operational Plan

Contractors receiving Family Violence Prevention Services grants through ADHS for the first time are required to develop a 3-5 year Strategic Plan with accompanying annual Operational Plan. The Operational Plan must be updated on a quarterly basis and submitted to the ADHS Program Manager as part of the Quarterly Report. The Operational Plan Report comprises these sections:

- 1) Name of Agency.
- 2) Contract year for the Operational Plan.
- 3) Major Action/Goal: Put each Major Action/Goal on a separate page. These should match the Goals of the Logic Model Implementation Plan.
- 4) Outcome: what will be the result of reaching the Goal? What could be the desired Outcome?
- 5) Related Key Directions: What Key Directions in the Strategic Plan are related to this Major Action/Goal? There may be more than one.
- 6) Assigned Staff: Name the staff assigned to work on the Goal.
- 7) Funding Source: Mark the funding the agency will utilize when working on the goal. It may be more than one source.

- 8) Action Steps: List all the steps that will need to be taken to complete the goal.
- 9) Responsible Party: List the persons who are responsible for completing the goal. This may include members of the RSHN, staff persons or other parties.
- 10) Start and Target Dates: List when the project will begin, and a Target date for completion.
- 11) Status: Put a status code in this section - B=Barrier, C=Completed, D=Delayed, T=On Target.
- 12) Major Accomplishments for the Period: List the major accomplishments for the past quarter.
- 13) Description of Barriers and Delays/Plan to Address the Problem/Impact on the Action Plan: Describe the difficulties presented that have prohibited the agency in meeting the target date, or other barriers to accomplishing the stated Major Action/Goal.

CHAPTER NINE

MONTHLY BILLING

9.1 Contractor Reimbursement

Contractor reimbursement provisions and methods are specified in the Contractor's written contract agreement with the Arizona Department of Health Services. Reimbursement for services and any other program expenditures are made in accordance with these contract specifications, and upon approval of BWCH Program Manager.

9.2 Monthly Submission Requirements

A. The Contractor must submit a complete and accurate Contractor's Expenditure Report (CER) **on or before the 20th day of each month** following service provision for payment from the state for contracted services provided. The Contractor must submit along with the CER, the Labor Activity Report for those staff whose salaries are paid from more than one funding source. If there is an unavoidable delay in submission of any part of the report, the Contractor must notify the Program Manager.

B. The contractor must submit a bookkeeping detail of the charges submitted for reimbursement

C. Copies of invoices must be kept filed with the agency.

9.3 Submission Location

Contractors are to submit the CER and the Monthly Performance Report to:

Arizona Department of Health Services
Bureau of Women's and Children's Health
Rural Safe Home Network Program Manager
150 N. 18th Avenue, Suite 320
Phoenix, AZ 85007-3242
Phone: (602) 542-7341
FAX:(602) 542-7351

OR electronically to:

Brenda.Nichols@azdhs.gov

9.4 BWCH Program Manger's role in CER Approval

A. The BWCH Program Manager will review the CER for errors and/or omissions.

B. The Contractor will be contacted to discuss any discrepancies found.

C. CER's not meeting specification must be amended by the Contractor.

D. Partial payment of CER's submitted may be authorized by the Program Manager when:

1. Services are delivered and/or items purchased are not approved by the Program Manger.
2. Services are delivered and/or items purchased are not allowed within the Federal guidelines for expenditures.
3. Insufficient funds exist to fully reimburse the Contractor for services provided.

E. Once the BWCH Program Manager approves the CER, it will be forwarded for payment.

9.5 Supporting Documentation

- A. The Contractor must maintain adequate supporting documentation to verify expenditures billed on the CER.
- B. The Contractor must maintain documentation of employee's work hours for those staff whose salaries are split between funding sources. Documentation should indicate the activities performed and amount of time spent on each activity for each funding source.
 - a. A Labor Activity Report (LAR) must be submitted for each pay period for each staff funded in part by FVPSA.
 - b. A Labor Activity Certification must be submitted every six months for all staff supported 100% by FVPSA.
- C. The Contractor must maintain adequate documentation to verify required matching dollars. According to Federal Requirement, grantees must document a 35% match in their first year receiving funds and 20% each year following. This will be shown on monthly CERs. Officially Match will be required beginning 7/1/13 but it is the program manager's recommendation to begin 7/1/12.
- D. A Profit and Loss Statement and a Statement of Activities/Transaction Detail by Account should be included with each CER showing detailed account of all expenditures.
- E. Travel expense receipts must be included for ALL travel.
- F. Receipts not submitted with monthly CERs must be available for review during site visit by program manager.

9.6 Contractor's Expenditure Report (CER) Instructions

- A. The CER is a multi-purpose form for use by agencies that have a Purchase Order signed by the Procurement Officer with the Arizona Department of Health Services. The CER must be completed, signed by an authorized person, and mailed to the program manager.

B. Instructions for completion of the CER for the Rural Safe Home Network:

1. **Contractor Number.** Write in your contract number.
2. **Contractor's Name.** Write in your agency name.
3. **Title of Program.** Write in Rural Safe Home Network
4. **Reporting Period Covered.** CERs are submitted on a monthly basis, and are to report expenditures occurring during the month. Write in the exact month, day, and year. For example, a report submitted for the month of January 2013 would read, Reporting Period Covered: **From 1/1/13 To 1/31/13.**

A. Check Appropriate Box:

Rural Safe Home Network Contractors have a Cost Reimbursement price contract. Check the box Cost Reimbursement.

B. Check Appropriate Box:

- 1) If the CER is an expenditure for a monthly report, check the box Periodic Report.
- 2) If the CER is an expenditure for the annual report, check the box Final Report.

5. **Contractor Certification.** It is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures. Once satisfied, the Chief Executive Officer must sign and date the report. Only an original signature will be accepted.

6. **10% Budget Line Adjustment.** With prior approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of 10% of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding 10% or to a non-funded line item shall require an amendment.

NOTE: Even with approval to revise the budget, the ***current approved budget*** must remain on CERs. Know that at the end of the contract year, the numbers will be off by up to 10%.

CHAPTER TEN

PROGRAM MONITORING AND EVALUATION

10.1 Contract Monitoring Plan

- A. The Program Manger will develop a Contract Monitoring Plan
- B. The Contract Monitoring Plan should include, but may not be limited to these components:
 - 1) Program Scope of Work
 - 2) Tasks for Contractor
 - 3) Monitoring Activities

10.2 Annual Review

All contractors shall have at least one compliance-based site visit per year. This annual site visit is also referred to as the annual review.

10.3 Multiple Sites

To the extent practical, annual reviews will include a visit to all Contractor site locations, if the Contractor is providing services at multiple sites.

10.4 Annual Desk Reviews

In lieu of a physical visit to the program site, annual site visits may be conducted via written documentation as requested by the Program Manager. Documentation requested will be reviewed by the Program Manager and sufficient in nature to substantiate program compliance.

10.5 Consultative Site Visit

In addition to the annual review visit, additional consultative site visits will be conducted if Contractor performance or other circumstances deem it necessary.

10.6 Purpose of the Site Review:

- A. Compliance-based site visits are provided to ensure that services were delivered pursuant to the terms and conditions of the contract and in accordance with the Rural Safe Home Network program Policy and Procedure Manual.
- B. Other purposes for annual review include but are not limited to:
 - 1. Evaluation of the local community Safe Home Network functions
 - 2. Investigation of areas in question.
 - 3. Identification of strengths, and accomplishments
 - 4. Identification of weaknesses, or areas of needed focus

5. Providing consultation and technical assistance
6. Facilitation of communication between the contractor and BWCH
7. Follow-up on previous site visit findings.

10.7 Review Guidelines

The annual review will be conducted in accordance with the following guidelines:

A. Contractor Notification:

1. The Program Manager will notify the Contractor of the scheduling of annual review site visits.
2. The Program Manager will send a Site Visit Notification letter to the Contractor which will:
 - a. Confirm the date and the time of the visit.
 - b. Review the purpose of the visit.
 - c. Identify the reviewer.
 - d. Discuss activities to expect as part of the review process.
 - e. Provide the Contractor with a copy of the site review monitoring tool.
3. The Site Visit Notification letter will be sent a minimum of five days in advance of the review. The reviewer will work with the Contractor as much as possible to assist in minimizing interruptions to the staff's normal workload during the course of the review.

B. Review Process

1. Contractors and Sub-contractors must cooperate fully with the reviewer during the review process by making records and information available, by allowing interviews, and providing a tour of the facilities.
2. The Reviewer will hold an entrance interview to obtain a current overview of agency operations, clarify the review process, meet staff, answer any questions, and discuss completion of corrective action from any past review.
3. Examples of activities included in site visits may include, but are not limited to:
 - a. Review of Contractor Documentation
 - i. Any materials to be distributed to clients.
 - ii. Client Records.
 - iii. Management reports.
 - iv. Job descriptions, personnel files, etc.
 - b. Meeting with or interviewing program personnel to discuss program successes and potential problems.

C. Exit Conference

The reviewer will provide feedback to the Contractor regarding preliminary findings during an exit conference. During the exit conference Contractors will have the opportunity to clarify and provide any input they deem necessary.

10.8 Annual Review Draft Report

- A.** The Program Manager will write findings in a draft report and mail the draft with a cover letter to the Contractor for review and comment. The cover letter will include instructions for review of the draft report. The Contractor must respond to the draft report within seven (7) days of receipt. The draft report will be sent by certified mail so that the date the draft was received can be documented.
- B.** The Program Manager will be available to provide technical assistance as needed.

10.9 Annual Review Final Report and Corrective Action

- A.** Within (30) thirty days of receipt and review of the Contractor's comments, the Program Manager will prepare a final report. The final report will identify areas of strength and a request for a written plan of corrective action, if required. The final report will be sent with a cover letter that will include instructions for completion of the written plan of correction.
- B.** The Contractor will prepare the plan of corrective action addressing each finding included in the current year's annual review. This plan must be returned within 14 days of receipt of the final report. The final report will be sent by certified mail so that the date the report was received can be documented.
- C.** Once the written plan of corrective action has been reviewed and approved by the Program Manager, it will be included as part of the final report. Also included as part of the final report will be any pertinent attachment/enclosure(s) sent by the Contractor.
- D.** The final report will be maintained in the Program files for future review.

10.10 Failure to Comply

If the contractor fails to comply, or a major contract performance issue results, the concern will be reported to the Procurement Administrator for review. The Procurement Administrator will notify the Contractor within seven days of receipt of the concern regarding further recourse.

CHAPTER ELEVEN

WEB SITES

These web sites may be helpful to Rural Domestic Violence Service Network program personnel:

- 11.1 Arizona Department of Health Services, Rural Safe Home Network
<http://www.azdhs.gov/phs/owch/women/domesticviolence.htm>
- 11.2 Health Insurance and Portability and Accountability Act
<http://www.hhs.gov/ocr/hipaa/>
- 11.3 Strategic Planning for Non-profit Organizations
http://www.managementhelp.org/plan_dec/str_plan/str_plan.htm
- 11.4 Circular A-122, Cost Principles for Non-Profit Organizations
http://www.whitehouse.gov/omb/circulars/a122/a122_2004.html
- 11.5 Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations
http://www.whitehouse.gov/omb/circulars_a133-lead
- 11.6 ADA Regulations and Technical Assistance Materials
<http://www.ada.gov/publicat.htm#Anchor-ADA-35326>
- 11.7 Title III Highlights
<http://www.ada.gov/t3hilght.htm>

CHAPTER TWELVE

APPENDICES

13.1 Arizona Revised Statutes

ARS 36-568.01 Confidentiality of records

ARS 36-3008 Shelters for victims of domestic violence; personnel; fingerprinting

ARS 13-3620 Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

36-568.01. Confidentiality of records

- A. All information obtained and records prepared in the course of providing any services under this chapter to clients shall be confidential and privileged matter. Such information and records may be disclosed only:
1. When the responsible person designates in writing persons to whom records or information may be disclosed.
 2. To the extent necessary to make claims on behalf of a client for aid, insurance or medical assistance to which he may be entitled.
 3. Pursuant to court order.
 4. In communications between professional persons in the providing of services or appropriate referrals.
 5. When such disclosure is necessary to protect against a clear and substantial risk of imminent serious injury.
 6. To the superior court when a petition to establish guardianship for the person is filed pursuant to the provisions of title 14, chapter 5.
 7. To other state agencies or bodies for official purposes and in such cases information or records shall be released without the designation of the name of the client unless such name is required for the official purposes of state agencies or bodies requesting such information. Such case information received by a state agency or body shall be maintained as confidential unless a consent to release has been given as provided in this section.
 8. To a law enforcement agency or a county medical examiner in the performance of official duties unless the records requested relate to a person who is the subject of a criminal investigation, in which case the records may only be released pursuant to a court order or grand jury subpoena. A person shall maintain information provided to a law enforcement agency or a county medical examiner under this paragraph as confidential unless a consent to release has been given pursuant to this section or pursuant to a court order or grand jury subpoena.

- B. The person to whom such information has been released pursuant to subsection A shall be prohibited from using or releasing such information except in the proper performance of his or her duties.

36-3008. Shelters for victims of domestic violence; personnel; fingerprinting

- A. Employees and volunteers of a shelter for victims of domestic violence, as defined in section 36-3001, shall have valid fingerprint clearance cards that are issued pursuant to title 41, chapter 12, article 3.1 or shall apply for a fingerprint clearance card within seven working days of employment or beginning volunteer work. Federally recognized Indian tribes or military bases may submit and the department shall accept certifications that state that employees of a shelter for victims of domestic violence who are employed by a shelter and who provide services directly to victims of domestic violence have not been convicted of, have not admitted committing or are not awaiting trial on any offense under subsection B, paragraph 1 of this section.
- B. Personnel shall certify on forms that are provided by the department and notarized that:
 - 1. They are not awaiting trial on and have never been convicted of or admitted committing any of the criminal offenses listed in section 41-1758.03, subsections B and C in this state or similar offenses in another state or jurisdiction.
 - 2. They have not been denied a license to operate a shelter for cause in this state or another state or had a license to operate a shelter revoked.
- C. The notarized forms are confidential.
- D. The shelter shall make good faith efforts to contact previous employers to obtain information or recommendations that may be relevant to an individual's fitness to work in the shelter.
- E. The department of health services shall notify the department of public safety if the department of health services receives credible evidence that a person who possesses a fingerprint clearance card either:
 - 1. Is arrested for or charged with an offense listed in section 41-1758.03, subsection B.
 - 2. Falsified information on the form required by subsection B of this section.

13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

- A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this

information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, Christian Science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian Science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, Christian Science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian Science practitioner or priest may otherwise make of the minor. For the purposes of this subsection, "person" means:

1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
 2. Any peace officer, member of the clergy, priest or Christian Science Practitioner.
 3. The parent, stepparent or guardian of the minor.
 4. School personnel or domestic violence victim advocate who develop the reasonable belief in the course of their employment.
 5. Any other person who has responsibility for the care or treatment of the minor.
- B. A report is not required under this section for conduct prescribed by sections 13-1404 and 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual.
- C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, stepparent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the state department of corrections or the department of juvenile corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.
- D. Reports shall be made immediately by telephone or in person and shall be followed by a written report within seventy-two hours. The reports shall contain:
1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor, if known.
 2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.

3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.
- E. A health care professional who is regulated pursuant to title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in section 13-3401 shall immediately report this information, or cause a report to be made, to child protective services in the department of economic security. For the purposes of this subsection, "newborn infant" means a newborn infant who is under thirty days of age.
- F. Any person other than one required to report or cause reports to be made under subsection A of this section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.
- G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer or child protective services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.
- H. When telephone or in-person reports are received by a peace officer, the officer shall immediately notify child protective services in the department of economic security and make the information available to them. Notwithstanding any other statute, when child protective services receive these reports by telephone or in person, it shall immediately notify a peace officer in the appropriate jurisdiction.
- I. Any person who is required to receive reports pursuant to subsection A of this section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.
- J. A person who furnishes a report, information or records required or authorized under this section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.
- K. Except for the attorney client privilege or the privilege under subsection L of this section, no privilege applies to any:
 1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.

2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section.
 3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a peace officer or child protective services in the department of economic security.
- L. In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a Christian Science practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. Nothing in this subsection discharges a member of the clergy, a Christian Science practitioner or a priest from the duty to report pursuant to subsection A of this section.
- M. If psychiatric records are requested pursuant to subsection G of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:
1. Personal information about individuals other than the patient.
 2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.
- N. If any portion of a psychiatric record is excised pursuant to subsection M of this section, a court, upon application of a peace officer or child protective services worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse, child abuse, physical injury or neglect be made available to the peace officer or child protective services worker investigating the abuse, child abuse, physical injury or neglect.
- O. A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.
- P. For the purposes of this section:
1. "Abuse" has the same meaning prescribed in section 8-201.
 2. "Child abuse" means child abuse pursuant to section 13-3623.
 3. "Neglect" has the same meaning prescribed in section 8-201.
 4. "Reportable offense" means any of the following:
 - (a) Any offense listed in chapters 14 and 35.1 of this title or section 13-3506.01.
 - (b) Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to section 13-3019.
 - (c) Child prostitution pursuant to section 13-3212.
 - (d) Incest pursuant to section 13-3608.

13.2 Forms

A. Financial Reporting Forms

1. Contractor's Expenditure Report
2. Contractor's Expenditure Report Instructions
3. Sample Labor Activity Report
4. 10% Budget Line Adjustment

For electronic versions of forms, contact the Program Manager.

B. Site Visit Forms

1. Contract Monitoring Plan
2. Site Visit Notification Letter
3. Site Visit Monitoring Tool for RDVSN Contractors
4. Site Visit Draft Monitoring Report and letter
5. Site Visit Final Monitoring Report and Letter
6. Acceptance of Plan of Correction Letter

For electronic versions of forms, contact the Program Manager.

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FINANCIAL REPORTING FORMS –
Contractor's Expenditure Report (CER)

Arizona Department of Health Services

CONTRACTOR'S EXPENDITURE REPORT

Accounting/Contracts
1740 W. Adams Street
Phoenix, Arizona 85007

1. Contract Number _____ P.O. # _____
2. Contractor Name _____
3. Title of Program _____
4. Reporting Period Covered: From _____ To _____

4A. Cost Reimbursement -
Cumulative Actual Expenditures
 Fixed Price
4B. Periodic Report
 FINAL REPORT

Invoice # _____

Contractor's Detailed Statement of Expenditures and Fixed Price					
5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget (a)	Prior Report Period Year to Date Expenditures (b)	Current Reporting Period Expenditures (c)	Total Year to Date Expenditures (d)
A. Account Classification:					
Personal Services		\$ -	\$ -	\$ -	\$ -
ERE		\$ -	\$ -	\$ -	\$ -
Professional and Outside Services		\$ -	\$ -	\$ -	\$ -
Travel Expenses		\$ -	\$ -	\$ -	\$ -
Occupancy expense		\$ -	\$ -	\$ -	\$ -
Other Operating Expense		\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense		\$ -	\$ -	\$ -	\$ -
Other		\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -
6. FIXED PRICE	Rate per Unit	Number of Units Provided this Reporting Period	Total Funds Earned this Reporting Period	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned
A. Type of Unit:	(1)	(2)	(3)	(4)	(5)
TOTAL					

ADHS USE ONLY	THIS SECTION FOR ADHS ACCOUNTING USE ONLY			
ADHS PROGRAM COORDINATOR CERTIFICATION:	Total Expenditures or total Fixed Price _____			
<input type="checkbox"/> Performance satisfactory for payment	Adj (if required): _____			
<input type="checkbox"/> Performance unsatisfactory, withhold payment	Less: Year to date payments _____			
<input type="checkbox"/> No payment due	Adj (if required): _____			
	Net payment due: _____			
	Index	PCA	AY	Amount
	-	-	-	-
PROGRAM COORDINATOR SIGNATURE/DATE	-	-	-	-
	-	-	-	-

7. CONTRACTOR CERTIFICATION
I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE

Prepared by : Name and Phone Number :

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FINANCIAL REPORTING FORMS –
Labor Activity Report

LABOR ACTIVITY REPORT (LAR)

Agency _____

Pay Period _____ To _____

Timekeeper's Name _____

Telephone Number _____

Name: _____

Date _____

Description	Funder	Percent	S	S	M	T	W	T	F	S	S	M	T	W	T	F	Total
	RSHN	#DIV/0!															0.00
	DES	#DIV/0!															0.00
	VOCA	#DIV/0!															0.00
	UW	#DIV/0!															0.00
	VOWA	#DIV/0!															0.00
		#DIV/0!															0.00
		#DIV/0!															0.00
		#DIV/0!															0.00
Total Hours Worked			#DIV/0!	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Annual Leave																	0
Sick Leave																	0
Holiday																	0
Comp. Time Used																	0
Jury Duty																	0
Miscellaneous																	0
Short Term Leave w/o Pay																	
Total Leave Hours			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Pay Period Totals

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

I certify that the hours above represent, to the best of my knowledge, an accurate record of the time that I have devoted to the identified programs/activities as per ADHS policies and procedures.

Employee's Signature

Business Manager/Supervisor Signature/Phone Number

LAR will not be processed without Signatures.

**ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Public Health Services**

SUBJECT: Labor Activity Certification for a Single Federal Grant or Cost Objective

PURPOSE: To comply with OMB Circular A-87, it is the policy of the department that when employees work solely on a single Federal Grant or Cost objective, charges for their salaries and wages will be supported by semi-annual certifications that the employee worked solely on that program for the period covered by the certification.

PERIOD OF CERTIFICATION:

AGENCY:

POSITION NO:

POSITION TITLE:

NAME OF INCUMBENT:

NAME OF FEDERAL GRANT AND/OR DESCRIBE THE SINGLE COST OBJECTIVE:

FVPSA - Rural Shelter Home Network

As the incumbent of the position listed above, I certify that all work performed during this period was for the single Federal grant or cost objective shown above in accordance with the Office of Management and Budget Circular No. A-87, Attachment B, Paragraph 11h, 3-4.

Signature _____ **Date** _____

This document is to be filed with the timekeeper's records and is subject to audit.

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FINANCIAL REPORTING FORMS –
10% Budget Adjustment

Name of Contract: _____

Contract #: _____

P.O. #: _____

Date: _____

Revised Budget Per 10% Movement between Line Items

Account Classification	Current Approved Budget	10% Revised	Budget Amendment Explanation By Line
Personnel Services			
ERE			
Professional & Outside Services			
Travel Expenses			
Occupancy			
Operating Expense			
Capital Outlay			
Other /Indirect			
Total			

Total amount requested to be moved: must be equal to or less than 10% total.

NOTE: Even with approval to revise the budget, the **current approved budget** must remain on CERs. Know that at the end of the contract year, the numbers will be off by up to 10%.

Additional Reasons for this request:

Contractor Signature

Date

Program Manager Signature

Date

Date Sent to Accounting

ADHS CONTRACT MONITORING PLAN
Rural Safe Home Network

SCOPE OF WORK

Contractors shall develop, implement and maintain their local Rural Safe Home Networks (RSHN) to include: service provision to domestic violence victims; local domestic violence task forces/coalitions; development and documentation of RSHN service protocols.

The contractor shall:

- 1) Hire, train and provide adequate, experienced personnel, capable of and devoted to the successful accomplishment of projects that may be performed under this contract.
- 2) Revise, submit and implement FYXXXX Operational and Implementation Plans.
- 3) Provide temporary, emergency, safe shelter and related assistance to victims of domestic violence.
- 4) Establish and maintain a local RSHN of community service providers and other parties interested in domestic violence issues to provide services to domestic violence victims
- 5) Maintain records of services provided to clients, provide follow-up to determine if services to which clients were referred were received, document barriers to care, and identify needs that cannot be met through the resources available (gaps) in the resource network.
- 6) Prepare and submit monthly Contractor Expenditure Reports.
- 7) Prepare and submit on a quarterly basis Progress Report, Operational Plan (if required), Implementation Plan and Statistics for persons served and services provided.
- 8) Complete tasks as outlined in (Operational) and Implementation plans.
- 9) Attend Quarterly Contractor Meetings as scheduled by the host agency/Program Manager.
- 10) Schedule and host Peer Review of agency by date.
- 11) Submit Peer Review report.

Monitoring Activities:

This contract shall be monitored by: (but not limited to)

- 1) Approval of monthly CERs
 - 2) Approval of Peer Review sub-contract
 - 3) Attendance at 4 Quarterly Contractor's Meetings
 - 4) Documentation of conversations and technical assistance via phone contact
 - 5) Evaluation results of annual spring domestic violence conference
 - 6) Review and Approval of contract deliverables
 - 7) Domestic violence training curriculum for regional trainings
 - 8) Evaluation Report of training activities
 - 9) Statistical Report of Technical Assistance
 - 10) Quarterly Progress Reports
 - 11) Quarterly Implementation/Logic Goals & Objective Reports
 - 12) Quarterly Statistical Reports of agency activities
 - 13) Monitor Federal Match Requirements
 - 14) One annual Formal Site Visit
 - 15) Telephonic contact/Informal site visits as requested for technical assistance as necessary
- For 1st year agencies include:
- 16) Monthly coordination technical assistance meetings and tracking of Operational Plan
 - 17) Revised Operational Plan



Division of Public Health Services

*Office of the Assistant Director
Public Health Prevention Services*

150 N. 18th Avenue, 320
Phoenix, Arizona 85007
(602) 364-1400
(602) 364-1494 FAX

JANICE K. BREWER,
GOVERNOR
WILL HUMBLE, DIRECTOR

Dear:

The Arizona Department of Health Services 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 of your agency has been scheduled for (date here).

Enclosed you will find a monitoring guide which summarizes the areas for review, the reference to this area in the contract, and the sources that will be reviewed for verification of compliance.

Your assistance in the following areas is requested:

Prior to the review:

1. Notify the site reviewer regarding any desired training or technical assistance you would like included. This will allow for any adjustments to the composition of the site visit to meet your needs.

The day of the review:

1. Request the attendance of staff directly responsible for the contract.
2. Make space available for the review and schedule a tour of the safe house and any additional programming space.
3. Have the following materials available for review at the site:
 - A copy of your completed monitoring tool for the review
 - Documentation in support of funding matching (in-kind) requirements
 - Current organization chart
 - Personnel Files
 - Any brochures or other marketing materials used
 - Client files
 - Client satisfaction surveys
 - Presentation sign in sheets
 - Policy and Procedures manual
 - Advertising/promotional plan

Your cooperation and support of the site review process is appreciated. My goal is to make this an opportunity for us to work together to continually evaluate and improve the services provided to Arizona's most vulnerable populations.

If you have any questions regarding this process, please contact me at (602) 542-7341. I look forward to meeting with you and your staff.

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF WOMEN’S AND CHILDREN’S HEALTH
RURAL SAFE HOME NETWORK
MONITORING REPORT**

Agency:	Review Date:	
ADHS Staff present:	Agency Staff Present:	
Standard	Comments	Compliant?
<p>Grant Amendments: Are all changes to this Grant, including the Scope of Work and budget adjustments, submitted in writing for approval and signed off on by the State Government Administrator?</p> <p>Does the Grantee understand that no other method and/or document, including correspondence and oral communications shall be used or construed as an amendment to this Grant?</p>		
<p>Key Personnel: Does the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant?</p> <p>Does the Grantee assign specific individuals to key positions of responsibility?</p> <p>Is the ADHS Program Manager notified in writing in advance if key personnel are removed or replaced?</p> <p>Is the ADHS Program Manager notified if key personnel are not available for work on a specific project, or for more than 30 calendar days or are unable to devote substantially less effort than initially anticipated?</p> <p>Is a certification submitted annually for all personnel funded 100% by FVPSA funds?</p>		

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Standard	Comments	Compliant?
<p>Finger Printing: Do all staff files contain documentation of required fingerprint records as required by ARS§ 36-3008?</p>		
<p>Financial Management: Is the grantee following the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services?</p> <p>Do travel claim forms include departure and arrival times, thus making it possible to determine allowable per diem on travel days?</p> <p>How do you calculate the indirect, administrative, and/or overhead costs charged to this program? Please use additional sheets for a complete explanation.</p>		
<p>Accounting Requirements: Are all financial records maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds?</p> <p>Are bank statements reconciled each month?</p> <p>Is a separate journal used to maintain ‘match’ funds?</p> <p>Are all expenditures allowable, within budget and used solely for the program?</p> <p>Are monitoring tools used to review LARs for employees whose salaries are funded by multiple grants?</p> <p>Is the agency familiar with the financial requirements of Circulars A-110, A-122, & A-133?</p> <p>Is the circular used as a reference guide?</p> <p>Is the agency familiar with the Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs (Blue Book)?</p> <p>(Circulars are sometimes inaccurately referred to as the Blue Book, the Blue Book however is an ADHS document and the circulars are federal documents used in conjunction with the Bluebook.)</p>		

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<p>Sub Contracts: Has the Grantee entered into any Subcontract under this Grant for the performance of this Grant?</p> <p>Was the required advance written approval of the State Government Administrator and the ADHS Program Manager received?</p>		
<p>Licenses: What Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee are required?</p> <p>Are all licenses current?</p>		
<p>HIPAA Requirements: Is the Grantee familiar with the requirements of HIPAA and HIPAA’s accompanying regulations?</p> <p>Does the Grantee comply with all applicable HIPAA requirements in the course of this contract?</p> <p>Will the Grantee sign any documents that are reasonably necessary to keep the ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements?</p>		
<p>Standard</p>	<p>Comments</p>	<p>Compliant?</p>
<p>Federal Immigration Laws, Compliance by State Contractors: Does the Grantee warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees?</p> <p>Does the Grantee obtain statements from its subcontractors certifying compliance and furnish the statements to the Procurement Officer upon request?</p> <p>Does the Grantee and its subcontractors also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor’s Immigration and Control Act, for all employees performing work under the Grant?</p>		
<p>Role of the Contractor in Program Management: How does the contractor provide temporary, emergency safe shelter?</p> <p>How does the contractor include community input regarding domestic violence issues and systems?</p>		

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<p>Has the contractor established a community safe home network?</p> <p>How often are community RSHN meetings held?</p> <p>Have letters of support/memorandums of agreement been developed with local entities? Are they updated regularly?</p> <p>Have the community RSHN domestic violence service protocols been documented? Are they followed?</p> <p>How does the contractor assure accessibility to services to persons experiencing domestic violence?</p> <p>What key personnel are assigned to this project?</p>		
<p>Subcontracts: Has the contractor entered into any subcontracts with FVSA dollars?</p> <p>If so, has the subcontract been approved by the Program Manager?</p> <p>Does the subcontract meet ADHS requirements?</p>		
<p>Standard</p>	<p>Comments</p>	<p>Compliant?</p>
<p>Staff Training and Orientation: Describe the orientation provided to new staff.</p> <p>Do Key management personnel have the required 1 year experience working with victims of domestic violence?</p> <p>Do key direct service personnel have the required number of hours of training?</p> <p>Are training records documented in the personnel file?</p>		

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<p>Continuous Quality Improvement: How does the contractor monitor and evaluate the appropriateness and quality of client services and program operations?</p> <p>Does the client have a client Grievance P&P?</p> <p>How are clients informed of the Grievance P&P?</p> <p>Have any clients utilized the Grievance P&P? Please describe the situation and how it was handled?</p> <p>Are client records reviewed periodically for accuracy completeness and quality of care?</p>		
<p>Internal Policy and Procedure for RSHN programs: Does the contractor have a policy and procedure manual to provide staff with guidelines for client care and program management?</p> <p>Does the contractor have a <i>written</i> Confidentiality P&P in place?</p>		
<p>Shelter Facility Standards: Does the agency have the AzCADV Best Practices Manual?</p> <p>Does the shelter facility meet applicant fire and safety codes?</p> <p>Is the shelter facility ADA accessible?</p>		
<p>Availability and Accessibility of Shelter and Adjunct Services: Does the program have a 24-hour crisis hotline?</p> <p>How the shelter facility is made geographically accessible to the population served?</p> <p>Is the shelter facility adequate to the population served?</p>		
<p>Nondiscrimination: Does the agency have a <i>written</i> nondiscrimination P&P for persons seeking services?</p>		

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Standard	Comments	Compliant?
<p>Client Records: Are written records established for each person served by the agency?</p> <p>Do entries in the client file reflect professional, nonjudgmental statements of fact?</p> <p>What information do the client files contain?</p> <p>How are barriers to client care documented?</p> <p>How are gaps in resource network documented?</p> <p>Are referrals to clients documented in their files?</p> <p>Is access to/use of referrals by clients documented in the file?</p> <p>Are safety plans included in the client file?</p> <ul style="list-style-type: none"> A. Is the safety plan generic, or is it develop according to the clients specific needs? B. Is it signed by the client? C. Are safety plans reviewed and updated/revised as necessary on a regular basis? (How is this documented?) <p>Where are client files stored?</p> <p>Are they in a secure location?</p> <p>Who has access to them?</p>		
<p>Release of Information: Are consent forms present in the file?</p> <p>Are they signed?</p> <p>Are the dates on the consent forms appropriate?</p>		
<p>Reporting Child Abuse: Do staff persons understand the mandatory reporting requirements?</p> <p>Has the agency reported child abuse in the past? Was the situation handled appropriately?</p>		

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<p>Peer Review: When was your last Peer Review?</p> <p>Was the Peer Review process helpful for the agency?</p> <p>Why or why not?</p>		
<p>Strategic and Operational Plans: Is the agency required to provide ADHS with a strategic & operational plan?</p> <p>Is the plan updated on a regular basis?</p>		
<p>Standard</p>	<p>Comments</p>	<p>Compliant?</p>
<p>Family Violence Prevention Service Act (FVPSA) requirements: Has the program established P&P for maintaining the safety and confidentiality of persons served by the program?</p> <p>Does the program/agency meet grant matching requirements?</p> <p>How does your agency track the match?</p> <p>Is the agency familiar with the financial requirements of Circulars A-110, A-122, & A-133? Is the circular (also known as the Blue Book) used as a reference guide?</p> <p>Does the agency have a P&P regarding client eligibility for services provided? (No income eligibility can be utilized).</p> <p>Is the shelter a secret/confidential location? If not, has the E.D. given express authorization for the shelter location to be released? Is this in P&P?</p>		

PROGRAM SERVICES (As found in the Federal Register)		
AMERICANS WITH DISABILITIES ACT (ADA)		
Standard	Comments	Compliant?
<p>ADA: Does the agency meet ADA requirements?</p> <p>Give examples of how the programs/services are ADA compliant/accessibile.</p>		
REPORTING REQUIREMENTS		
Standard	Comments	Compliant?
<p>Reporting Requirements: Are quarterly reports timely?</p> <p>Do the quarterly reports include all the required information/forms?</p> <ol style="list-style-type: none"> 1) Progress Report 2) Implementation Plan/Objective Results & Measurements 3) Statistical Report <p>Is the information/data accurate?</p> <p>Does the report provide the Program Manger with a clear picture of the agency's operations, challenges, and successes?</p> <p>Are the measures of the implementation plan an accurate measure of the agencies activities?</p> <p>Has the agency submitted certifications for those staff who's salaries are paid 100% through ADHS funds?</p>		

MONTHLY BILLING

Standard	Comments	Compliant?
<p>Monthly Billing: Are CERs timely and accurate? List the dates the last 4 CERs were submitted.</p> <p>Are CERs accompanied by all required documentation?</p> <ul style="list-style-type: none"> 1) Labor Activity Reports (LARs) 2) Match documentation 3) Travel documentation 4) Monthly agency financial ledger, profit & loss or like documentation 		

ADHS IDENTIFIED PRIORITIES

Standard	Comments	Compliant?
<p>Identified Priorities: How has the program addressed the following priorities?</p> <p>Priority 1: Increase safety for women and their children.</p> <p>Priority 2: Increase awareness of the impact on children who witness or are the victims of domestic violence.</p> <p>Priority 3: Increase awareness and understanding of the prevalence and incidence of domestic violence in Arizona.</p>		



Division of Public Health Services

*Office of the Assistant Director
Public Health Prevention Services*

150 N. 18th Avenue, 320
Phoenix, Arizona 85007
(602) 364-1400
(602) 364-1494 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

Date

Dear,

A draft of the monitoring report which documents the findings of the Site Review is included with this letter. The draft summarizes the following four sections of the review:

- A.** Areas of Strengths
- B.** Recommendations for Improvement
- C.** Required Corrections
- D.** Other Discussion Items

You are given seven (7) days following the receipt of this letter to review and respond to the draft's contents. Please inform us if there are any corrections that should be made to the content. After the final report is issued, you will have the opportunity to submit a Corrective Action Plan if one is required.

If you have any questions regarding this report or procedure, please contact me at (602) 542-7341.



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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

SITE REVIEW REPORT

Site Visit Date:
SITE REVIEW MONITORING SUMMARY

CONTRACTOR STAFF PRESENT:

ADHS/BWCH:

REPORT COMPLETED BY:

CONTRACTOR NAME:

CONTRACT #:

- I.** Areas of Strengths:

- II.** Recommendations for Improvement:

- III.** Required Corrections:

- IV.** Other Discussion Items:



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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

Date

Dear:

A copy of the Final Site Review report is 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.

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.

If you have any questions regarding this request or procedure, please contact me at (602) 542-7341.

Sincerely,

Enclosure(s)



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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

Date

Dear:

The completion of the Plan of Corrective Action submitted in response to the findings of the site review has been noted and accepted. The Plan of Corrective Action and its completion will be incorporated as a component of the final review.

If you have any questions regarding this request or procedure, please contact me at (602) 542-7341.

Sincerely,



RURAL SAFE HOME NETWORK POLICY & PROCEDURE MANUAL

ACKNOWLEDGEMENT OF RECEIPT

I have accepted receipt of the *Rural Safe Home Network Policy and Procedure Manual*. I understand it is my responsibility to agree to the conditions detailed within and to share with agency staff all pertinent information that may affect how their job responsibilities are carried out. A copy of this manual will be kept available for reference throughout the duration of the contract.

Executive Director Signature

Date

Program Manager/Safe Home Director

Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF WOMEN'S AND CHILDRENS HEALTH
OFFICE OF WOMEN'S HEALTH