

HHSC - Family Violence Program

## **Family Violence Program - Data Element Guide**

**Effective September 1, 2023**

## 1. Overview

This document serves as a data collection instructional guide for HHSC funded Family Violence (FV) Providers. The guide discusses each required HHSC data element and the valid responses accepted by the FVNET system.

The guide is structured into 9 sections, which correspond with the 9 required CSV files. Under each section you will find an example of the CSV file, a description of each data element within the file and an overview of the acceptable responses for each data element. For file naming conventions and alpha coding information, please refer to the FVNET Data Format Guide.

## 2. Client Demographic Information

### Sample File Structure

Client_Id	Age	Age_Status	Ethnicity	Veteran_Status	Gender	Tanf_Date_Completed	Tanf_Status	Total_Shelter_Days
1001	27		AI	Y	M	1/12/2016	E	20
1002		R	ASN	U	R			0

### Data Elements & Accepted Responses

- **Client ID-** The client ID is a unique number assigned to the client upon entering the organization for services. The client ID is assigned to the client by the FV Provider.
  - **Accepted responses-** This field is required and must be a unique numerical value. The value can contain up to 36 numbers, letters and/or dashes.
- **Age-** The age of the client at the first time of service within the fiscal year.
  - **Accepted responses-** This is required and must be a numerical value. If the client does not disclose their age, this can be left blank, but the Age Status must still be received. You will report the age for the client every time they receive services, however you will not be required to update their age if it should change while the client is receiving services within the fiscal year.
- **Age Status-** If the client does not wish to disclose his or her age, this data element must be completed explaining why an age was not reported. If the client reports an age, this data element will remain blank.
  - **Accepted responses-** The four accepted responses for this data element are Refused, Unknown, Unknown Adult and Unknown Child. If the client refuses to provide their age, then report "R". If the reason the age is not provided is unknown, but it can be determined with reasonable certainty the person is an adult, then report "UA". Likewise, report "UC" if there is reasonable certainty the client is a child. If the reason the age is not provided is unknown and it is unclear whether the client is an adult or child, report "U". FVNet will allow for up to 10% of total clients to be reported as Age Status Unknown. (Unknown Adult and Unknown Child are not included in that 10 percent.)
- **Ethnicity-** The self-disclosed race/ethnicity of the client.

- **Accepted responses-** The accepted responses for this required data element are:
    - Black or African American
    - American Indian/Alaskan Native
    - Asian
    - Hispanic or Latino
    - Native Hawaiian/other Pacific Islander
    - White
    - Multi-racial
    - Unknown
    - Other
    - Refused
- **Veteran Status-** Does the client have any military experience?
  - **Accepted responses-** The accepted responses for this required data element are:
    - Yes
    - No
    - Unknown
    - Refused
- **Gender-** The self-disclosed gender of the client at the first time of service within the fiscal year.
  - **Accepted responses-** The accepted responses for this required data element are:
    - Female
    - Male
    - Unknown
    - Transgender Male to Female
    - Transgender Female to Male
    - Other
    - Refused
- **TANF Date Completed-** This field includes the date in which the HHSC FVP TANF form was completed for the client.
  - **Accepted responses-** The date format for this field is 00/00/0000.
- **TANF Status-** This field includes information on the status of the clients TANF form.
  - **Accepted responses-** The accepted responses for this required data element are:
    - Eligible
    - Ineligible
    - No Form on File
    - Refused
- **Total Shelter Days-** This field is required for Shelter organizations reporting the total number of shelter days for clients. The number reported in this field must correspond with the "Enter Shelter" service date and "Exit Shelter" service date reported in the Client Services table. If a client enters shelter in a previous month and is not exiting shelter in the current reporting month, then this number should correspond with the total number of days within the reporting month.
  - **Accepted responses-** This field is required for all shelter clients and should be a numerical value. If you are serving nonresidential clients, then the shelter days should always be "0" for the client.

### 3. Victimization Information

#### Sample File Structure

Client_Id	Type_of_Abuse	Youth_IPV_Victim_Status	Victim_Abuser_Relationship	Incident_County
1001	P;E;SK	Y	DATE	009
1002	R	U	U	OS

#### Data Elements & Accepted Responses

**Please report only the most recent occurrence of victimization.**

- **Client ID-** The client ID is a unique number assigned to the client upon entering the organization for services. The client ID is assigned to the client by the FV Provider.
  - **Accepted responses-** This field is required and must be a unique numerical value.
- **Type of Abuse-** This field includes information on the type of abuse the client experienced. Multiple responses can be reported
  - **Accepted responses-** This information is required for all clients who received services within the reporting month. The accepted responses include the following: (multiple values can be reported with a semicolon between each value)
    - Physical
    - Emotional/Psychological/Verbal
    - Stalking
    - Sexual
    - Refused
    - None
- **Youth IPV Victim Status-** A youth IPV victim is defined as a youth under the age of eighteen who is a victim of intimate partner violence (i.e. teen dating violence). For example, a client who enters shelter for dating violence and is 16 years old would be considered a YIPV client. A client who comes into the shelter as a result of experiencing dating violence when they were 16 but is now over the age of 18 would not be considered a YIPV client.
  - **Accepted responses-** The accepted responses for this required data element are:
    - Yes
    - No
    - Unknown
    - Refused
- **Victim Abuser Relationship-** This information includes the relationship between the victim and the offender/abuser.
  - **Accepted responses-** The accepted responses for this required data element are:
    - Dating Relationship
    - Current or Former Spouse or Intimate Partner
    - Other Family/Household Member
    - Unknown
    - Other
- **Incident County-** In what county did the victimization incident occur?

- **Accepted responses-** The accepted responses for this required data element can be found in Appendix I.

## 4. Client Services

### Sample File Structure

Client_Id	Service_Type	Is_Residential	Funding_Source	Total_Service_Contacts	Service_Date	Service_County	Service_Channel
1001	OY	Y	RES	2	1/12/2022	010	FTF
1002	FVE	N	NONRES	3	1/15/2022	050	FTFT

### Data Elements & Accepted Responses

- **Client ID-** The client ID is a unique number assigned to the client upon entering the organization for services. The client ID is assigned to the client by the FV Provider.
  - **Accepted responses-** This field is required and must be a unique numerical value.
- **Service Type-** This field includes information on the type of service the client received.
  - **Accepted responses-** This information is required for all clients who received services within the reporting month. For information on the types of services that can be included within each service type, please refer below. For information on what may or may not be counted as a *Telephone Service*, please refer to **Appendix II - July 2020 Updated Telephone Services Policy Guidance**.
    - **Overnight Stay for Youth-** This service should be reported when you have a child client who is staying overnight away from your shelter due to visitation, social visit with friends and/or family or any other reason and can only be reported in-person (face-to-face). This service cannot be used more than 2 consecutive nights, no more than twice a month. Accepted funding type for this service include: HHSC Shelter, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Shelter A, and HHSC Satellite.
    - **Family Violence Option-** This service should be reported when providing a client with a Family Violence Option (Good Cause) form or a Family Violence Exemption and can be done in-person, through face-to-face technology, over-the-phone, or through written communication. Please refer to the **Appendix V - Emergency Orientation Policy Guidance** for more information on how to report clients who only receive this service. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
    - **Emergency Orientation-** This service should be reported when providing a client an Emergency Orientation during a one-time critical assistance service, such as at the hospital, court, or for a hotel stay and can be done in-person, through face-to-face technology, or over-the-phone. Staff person must complete and retain an HHSC Emergency Proof of Orientation Form. Please refer to the **Appendix V - Emergency Orientation Policy Guidance** for more information on what constitutes an emergency orientation, as well as **Appendix II - July 2020 Updated Telephone Services Policy Guidance** for counting this service over-the-phone. Accepted funding sources for this service include: HHSC

Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.

- **Educational Arrangement for Children-** This service should be reported when providing services that result in a resident or nonresident child being in compliance with the compulsory attendance requirements found in the Education Code. Examples include providing clothing or supplies for school, conferring with schoolteachers or administrators. These services can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Child Services-** This service should be reported when providing services to a child resident that includes activities such as; structured arts and crafts activities and/or non-counseling, information activities provided by a trained staff person or a volunteer. This service also may include child care for nonresidential clients when the child's parent is receiving a family violence service or when child care services are provided for current family violence clients by the center's licensed or permitted HHSC child care facility. If the center contracts with a non-HHSC approved subcontractor, then the service can only be counted as a one-time referral. If transportation to the service is provided, each round trip can count as a Transportation service. If a parent resident is accompanying a child for any of the identified child services, record the service as a crisis intervention service for the parent. These services can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Child Recreation or Social Group-** This service should be reported when providing a child client with group social activities such as; daycare programming, after-school programming, arts and crafts, special outings or other non-counseling information group activities. These services can be done in-person, through face-to-face technology, or over-the-phone with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Transportation-** This service should be reported when providing a client with transportation and/or transportation assistance such as; arranging transportation to and from emergency medical facilities for shelter residents and nonresidents and/or from a safe place to the shelter for persons being considered for acceptance as residents of the shelter and who are located within the shelter's service area. This also includes non-emergency transportation for the adult/child resident, nonresident or program participant to a single destination or to a series of destinations in a single trip. Transportation can include staff providing or

arranging clients' transportation to court, place of employment and other appointments. Transportation service also includes the provisioning of bus passes or taxi fares. Rideshare companies like Uber and Lyft may also be utilized for a transportation service. However, please make sure your agency is aware of the safety and background check policies the company has since some do not have as strict requirements as taxi companies. These services can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.

- **Medical Care-** This service should be reported when providing a client with assistance in responding to any urgent medical situations for the adult/child residents, nonresidents or program participants accessing shelter center services. This also can include basic first aid, arranging for non-emergency professional medical services for adult/child residents, nonresidents, or program participants, or obtaining prescription or nonprescription medication for the victim's self-administration. These services can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Medical Accompaniment-** This service should be reported when accompanying a domestic violence victim to, or meeting a victim at a hospital, clinic, or medical office. These services can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Enter Shelter-** This service should be reported when all clients (including children) enters emergency shelter for services and can only be reported in-person (face-to-face). Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Shelter A, and HHSC Satellite.
- **Exit Shelter-** This service should be reported when all clients (including children) exits emergency shelter for services and can only be reported in-person (face-to-face). Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Shelter A, and HHSC Satellite.
- **Intervention Services-** This service should be reported when providing a client (including children) intervention services such as; safety planning, understanding and support, advocacy, case management, and dating violence services, to victims of family violence. These services can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Non-client hotline calls cannot be counted under

this service. Please see **Appendix II - July 2020 Updated Telephone Services Policy Guidance** for more information. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.

- **Information and Referral-Community Services-** This service should be reported when providing a client with information and referrals about existing community resources, including but not limited to the following: medical care providers, legal assistance providers, protective and regulatory services, resource assistance, public assistance, counseling and treatment services, children's services, and any other appropriate family violence services. These services can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Non-client hotline calls cannot be counted under this service. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Information and Referral-Employment-** This service should be reported when providing a client with information and referrals about employment training and employment opportunities, either directly or through formal arrangements with other agencies. These services can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Non-client hotline calls cannot be counted under this service. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Legal Assistance-** This service should be reported when providing a client with legal assistance including; identifying individual legal needs, legal rights and options, and providing support and accompaniment (including court accompaniments) in their pursuit of those options. Legal Assistance can be done in-person, through face-to-face technology, over-the-phone, or through written communication with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Support Groups-** This service should be reported when providing a client with support groups related to family violence led by trained staff, survivors, or volunteers covering educational material or issues brought up by the group. Support groups may be gender, population and/or age specific. Support groups may be open-ended or closed, time specific or on-going. Weekly support groups must be provided, but attendance cannot be mandated. The shelter center's adult support groups may include recreational and/or social activities. These services can be done in-person, through face-to-face technology, or over-the-phone with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID



Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.

- **Orientation**-This service should be reported one-time per client when providing introductions to the organization by a trained staff. This service should be provided in person or through face-to-face technology; however, it can be provided over the phone in certain circumstances as a last-resort option. Please see **Appendix II - July 2020 Updated Telephone Services Policy Guidance** for more information. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Counseling/Therapy**-This service should be reported when providing a client (including children) with the use of therapeutic methods of treatment and/or one-on-one support delivered by a trained staff or a volunteer. This includes professional counseling, peer therapy, group therapy and any other form of therapeutic treatment. Counseling can be counted if in person, through face-to-face technology, or over the telephone with an established client who has had an intake or has received continued services within the previous 12 months. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **Client Assistance**-This service should be reported when providing a client meaningful financial assistance beyond basic day-to-day necessities, such as help with rent, utility payments, tuition assistance, childcare payments, etc. Client vehicle repair or lease payments should also be reported as client assistance; however, all other services related to transportation should be reported as a "Transportation" service. Direct cash/check payments to individual clients are not allowable with HHSC funding and all client assistance must be provided in accordance with local program policies. Client Assistance can be counted if done in person, through face-to-face technology, or over the telephone, regardless of the funding used to pay for the assistance. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Shelter ARP, HHSC Shelter ARP COVID Mitigation, HHSC Satellite, HHSC Non-Residential, HHSC Non-Residential ARP, HHSC Non-Residential ARP COVID Mitigation, HHSC SNRP, and HHSC SNRP ARP.
- **EIF-Legal Services-Protective Orders**-This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in obtaining a protective order as outlined in your EIF project. These services can be provided by a specialized legal representative in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.
- **EIF-Legal Services-Divorce**- This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in obtaining or navigating a divorce, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.

- **EIF-Legal Services-Child Custody-** This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in a child custody case, or any related navigation or modification thereof, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.
- **EIF-Legal Services-Child Support-** This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in obtaining child support, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.
- **EIF-Legal Services-Child Visitation-** This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client assistance with the legal aspects of arranging or modifying child visitation, or representation in a child custody case, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.
- **EIF-Legal Services-Child Protective Services-** This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in a child protective services case that goes beyond the standard work of a DFPS liaison, as outlined in your EIF project. The service should be counted for the parent or an unaccompanied minor. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.
- **EIF-Legal Services-Immigration-** This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in an immigration issue, proceeding, application, case, or other assistance, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.
- **EIF-Legal Services-Housing-** This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in a case involving housing issues, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.
- **EIF-Legal Services-Financial-** This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in a case involving financial issues (such as filing for bankruptcy, assistance getting credit card debt resolved, or other fees waived, etc.), as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-

phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.

- **EIF-Legal Services-Other-** This service can only be used by organizations who have an HHSC Legal Services EIF contract. The service will be reported when providing an EIF client with assistance or representation in a case not involving protective orders, divorce, child custody, child support, child visitation, child protective services, immigration, housing, or financial issues, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only. Legal advocacy is not allowable under this service category.
- **EIF-Economic Stability-Housing Assistance-** This service can only be used by organizations who have an HHSC Economic Stability EIF contract. The service will be reported when providing an EIF client with financial housing assistance and case management to provide financial housing assistance, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only.
- **EIF-Economic Stability-Educational Assistance-** This service can only be used by organizations who have an HHSC Economic Stability EIF contract. The service will be reported when providing an EIF client with educational assistance, and resources related to educational assistance, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only.
- **EIF-Economic Stability-Employment Assistance-** This service can only be used by organizations who have an HHSC Economic Stability EIF contract. The service will be reported when providing an EIF client with employment assistance, and resources related to employment assistance, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only.
- **EIF-Economic Stability-Childcare/Ancillary Support-** This service can only be used by organizations who have an HHSC Economic Stability EIF contract. The service will be reported when providing an EIF client with childcare assistance and/or ancillary supports, as outlined in your EIF project. This may be provided in-house, or through a contractor. The service should be counted for the parent client when the program interacts with the organization regarding childcare, and for the child each day that they attend childcare. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only.
- **EIF-Economic Stability-Other-** This service can only be used by organizations who have an HHSC Economic Stability EIF contract. The service will be reported when providing an EIF client with assistance that does not fall within housing assistance, educational assistance, employment assistance and/or childcare and ancillary supports, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only.
- **EIF-Mental Health-Counseling-** This service can only be used by organizations who have an HHSC Mental Health EIF contract. The service will be reported

when providing an EIF client with professional counseling or counseling related activities, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only.

- **EIF-Mental Health-Other-**This service can only be used by organizations who have an HHSC Mental Health EIF contract. The service will be reported when providing an EIF client with any mental health service that is not professional counseling, as outlined in your EIF project. These services can be provided in-person, through face-to-face technology, over-the-phone, or through written communication. Accepted funding sources for this service include: HHSC EIF only.

- **Is Residential-** Is this service provided to a client residing in your HHSC-funded residential facility? This field pertains more to where the client is residing rather than the type or location of the service the client is receiving. *If you have a client receiving a nonresidential service but is residing at your shelter, then you will report "Yes" for all of their services. If you select "Y" that the client is a residential client, then the client must have an "enter shelter" service within a previous or within the current month. If the client does not have an enter shelter service, then the service must be reported as "N" for nonresidential.*

**Note:** If your agency is paying for an HHSC client to stay at a hotel/motel, then you will report "Yes" for all of their services. Please see the **HHSC Policy Guidance- Reporting Hotel/Motel Stays** for more information.

- **Accepted responses-** The accepted responses for this required data element are:

- Yes
- No

- **Funding Source-** This information includes the type of funding source used to support the services the client is receiving. This will also correspond with the type of HHSC contract your organization has.

- **Accepted responses-** The accepted responses for this required data element are:

- **HHSC Shelter-** Centers with an HHSC Shelter contract should select this funding source for all of the services they submit, unless they have a Satellite, SNRP or EIF contract also. If you are serving Non-Residential clients under your HHSC Shelter contract, you will still submit HHSC Shelter as the funding source since this is the type of contract you have with HHSC. Shelter American Rescue Plan (ARP) and ARP COVID funding types may also be used under the following circumstances:

- **HHSC Shelter ARP-** Centers with an HHSC Shelter contract should select this funding source if they are providing services under the ARP section of their contract.
- **HHSC Shelter ARP COVID Mitigation-** Centers with an HHSC Shelter contract should select this funding source if they are providing services under the ARP COVID Mitigation section of their contract.
- **HHSC Shelter A-** Centers with two HHSC Shelter contracts should select this funding source for all of the services they submit, unless they have a Satellite, SNRP or EIF contract also. If you are serving Non-Residential clients under your HHSC Shelter contract, you will still submit HHSC Shelter as the funding source since this is the type of contract you have with HHSC.
- **HHSC Satellite-** This funding source should be submitted when serving a client who resides in, or is receiving non-residential services at your HHSC funded

Satellite shelter. Only use this funding source if you receive additional base funding from HHSC to support your HHSC Satellite shelter

- **HHSC Non-Residential-** Centers with an HHSC Non-Residential contract should select this funding source for all of the services they submit, even if operating a shelter that is not funded by HHSC (unless they have an SNRP or EIF contract also). Non-Residential American Rescue Plan (ARP) and ARP COVID funding types may also be used under the following circumstances:
  - **HHSC Non-Residential ARP-** Centers with an HHSC Non-Residential contract should select this funding source if they are providing services under the ARP section of their contract.
  - **HHSC Non-Residential ARP COVID Mitigation-** Centers with an HHSC Non-Residential contract should select this funding source if they are providing services under the ARP COVID Mitigation section of their contract.
- **HHSC SNRP-** This funding should be used only for those with an HHSC SNRP contract. This will be the only way HHSC can determine how many clients you are serving under your HHSC SNRP contract, so it is critical that the SNRP funding source is reported when you are serving a client under your SNRP contract.
- **HHSC SNRP American Rescue Plan (ARP)-** This funding should be used only for those with an HHSC SNRP contract who are providing services under the ARP section of their approved project.

**HHSC EIF-** This funding should be used only for those with an HHSC EIF (Exceptional Item Funding AKA *Enhanced Services*) contract. This will be the only way HHSC can determine how many clients you are serving under your HHSC EIF contract, so it is critical that the EIF funding source is reported when you are serving a client under your EIF contract. **This funding source can only be used for services titled "EIF-XXX" from the list of accepted services. If you report a non-EIF service with the EIF funding source, your files will be rejected.**

- **Service Contacts-** This element contains the number of service contacts the client received within the day for the same service type. For example, if a client received crisis intervention 3 times from the caseworker in the same day, then the service contacts for this client would be 3.
  - **Accepted responses-** This required field should contain a numeric value.
- **Service Date-** This field includes the date in which the client received the corresponding service.
  - **Accepted responses-** The date format for this field is 00/00/0000.
- **Service County-** In what county did the client receive services?
  - **Accepted responses-** The accepted responses for this required data element can be found in Appendix I.
- **Service Channel-** This information includes the method in which the client received services. If the client received services in person, the channel would be face to face. If the client received services through a technology source such as Facetime and/or Zoom, the channel would be face to face technology. If the client received services via a telephone call without video, the channel would be telephone.
  - **Accepted responses-** The accepted responses for this required data element are:
    - **Face to Face-** service provided in-person with the client
    - **Face to Face Technology-** service provided through technological tool (does not include telephone)
    - **Telephone-** service provided over the phone with an established client (does not include hotline calls where the caller isn't a client receiving service)
      - Telephone as a service channel can be counted for all HHSC services *except* for the following:

- Enter Shelter
- Exit Shelter
- Overnight Stay for Youth

\*See **Appendix II - July 2020 Updated Telephone Services Policy Guidance** for more information on allowable services over the phone.

- **Written**- service provided through email, text messages, chat, or letters with an established client (does not include hotline chat where the person isn't a client receiving service).
  - Written as a service channel can be counted for all HHSC services *except* for the following:
    - Enter Shelter
    - Exit Shelter
    - Overnight Stay for Youth

\*See **Appendix VI - July 2023 Written Services Policy Guidance** for more information on allowable written services.

## 5. Aggregate Client County Information

### Sample File Structure

County_Of_Residence	Total_New_Clients_Served
001	50
012	25

\* If you do not have any new clients to report for the month, leave this file blank but do include the two headers at the top. If the headers are not included in the file, your submission will be rejected.

### Data Elements & Accepted Responses

- **County Of Resident**- This is the county of residence that the client resides in or the county the client resided in prior to entering shelter.
  - **Accepted responses**- The accepted responses for this required data element can be found in Appendix I.
- **Total New Clients Served**- This field includes information unique number of new clients served within the reporting month that reside or resided in the identified county. In the first month of reporting within the fiscal year, all clients should be counted in this file. After the first month, you will only include new clients that receive services for the first time during the reporting month.
  - **Accepted responses**- This field is required and must be a numerical value.

## 6. Aggregate Client Language Information

## Sample File Structure

Preferred_Language	Total_New_Clients_Served
ENG	20
SPA	30

\* If you do not have any new clients to report for the month, leave this file blank but do include the two headers at the top. If the headers are not included in the file, your submission will be rejected.

## Data Elements & Accepted Responses

- **Preferred Language-** This is the preferred language of the new client receiving services.
  - **Accepted responses-** The accepted responses for this data element are:
    - English
    - Spanish
    - American Sign Language
    - Vietnamese
    - Cantonese
    - Urdu
    - Korean
    - Arabic
    - Chinese
    - French
    - Tagalog
    - German
    - Italian
    - Russian
    - Amharic
    - Burmese
    - Farsi
    - Hindi
    - Japanese
    - Nepali
    - Thai
    - Other
- **Total New Clients Served-** This field includes the preferred language information for new clients served within the reporting month. In the first month of reporting within the fiscal year, all clients should be counted in this file. After the first month, you will only include new clients that receive services for the first time during the reporting month.
  - **Accepted responses-** This field is required and must be a numerical value.

## 7. Education Presentations

### Sample File Structure

Education_Type	Topics_Covered	Funding_Source	Total_Adult_Attendance	Total_Youth_Attendance	Event_County	No_Of_Sessions
CE	DOMV;FL;GR	RES	200	10	003	2
PT	CHILD;HR	EIFD	25	75	227	1

\* If you do not have any new clients to report for the month, leave this file blank but do include the seven headers at the top. If the headers are not included in the file, your submission will be rejected.

## Data Elements & Accepted Responses

- **Education Type-** This field includes information on the type of education presentation provided. For information on what may or may not be counted as an *Education Presentation*, please refer to **Appendix III - Counting HHSC Community Education and Awareness Presentations**.
  - **Accepted responses-** The accepted values for this field include;
    - **Community Education-** This education type should be reported to HHSC when providing an education session that is provided to a targeted population such as youth, adults, college-aged youth, etc. This would include all *primary prevention* presentations, including those for SNRP and/or EIF, or any presentation that occurs over a course of sessions that build upon one another. Sessions may be provided in-person or virtually but should not include emails or written social media posts. Recorded or live-streamed videos where unduplicated views can be determined may be counted with a total audience count. Programs need to establish a policy to ensure unique counts are reported each month the virtual content is available.
    - **Professional Training-** This education type should be reported when providing a presentation to a group of professionals. This could include school personnel, government employees, counselors, civic groups, religious groups or any other professional group. These trainings are typically a one-time event and are not held over a series of sessions. Sessions may be provided in-person or virtually.
    - **Community Awareness-** This education type should be reported to HHSC when providing a community awareness information to a large, broad population. This would include activities such as health fairs, large events where the attendees cannot be counted. Social media posts with primary prevention content can also be counted as community awareness. When reporting the total adult and youth attendance, you may estimate the total number of persons you came into contact during this event, or you can enter "1" if you are unable to make an estimate. Sessions may be provided in-person or virtually but should not include emails or written social media posts that only contain the organization's contact information. Targeted media outreach and video trainings may be included as community awareness. Recorded or live-streamed videos where unduplicated views can be determined may be reported with a total audience count. Programs need to establish a policy to ensure unique counts are reported each month the virtual content is available.
    - **Volunteer Training-** This education type should be reported when providing volunteer training to groups who will be supporting your family violence program. Sessions may be provided in-person or virtually.
- **Topics Covered-** This field includes information on the different topics covered within the presentation and/or educational session. Multiple topics can be reported for each education type. The multiple topics will need to be reported with a semicolon between values.
  - **Accepted responses-** Accepted responses for this field include:



- Domestic Violence Awareness Month
  - Dating Violence
  - Issues related to an underserved population
  - General Family Violence Information
  - Financial Literacy
  - Bystanders Intervention
  - Cultural Competence
  - Dynamics of Abuse
  - Gender Roles
  - Healthy Relationships
  - Intersection of Mental Health and Family Violence
  - Domestic Violence Overview, Dynamics and Services
  - Children
  - Confidentiality
  - Coordinated Community Response
  - Immigration
  - Civil/Criminal Justice
  - Technology
  - Protective Orders
  - Primary Prevention of Violence
  - Safety Planning
  - Victim Rights
  - Family Violence and the Legal System
  - Community Specific Request-Family Violence
  - Family Violence Awareness
  - Other
- **Funding Source-** This information includes the type of funding source used to support the presentation and/or educational sessions. This will also correspond with the type of HHSC contract your organization has.
    - **Accepted responses-** The accepted responses for this required data element are:
      - **HHSC Shelter-** Centers with an HHSC Shelter contract should select this funding source for all of the education types reported (unless they have a Satellite, SNRP or EIF contract also). Shelter American Rescue Plan (ARP) and ARP COVID funding types may also be used under the following circumstances:
        - **HHSC Shelter ARP-** Centers with an HHSC Shelter contract should select this funding source if they are providing education presentations under the ARP section of their contract.
        - **HHSC Shelter ARP COVID Mitigation-** Centers with an HHSC Shelter contract should select this funding source if they are providing education presentations under the ARP COVID Mitigation section of their contract.
      - **HHSC Shelter A-** Centers with two HHSC Shelter contracts should select this funding source for all of the education types reported (unless they have a Satellite, SNRP or EIF contract also).
      - **HHSC Satellite-** This funding source should be submitted when providing a presentation and/or educational session at your HHSC funded Satellite shelter, in the community of your Satellite shelter or with staff who are funded by HHSC and employed at your Satellite shelter. Only use this funding source if you receive additional base funding from HHSC to support your HHSC Satellite shelter
      - **HHSC Non-Residential-** Centers with an HHSC Non-Residential contract should select this funding sources for all of the education types reported (unless they have an SNRP or EIF contract also). Non-Residential American Rescue Plan (ARP) and ARP COVID funding types may also be used under the following circumstances:

- **HHSC Non-Residential ARP**- Centers with an HHSC Non-Residential contract should select this funding source if they are providing education presentations under the ARP section of their contract.
  - **HHSC Non-Residential ARP COVID Mitigation**- Centers with an HHSC Non-Residential contract should select this funding source if they are providing education presentations under the ARP COVID Mitigation section of their contract.
  - **HHSC SNRP**- This funding should be used only for those with an HHSC SNRP contract. This will be the only way HHSC can determine which presentations/educational sessions that are funded through your HHSC SNRP contract, so it is critical that the SNRP funding source is reported when you are providing an educational session through your SNRP project.
  - **HHSC SNRP American Rescue Plan (ARP)**- This funding should be used only for those with an HHSC SNRP contract who are providing education presentations under the ARP section of their approved project.
  - **HHSC EIF**- This funding should be used only for those with an HHSC EIF contract. This will be the only way HHSC can determine which presentations/educational sessions that are funded through your HHSC EIF contract, so it is critical that the EIF funding source is reported when you are providing an educational session through your EIF project.
- **Total Adult Attendance**- This field will include the total number of adults who attended the education event being reported. If you have multiple sessions within the education type being reported, you will want to report the total unduplicated number of adult attendees over the course of the entire education sessions provided. For example, if during session 1 you have a total of 15 adult attendees and then in session 2 you have a total of 10 attendees (the 10 attendees also attended session 1 and are part of the 15 reported in session 1), then you would report a total of 15 unduplicated adult attendees. You will not report the education type and all corresponding sessions until all sessions have been completed. For example, if you begin your sessions in October, but the sessions are not concluded until January, you would not report any data on the sessions until your January data submission. When reporting a community awareness event or a presentation in which you are unable to provide an accurate count of attendees, you can report an estimated number of adult attendees or report 0.
  - **Accepted responses**- This field is required and must be a numerical value.
- **Total Youth Attendance**- This field will include the total number of youth who attended the education event being reported. If you have multiple sessions within the education type being reported, you will want to report the total unduplicated number of youth attendees over the course of the entire education sessions provided. For example, if during session 1 you have a total of 15 youth attendees and then in session 2 you have a total of 10 attendees (the 10 attendees also attended session 1 and are part of the 15 reported in session 1), then you would report a total of 15 unduplicated youth attendees. You will not report the education type and all corresponding sessions until all sessions have been completed. For example, if you begin your sessions in October, but the sessions are not concluded until January, you would not report any data on the sessions until your January data submission. When reporting a community awareness event or a presentation in which you are unable to provide an accurate count of attendees, you can report an estimated number of youth attendees or report 0.
  - **Accepted responses**- This field is required and must be a numerical value.
- **Event County**- This is the county in which the education presentation was provided.
  - **Accepted responses**- The accepted responses for this required data element can be found in Appendix I.

- **Total Number of Sessions-** This field will include the total number of sessions that were conducted within the education type. If the education type only included a one-time presentation to the audience and does not include ongoing sessions with the same group of adults and/or youth, then you would report 1. If the education type includes multiple sessions with the same group of adults and/or youth you will report the total number of sessions that occurred with that group.
  - **Accepted responses-** This field is required and must be a numerical value.

SAMPLE

## 8. Hotline Calls

### Sample File Structure

Hotline_Call_Type	Total_Calls
BATREF	20
FV	200
OFV	5
DENLOS	15
REFOTH	7
REFTMP	0
DENOTH	0
SHLTRO	2

**\*If you do not have any hotline calls to report for the month, report "0's" for all hotline types in addition to the headers. If the headers are not included in the file, your submission will be rejected.**

### Data Elements & Accepted Responses

- **Hotline Call Type-** This column includes the 8 types of hotline calls that should be reported to HHSC. The call types cannot be changed or modified. \*See **Appendix IV – HHSC Hotline Call Types** for a 2-page reference sheet on these call definitions.
  - **Accepted responses-** The accepted responses for this data element are:
    - **Batterer/Offender Referral-** Calls reported under this category include any call regarding batterer or offender information or referral.
    - **Hotline Calls From or About Family Violence-** Calls reported under this category include any call about family violence, this includes calls from non-client survivors seeking information, as well as from others who may be seeking information for friends or family. Calls from clients seeking shelter that are successfully placed within your organization should no longer be reported under this category. All calls regarding shelter can be reported under the "Hotline Call Seeking Shelter" options.
    - **Other Family Violence Related Calls-** Calls reported under this category include any call about family violence that is not directly related to calls from survivors seeking information. This may include public information requests, media requests, donation inquiries, etc.
    - **Hotline Call Seeking Shelter – Shelter Obtained-** Calls reported under this category include any call from a survivor who is seeking shelter and you are able to offer shelter them within your family violence center during or after the call.
    - **Hotline Call Seeking Shelter - Denied Due to Lack of Space-** Calls reported under this category include any call from a survivor who is seeking shelter, but you are unable to place them within your shelter, within a neighboring family violence shelter, nor within a temporary shelter. This includes referrals to alternate shelters if you are not aware that shelter was secured, or if your agency does not operate a shelter and it is unclear if shelter was obtained elsewhere. These survivors are truly denied any shelter service.

- **Hotline Call Seeking Shelter - Referrals to Another Family Violence Shelter-** Calls reported under this category include any call from a survivor who is seeking shelter and you are unable to place them within your shelter, but you can secure shelter within a neighboring family violence shelter. Do not report the call here if it is only a referral and shelter was not secured. If it was only a referral, then select “denied due to lack of space”.
- **Hotline Call Seeking Shelter - Referrals to Temporary Shelter Due to Lack of Space-** Calls reported under this category include any call from a survivor who is seeking shelter, but you are unable to place them within your shelter or within a neighboring family violence shelter, but you can place them within a temporary shelter such as a homeless shelter. Do not report the call here if it is only a referral and shelter was not secured. If it is only a referral, then select “denied due to lack of space”.
- **Hotline Call Seeking Shelter - Denied for Other Reasons-** Calls reported under this category include any call from a person who is seeking shelter, but you are unable to place them within your shelter due to a reason other than lack of space. This could include reasons such as the caller is not a survivor of family violence, or any other reason you are unable to provide them shelter that does not include lack of space.
- **Total Calls-** This field includes the total number of hotline calls received within the reporting month for the corresponding hotline call type.
  - **Accepted responses-** This field is required and must be a numerical value.

## 9. Aggregate Data

### Sample File Structure

Aggregate_Data_Type		Aggregate_Count
VOLNTR_COUNT		100
VOLNTR_HOURS		2000
LGBTQ_COUNT		5
LANGSVCS_COUNT		3

**\* If you do not have any aggregate data to report for the month, leave report "0's" and include the two headers at the top. If the headers are not included in the file, your submission will be rejected.**

### Data Elements & Accepted Responses

- **Total Volunteers-** This field includes the total number of volunteers who supported your family violence program within the reporting month. Volunteers must have completed the required volunteer training as outlined in the Texas Administrative Code, Chapter 379. Volunteers may be counted in each month that they provide service, but not more than once within each month. For example, if Volunteer #1 works 5 hours on Monday, 5 hours on Tuesday and 5 hours on

Wednesday, you would count a 1 volunteer even though they worked more than once within the month.

- **Accepted responses-** This field is required and must be a numerical value.
- **Hours Worked-** This field includes the total number of hours worked by volunteers who support your family violence program. When reporting the total number of hours for the month, always round up. For example, if Volunteer #1 works 5.15 hours on Monday, 5.10 hours on Tuesday and 5 hours on Wednesday, you would count a total of 16 hours even though the hours were provided by the same volunteer and were technically only 15.25 hours
  - **Accepted responses-** This field is required and must be a numerical value
- **LGBTQ-** This field includes the total number of new clients that self-identify as lesbian, gay, bisexual, transgender or queer (LGBTQ). In the first month of reporting all clients that self-identify as LGBTQ would be counted in this file. After the first month, you will only include new self-identified LGBTQ clients that receive services for the first time during the reporting month.
  - **Accepted responses-** This field is required and must be a numerical value
- **Needing Language Services-** This field includes the total number of new clients that need interpretation and/or translation. A language service is considered to be anything that is non-verbal English, even if the service is provided by someone within your organization. In the first month of reporting all clients that need a language service would be counted in this file. After the first month, you will only include new clients that need language services for the first time during the reporting month.
  - **Accepted responses-** This field is required and must be a numerical value

## 10. Survey

### Sample File Structure

<b>Survey Type</b>	<b>No_Of_Surveys_Comp _Res_Outcome</b>	<b>Yes_Resource _Outcome</b>	<b>No_Of_Surveys_ Comp_Safety_ Outcome</b>	<b>Yes_Safety_ Outcome</b>
SHLTR	21	18	32	30
SPTADV	13	6	56	44
COUNSL	14	4	12	7
SPTGRP	16	9	56	34

\* If you do not have any surveys to report for the month, report "0's" for all survey types and include the four headers at the top and all four survey types in the first column of the file.

### Data Elements & Accepted Responses

- **Survey Type-** This column includes the 4 types of surveys that must be reported to HHSC as a result of funding from the Family Violence Prevention and Services Act (FVPSA). The survey types cannot be changed or modified
  - **Accepted responses-** The accepted responses for this data element are:

- Shelter Survey
- Support Services and Advocacy Survey
- Counseling Survey
- Support Group Survey
  - **Shelter-** Surveys reported under this category must be completed by shelter clients.
  - **Support Services and Advocacy Survey-** Surveys reported under this category must be completed by clients participating in support services and receiving advocacy services.
  - **Counseling Survey-** Surveys reported under this category must be completed by clients receiving counseling services.
  - **Support Group Survey-** Surveys reported under this category must be completed by clients participating in support group activities.
- **Number of Resource Surveys-** This field includes the total number of surveys received within the reporting month for the corresponding survey type, in which the question regarding the resource outcome has been answered.
  - **Accepted responses-** This field is required and must be a numerical value.
- **Yes Resource Outcome-** This field includes the total number of surveys received that responded "Yes" to the resource outcome question within the reporting month for the corresponding survey type.
  - **Accepted responses-** This field is required and must be a numerical value.
- **Number of Outcome Surveys-** This field includes the total number of surveys received within the reporting month for the corresponding survey type, in which the question regarding the safety outcome has been answered.
  - **Accepted responses-** This field is required and must be a numerical value.
- **Yes Safety Outcome-** This field includes the total number of surveys received that responded "Yes" to the safety outcome question within the reporting month for the corresponding survey type.
  - **Accepted responses-** This field is required and must be a numerical value.

## Appendix I

### Accepted County Values

ANDERSON  
ANDREWS  
ANGELINA  
ARANSAS  
ARCHER  
ARMSTRONG  
ATASCOSA  
AUSTIN  
BAILEY  
BANDERA  
BASTROP  
BAYLOR  
BEE  
BELL  
BEXAR  
BLANCO  
BORDEN  
BOSQUE  
BOWIE  
BRAZORIA  
BRAZOS  
BREWSTER  
BRISCOE  
BROOKS  
BROWN  
BURLESON  
BURNET  
CALDWELL  
CALHOUN  
CALLAHAN  
CAMERON  
CAMP  
CARSON  
CASS  
CASTRO  
CHAMBERS  
CHEROKEE  
CHILDRESS  
CLAY  
COCHRAN  
COKE  
COLEMAN  
COLLIN  
COLLINGSWORTH

COLORADO  
COMAL  
COMANCHE  
CONCHO  
COOKE  
CORYELL  
COTTLE  
CRANE  
CROCKETT  
CROSBY  
CULBERSON  
DALLAM  
DALLAS  
DAWSON  
DEAF SMITH  
DELTA  
DENTON  
DEWITT  
DICKENS  
DIMMIT  
DONLEY  
DUVAL  
EASTLAND  
ECTOR  
EDWARDS  
ELLIS  
EL PASO  
ERATH  
FALLS  
FANNIN  
FAYETTE  
FISHER  
FLOYD  
FOARD  
FORT BEND  
FRANKLIN  
FREESTONE  
FRIO  
GAINES  
GALVESTON  
GARZA  
GILLESPIE  
GLASSCOCK  
GOLIAD

GONZALES  
GRAY  
GRAYSON  
GREGG  
GRIMES  
GUADALUPE  
HALE  
HALL  
HAMILTON  
HANSFORD  
HARDEMAN  
HARDIN  
HARRIS  
HARRISON  
HARTLEY  
HASKELL  
HAYS  
HEMPHILL  
HENDERSON  
HIDALGO  
HILL  
HOCKLEY  
HOOD  
HOPKINS  
HOUSTON  
HOWARD  
HUDSPETH  
HUNT  
HUTCHINSON  
IRION  
JACK  
JACKSON  
JASPER  
JEFF DAVIS  
JEFFERSON  
JIM HOGG  
JIM WELLS  
JOHNSON  
JONES  
KARNES  
KAUFMAN  
KENDALL  
KENEDY  
KENT



KERR  
KIMBLE  
KING  
KINNEY  
KLEBERG  
KNOX  
LAMAR  
LAMB  
LAMPASAS  
LA SALLE  
LAVACA  
LEE  
LEON  
LIBERTY  
LIMESTONE  
LIPSCOMB  
LIVE OAK  
LLANO  
LOVING  
LUBBOCK  
LYNN  
MADISON  
MARION  
MARTIN  
MASON  
MATAGORDA  
MAVERICK  
MCCULLOCH  
MCLENNAN  
MCMULLEN  
MEDINA  
MENARD  
MIDLAND  
MILAM  
MILLS  
MITCHELL  
MONTAGUE  
MONTGOMERY  
MOORE  
MORRIS  
MOTLEY  
NACOGDOCHES

NAVARRO  
NEWTON  
NOLAN  
NUECES  
OCHILTREE  
OLDHAM  
ORANGE  
PALO PINTO  
PANOLA  
PARKER  
PARMER  
PECOS  
POLK  
POTTER  
PRESIDIO  
RAINS  
RANDALL  
REAGAN  
REAL  
RED RIVER  
REEVES  
REFUGIO  
ROBERTS  
ROBERTSON  
ROCKWALL  
RUNNELS  
RUSK  
SABINE  
SAN AUGUSTINE  
SAN JACINTO  
SAN PATRICIO  
SAN SABA  
SCHLEICHER  
SCURRY  
SHACKELFORD  
SHELBY  
SHERMAN  
SMITH  
SOMERVELL  
STARR  
STEPHENS  
STERLING

STONEWALL  
SUTTON  
SWISHER  
TARRANT  
TAYLOR  
TERRELL  
TERRY  
THROCKMORTON  
TITUS  
TOM GREEN  
TRAVIS  
TRINITY  
TYLER  
UPSHUR  
UPTON  
UVALDE  
VAL VERDE  
VAN ZANDT  
VICTORIA  
WALKER  
WALLER  
WARD  
WASHINGTON  
WEBB  
WHARTON  
WHEELER  
WICHITA  
WILBARGER  
WILLACY  
WILLIAMSON  
WILSON  
WINKLER  
WISE  
WOOD  
YOAKUM  
YOUNG  
ZAPATA  
ZAVALA  
Unknown  
Out of State  
Out of Country  
Refused

## Appendix II

### July 2020 Updated Telephone Services Policy Guidance

July 23, 2020

To: Health and Human Services Commission (HHSC) Family Violence Program Contractors

From: HHSC Family Violence Program (FVP)

Subject: July 2020 Updated Telephone Services Policy Guidance

#### **Purpose**

The purpose of this letter is to provide guidance regarding the accepted use of the telephone for HHSC approved services. This amended policy is effective July 1, 2020.

The HHSC Family Violence Program is extending the use of the telephone as a service channel for certain HHSC services. The telephone is only approved for these services when used to directly serve an established client who has had an intake completed within the past 12 months or has continued to receive services over the past 12 months. A telephone service does not include calls made on behalf of the client, appointment reminder calls, or hotline calls where the caller is not a client receiving services. Several specific examples of allowable and unallowable telephone services are listed in Appendix A.

HHSC will allow the use of a telephone to provide services under the following circumstances:

- **Legal Assistance:** This service can be reported to HHSC as a telephone service when providing a client with the following by phone: legal assistance including; identifying individual legal needs, legal rights and options, and providing support and accompaniment (including court accompaniments) in their pursuit of those options.
- **Information and Referral-Community Services:** This service can be reported to HHSC as a telephone service when providing a client with the following by phone: information and referrals about existing community resources, including but not limited to the following: medical care, legal assistance providers, protective and regulatory services, resource assistance, public assistance, counseling and treatment services, children's services, and any other appropriate family violence services.
- **Information and Referral-Employment:** This service should be reported to HHSC as a telephone service when providing a client with the following by phone: information and referrals about employment training and employment opportunities, either directly or through formal arrangements with other agencies.

- **Family Violence Option:** This service should be reported to HHSC as a telephone service when providing a client with the following by phone: a Family Violence Option (Good Cause) form or a Family Violence Exemption.
- **Intervention Services:** This service should be reported to HHSC as a telephone service when providing a client (including children) with the following by phone: intervention services such as; safety planning, understanding and support, advocacy, case management, and dating violence services.
- **Counseling:** This service should be reported to HHSC as a telephone service when providing a client with the following by phone: the use of therapeutic methods of treatment and/or one-on-one support delivered by a trained staff or volunteer. Counseling over the phone with children can now be counted.
- **Orientation:** This service should be reported one-time per client when providing introductions to the organization by a trained staff. Accepted funding sources for this service include: HHSC Shelter, HHSC Shelter A, HHSC Non-Residential, HHSC Satellite, and HHSC SNRP. In rare instances, an orientation service may be provided over the phone, if the survivor identifies at least one of the barriers outlined below:
  - survivor self-identified disability;
  - survivor discloses health or safety concerns in receiving services in-person;
  - significant geographic distance to the closest access point to services;
  - other significant transportation challenges as identified by the survivor;
  - survivor does not have access to technology that would allow for a face-to-face technology service;
  - for other challenges identified by the survivor, please contact your HHSC contract manager.

Providing an orientation/intake service over the phone should be considered a last resort option. When a survivor is unable or unwilling to travel to the center to conduct an intake, other options should be considered such as:

- meeting at a safe location identified by the survivor;
- utilizing Skype, Facetime or other face-to-face technology tools;
- providing the survivor with transportation to the center; or
- other innovative mobile advocacy efforts as approved by your HHSC Contract Manager.

When employing any of these methods for intake, including telephone, the center must have policies for providing all the required intake information and documentation as required by Texas Administrative Code, Chapter 379, including a process for obtaining required signatures on intake documents.

- **Emergency Orientation:** This service should be reported when providing a nonresidential client an Emergency Orientation during a one-time critical assistance service, such as at the hospital or court. Staff person must complete and retain an HHSC Emergency Nonresidential Proof of Orientation Form. Refer to the Emergency Orientation Policy Guidance for more information.

- **Educational Arrangement for Children:** This service should be reported to HHSC as a telephone service when providing a client with the following by phone: services that result in a resident or nonresident child being in compliance with the compulsory attendance requirements found in the Education Code. Examples include providing clothing or supplies for school, conferring with schoolteachers or administrators.
- **Child Services:** This service should be reported when providing services to a child resident that includes activities such as; structured arts and crafts activities and/or non-counseling, information activities provided by a trained staff person or a volunteer. This service also may include child care for nonresidential clients when the child's parent is receiving a family violence service or when child care services are provided for current family violence clients by the center's licensed or permitted DFPS child care facility. If the center contracts with a non-HHSC approved subcontractor, then the service can only be counted as a one-time referral. If transportation to the service is provided, each round trip can count as a Transportation service. If a parent resident is accompanying a child for any of the identified child services, record the service as a crisis intervention service for the parent.
- **Child Recreation or Social Group:** This service should be reported when providing a child client with group social activities such as; daycare programming, after-school programming, arts and crafts, special outings or other non-counseling information group activities.
- **Medical Care:** This service should be reported when providing a client with assistance in responding to any urgent medical situations for the adult/child residents, nonresidents or program participants accessing shelter center services. This also can include basic first aid, arranging for non-emergency professional medical services for adult/child residents, nonresidents, or program participants, or obtaining prescription or nonprescription medication for the victim's self-administration.
- **Medical Accompaniment:** This service should be reported when accompanying a domestic violence victim to, or meeting a victim at a hospital, clinic, or medical office.
- **Support Groups:** This service should be reported when providing a client with support groups related to family violence led by trained staff, survivors, or volunteers covering educational material or issues brought up by the group. The shelter center's adult support groups may include recreational and/or social activities.
- **Transportation:** This service should be reported when providing a client with transportation and/or transportation assistance such as; arranging transportation to and from emergency medical facilities for shelter residents and nonresidents and/or from a safe place to the shelter for persons being considered for acceptance as residents of the shelter and who are located within the shelter's service area. This also includes non-emergency transportation for the adult/child resident, nonresident or program participant to a single destination or to a series of destinations in a single trip. Transportation can include staff providing or arranging clients' transportation to court, place of employment and other appointments. Transportation service also includes the provisioning of bus passes or taxi fares. Rideshare companies like Uber and Lyft

may also be utilized for a transportation service. However, please make sure your agency is aware of the safety and background check policies the company has since some do not have as strict requirements as taxi companies.

Appendix A has several examples of allowable and unallowable telephone services.

SAMPLE

## APPENDIX A

The following list illustrates examples of allowable and unallowable telephone services. If you have questions about specific examples, please contact your HHSC family violence program contract manager.

### Legal Assistance

**Allowable Example:** A case manager/advocate or legal advocate calls an established client to provide Crime Victims Compensation information or assistance with the application.

#### **Unallowable Examples:**

- A legal advocate calls a client to remind them of an upcoming court date.
- An established client with a child support case calls the family violence center and an attorney provides legal advice. **This is unallowable because providing legal advice/representation is not an approved service under HHSC Family Violence Program shelter, nonresidential, or special nonresidential project contracts. However, it is allowable if your organization has a Legal Services EIF contract with HHSC.**

### Information and Referral-Community Services

**Allowable Example:** A former shelter client calls her case manager/advocate to request information about low-cost child care facilities in the community.

**Unallowable Example:** Someone calls the hotline to request information about a community resource. It is unknown if this person was previously a client receiving family violence services from the center. **This is unallowable as a service but could be counted as a type of Hotline Call.**

### Information and Referral-Employment

**Allowable Example:** A case manager/advocate calls a client to give them the address and phone number for the local workforce development office.

**Unallowable Example:** A case manager/advocate calls a workforce development office on behalf of a client and the client is not present during the call.

### Intervention Services

#### **Allowable Examples:**

- A non-residential client calls her case manager to discuss safety planning.

- A former residential client, who received services within the current fiscal year, but is no longer residing at the shelter calls her prior case manager to discuss safety planning with her and her teenage daughter.

**Unallowable Examples:**

- A hotline caller who has never received services calls to request resources and help safety planning.
- A case manager calls a client to let the client know that resources are ready for pick-up.

**Counseling Services**

**Allowable Example:** An adult client who received in-person counseling services gets a job and can no longer come in for services. The client makes arrangements to receive counseling services over-the-phone.

**Unallowable Examples:**

- A counselor provides counseling services over the phone to a client who has not conducted an intake for the current fiscal year and is not a continuing client from the previous fiscal year.
- A counselor calls the survivor to remind them of an upcoming appointment.

**Orientation Services**

**Allowable Example:** An adult with a disability wants counseling services but is physically unable to come into the center for services. The case manager conducts an intake over the phone for this potential client.

**Unallowable Example:** A hotline caller wants to receive intervention services over the phone but is unwilling to come into the center for an orientation, despite having access to transportation. This can be reported as an “Emergency Orientation” service over the telephone.

**Emergency Orientation**

**Allowable Example:** During a community education session, an attendee requests follow-up services. An advocate later calls the person to give them an emergency orientation and provide an intervention service.

**Unallowable Example:** A client who wants to receive ongoing remote counseling services is provided an Emergency Orientation service over the phone. The person should be provided a regular “Orientation” service over the telephone.

### **Educational Arrangement for Children**

**Allowable Example:** Case manager has a phone call with a parent about McKinney Vento requirements and considerations.

**Unallowable Example:** Case manager calls a parent to let them know their child's school clothes and supplies are available to be picked-up.

### **Child Services**

**Allowable Example:** Due to the need for social distancing, a child residing in a hotel does a structured activity with an advocate over the phone while the parent attends a virtual job training.

**Unallowable Example:** Case manager calls a client to see if their child will be in child care the following day.

### **Child Recreation or Social Group**

**Allowable Example:** Family violence center coordinates a virtual cooking class for current youth clients and several participants call-in to the activity instead of joining through face-to-face technology.

**Unallowable Example:** Case manager calls a youth participant to see if they are joining for an upcoming trip or event.

### **Medical Care**

**Allowable Example:** An advocate has a phone conversation with a survivor to discuss her concerns and think through questions for her to ask her doctor at their next appointment.

**Unallowable Example:** An advocate talks to a client on the phone and reminds her of an upcoming medical appointment.

### **Medical Accompaniment**

**Allowable Example:** A returning client calls her advocate during a medical appointment and he/she provides support and/or advocacy over the phone.

**Unallowable Example:** An advocate calls a new client to schedule an orientation/intake while the person is in the hospital.



### **Support Groups**

**Allowable Example:** A group of clients who have previously received services now meet virtually and some of the clients call-in to the group instead of joining through face-to-face technology.

**Unallowable Example:** A family violence center does not have space to host a support group in-person, and so it only offers Support Groups remotely.

### **Transportation**

**Allowable Example:** Case manager calls a client to arrange transportation for an upcoming court hearing.

**Unallowable Example:** Case manager calls the local taxi company to check on the status of a pick-up request.

## Appendix III

### Counting HHSC Community Education and Awareness Presentations

August 21, 2020

To: Health and Human Services Commission (HHSC) Family Violence Program Contractors

From: HHSC Family Violence Program (FVP)

Subject: Counting HHSC Community Education and Awareness Presentations

#### **Purpose**

The purpose of this letter is to provide guidance regarding allowable HHSC Community Education and Community Awareness sessions and attendees.

#### **Policy**

In accordance with the HHSC FVNet Data Element Guide, HHSC FVP contractors are currently required to collect and report data on four types of Education Presentations sessions. HHSC understands there is a growing need to conduct education and awareness presentations virtually. In response to this shift, HHSC is providing additional guidance on reporting education presentation data. For specific examples of allowable and unallowable presentations and how to count attendees, refer to Appendix A.

HHSC will allow for reporting sessions under the following circumstances:

- **Community Education-** This education type should be reported to HHSC when providing an education session that is provided to a targeted population such as youth, adults, college-aged youth, etc. This would include all *primary prevention* presentations, including those for SNRP and/or EIF, or any presentation that occurs over a course of sessions that build upon one another. Sessions may be provided in-person or virtually but should not include emails or written social media posts. Recorded or live-streamed videos where unduplicated views can be determined may be counted with a total audience count. Programs need to establish a policy to ensure unique counts are reported each month the virtual content is available.
- **Community Awareness-** This education type should be reported to HHSC when providing a community awareness information to a large, broad population. This would include activities such as health fairs, large events where the attendees cannot be counted. Social media posts with primary prevention content can also be counted as community awareness. When reporting the total adult and youth attendance, you may estimate the total number of persons you came into contact during this event, or you can enter "1" if you are unable to make an estimate.

Sessions may be provided in-person or virtually but should not include emails or written social media posts that only contain the organization's contact information. Targeted media outreach and video trainings may be included as community awareness. Recorded or live-streamed videos where unduplicated views can be determined may be reported with a total audience count. Programs need to establish a policy to ensure unique counts are reported each month the virtual content is available.

- **Professional Training-** This education type should be reported to HHSC when providing a presentation to a group of professionals. This could include school personnel, government employees, counselors, civic groups, religious groups or any other professional group. These trainings are typically a one-time event and are not held over a series of sessions. Sessions may be provided in-person or virtually.
- **Volunteer Training-** This education type should be reported to HHSC when providing volunteer training to groups who will be supporting your family violence program. Sessions may be provided in-person or virtually.

Presentations must cover one or more of the following family violence related topics:

- Domestic Violence Awareness Month
- Dating Violence
- Issues related to an underserved population
- General Family Violence Information
- Financial Literacy
- Bystanders Intervention
- Cultural Competence
- Dynamics of Abuse
- Gender Roles
- Healthy Relationships
- Intersection of Mental Health and Family Violence
- Family Violence and the Legal System
- Community Specific Request-Family Violence
- Family Violence Awareness
- Other
- Domestic Violence Overview, Dynamics and Services
- Children
- Confidentiality
- Coordinated Community Response
- Immigration
- Civil/Criminal Justice
- Technology
- Protective Orders
- Primary Prevention of Violence
- Safety Planning
- Victim Rights

Appendix A has several examples of allowable and unallowable Community Education and Awareness presentations.

## APPENDIX A

The following list illustrates examples of allowable and unallowable Community Education and Awareness presentations. If you have questions about specific examples, please contact your HHSC Family Violence Program contract manager.

### **Community Education**

#### **Allowable Examples:**

- In-person presentations on an allowable topic
- Live, virtual presentations via webinar platforms like Zoom, WebEx, etc. Attendees should be counted the same as an in-person event, via participant or registrant list.
- Live presentation or training posted on social media platforms on an allowable topic when a unique number of views/downloads can be counted. The program would need to establish a policy to ensure unique counts are reported each month the presentation is available.
- Pre-recorded presentations on an allowable topic when a unique number of views/downloads can be counted. The program would need to establish a policy to ensure unique counts are reported each month the presentation is available.

#### **Unallowable Examples:**

- Short content videos (under one minute) posted to social media (includes TikTok, Twitter, Instagram, etc.)
- Social media posts that do not include an educational video
- Literature or resources shared on social media

### **Community Awareness**

#### **Allowable Examples:**

- In-person tabling at a community event. Tables visitors can be counted as attendee numbers or can be reported with a “1” if you are unable to make an estimate.
- Social media, television, or radio ads that share community awareness information. This should be counted with a “1” reported for attendees.
- A program posts a video on its website to bring awareness to their family violence services. Attendees should be reported with a “1”, or with the actual numbers of views within the reporting month. The program would need to establish a policy to ensure unique counts are reported each month the video is available.

#### **Unallowable Examples:**

- Social media posts that do not offer awareness information other than the program’s contact information.
- Information or resources emailed to a program’s distribution list or in advance of a presentation (unallowable for *Community Education* as well).

## Appendix IV

### HHSC Hotline Call Types

Hotline Calls From or About Family Violence	Batterer Offender Referral
<p><b>Definitions:</b> Calls reported under this category include any call about family violence, this includes calls from non-client survivors seeking information, as well as, from others who may be seeking information for friends or family. All other calls regarding shelter can be reported under the "Hotline Call Seeking Shelter" options.</p> <p><b>Examples of Use:</b></p> <ul style="list-style-type: none"> <li>• Caller wanting to understand ‘red flags’ for abuse.</li> <li>• Survivor calling to request help with Family Violence Exemption/Good Cause</li> </ul> <p><b>What Not to Report:</b></p> <ul style="list-style-type: none"> <li>• Caller is seeking shelter and is offered a spot within your center. These should be reported as “Seeking Shelter- Shelter Obtained”.</li> <li>• Caller wanting assistance for their abusive partner.</li> <li>• Calls that fit best under another more specific category.</li> <li>• Calls from current clients – if provided a meaningful service, then it should be reported as a service and <u>not</u> as a hotline call.</li> </ul>	<p><b>Definitions:</b> Calls reported under this category include any call regarding batterer or offender information or referral.</p> <p><b>Examples of Use:</b></p> <ul style="list-style-type: none"> <li>• Person who uses violence calls to see where the nearest BIPP is located.</li> <li>• Local probation department calls to see if you can offer support to persons who use violence.</li> </ul> <p><b>What Not to Report:</b></p> <ul style="list-style-type: none"> <li>• Call with a person who uses violence involved with your agency’s BIPP about when group will occur.</li> <li>• Contact with a survivor via a BIPP victim notification.</li> </ul>
Other Family Violence Related Calls	Seeking Shelter- Shelter Obtained
<p><b>Definitions:</b> Calls reported under this category include any call about family violence that is not directly related to calls from survivors seeking information, as well as, from others who may be seeking information for friends or family.</p> <p><b>Examples of Use:</b></p> <ul style="list-style-type: none"> <li>• Public information requests</li> <li>• Media requests</li> <li>• Caller looking for donation or volunteer opportunities at your agency</li> </ul> <p><b>What Not to Report:</b></p> <ul style="list-style-type: none"> <li>• Callers that are seeking information about services or family violence/dynamics of abuse. These should be reported in “from or about family violence”.</li> </ul>	<p><b>Definitions:</b> Calls reported under this category include any call from a survivor who is seeking shelter and you are able to offer shelter within your family violence center during or after the call.</p> <p><b>Examples of Use:</b></p> <ul style="list-style-type: none"> <li>• A survivor calls seeking shelter and space is available for them - whether the survivor ultimately enters shelter or not.</li> </ul> <p><b>What Not to Report:</b></p> <ul style="list-style-type: none"> <li>• A survivor calls seeking shelter and you are unable to provide shelter. These should be reported in another “Seeking Shelter” category that best fits.</li> </ul>



## HHSC Hotline Call Types

<p style="text-align: center;"><b>Seeking Shelter- Denied Due to Lack of Space</b></p> <hr/> <p><b>Definitions:</b> Calls reported under this category include any call from a survivor who is seeking shelter, but you are unable to place them within your shelter, within a neighboring family violence shelter nor within a temporary shelter. This includes referrals to alternate shelters if you are not aware that shelter was secured. These survivors are truly denied any shelter service.</p> <p><b>Examples of Use:</b></p> <ul style="list-style-type: none"> <li>• A survivor calls twice a week, and each time you are unable to shelter a client who request shelter. Count each one separately.</li> <li>• You cannot shelter a caller because you are holding a bed for another survivor.</li> </ul> <p><b>What Not to Report:</b></p> <ul style="list-style-type: none"> <li>• Survivor accepts shelter but does not show up.</li> </ul>	<p style="text-align: center;"><b>Seeking Shelter- Referrals to Another Family Violence Shelter</b></p> <hr/> <p><b>Definitions:</b> Calls reported under this category include any call from a survivor who is seeking shelter and you are unable to place them within your shelter, but you can secure shelter within a neighboring family violence shelter. Do not report the call here if it is only a referral and shelter was not secured. If it was only a referral, then select “denied due to lack of space”.</p> <p><b>Examples of Use:</b></p> <ul style="list-style-type: none"> <li>• You have confirmed with a neighboring shelter that they are holding a bed for the survivor and you provide the needed information to the survivor to arrive at the neighboring shelter.</li> </ul> <p><b>What Not to Report:</b></p> <ul style="list-style-type: none"> <li>• You offer a referral to a neighboring shelter but are unsure if the survivor enters that shelter.</li> </ul>
<p style="text-align: center;"><b>Seeking Shelter- Referrals to Temporary Shelter Due to Lack of Space</b></p> <hr/> <p><b>Definitions:</b> Calls reported under this category include any call from a survivor who is seeking shelter, but you are unable to place them within your shelter, nor within a neighboring family violence shelter, but you can place them within a temporary shelter such as a homeless shelter. Do not report the call here if it is only a referral and shelter was not secured. If it is only a referral than select denied due to lack of space.</p> <p><b>Examples of Use:</b></p> <ul style="list-style-type: none"> <li>• You have confirmed with a non-family violence shelter that they are holding a bed for the survivor and you provide the needed information to the survivor to arrive at the shelter.</li> </ul> <p><b>What Not to Report:</b></p> <ul style="list-style-type: none"> <li>• You offer a referral to a homeless shelter but are unsure if the survivor enters that shelter.</li> </ul>	<p style="text-align: center;"><b>Seeking Shelter- Denied for Other Reasons</b></p> <hr/> <p><b>Definitions:</b> Calls reported under this category include any call from a person who is seeking shelter, but you are unable to place them within your shelter due to a reason other than lack of space. This could include reasons such as the caller is not a survivor of family violence, or any other reason you are unable to provide them shelter that does not include lack of space.</p> <p><b>Examples of Use:</b></p> <ul style="list-style-type: none"> <li>• Caller did not self-identify past or present experiences of family violence.</li> </ul> <p><b>What Not to Report:</b></p> <ul style="list-style-type: none"> <li>• You deny a survivor shelter because they are outside of your county.</li> <li>• You deny a survivor shelter because they have a teenage son.</li> </ul> <p><b><i>**These cannot be reported because they are not allowable reasons to deny a survivor shelter.</i></b></p>

## Appendix V

### Updated Emergency Orientations Guidance

January 13, 2021

To: Health and Human Services Commission (HHSC) Family Violence Program Contractors

From: HHSC Family Violence Program (FVP)

Subject: Updated Emergency Orientations Guidance

#### **Purpose**

The purpose of this letter is to provide guidance regarding the policy for emergency orientation and the proof of orientation for nonresidential clients and certain residential clients. This supersedes the original policy that was sent on January 22, 2016.

#### **Policy**

Family violence programs offer a variety of crisis intervention services. Completing an orientation, also commonly called an intake, for residential and nonresidential services ensures the quality of these services and informs those accessing services of their rights as a client. To accomplish this goal the orientation requires informational forms, a detailed explanation of their meaning, and the services offered.

However, in some cases, survivors need one-time critical assistance, or several sporadic critical assistance services, such as housing within a hotel/motel. One-time or sporadic critical assistance circumstances are time-sensitive and are not usually compatible with the time a full orientation may require. In addition, often when survivors come in for a one-time critical service, they may still be in contact with the partner who uses violence. In these situations, giving them detailed orientation information about family violence services may put them in further danger if the partner who uses violence finds it.

HHSC considers the following as appropriate critical assistance circumstances:

- Legal advocacy in court;
- Emergency room/medical accompaniment;
- Family Violence Option/ Good Cause Waiver and certifications for utility waivers or Address Confidentiality Program applications (by telephone, virtually, in writing, and in-person);
- Victim support services provided to participant after a community education or prevention session;

- Critical events such as weather-related disasters or public health emergencies that lead to a client being housed in a hotel/motel or other safe housing option; and
- One-time off-site support groups [*if the group is being conducted with victims of family violence only, as defined in Texas Administrative Code §379.1(11), and if it meets the requirements of group intervention services as defined in rules §379.701(4) and §379.711 for shelter centers and rules §379.2101(4) and §379.2108 for nonresidential centers*].

For the purpose of providing a one-time or sporadic critical assistance, HHSC approves the attached Proof of Emergency Orientation Sample Procedure and Form for the identified types of critical circumstances for which an abbreviated procedure is appropriate. The sample policy outlines the guidelines for implementation of this procedure.

HHSC requires that a completed Proof of Emergency Orientation Form be retained for all survivors seeking one-time or sporadic critical assistance, and that the form be retained in a separate administrative file for monitoring purposes.

In addition, HHSC family violence programs should report the orientation as an *Emergency Orientation* and the critical assistance service through FVNet, granted they are able to assign the survivor with a unique client ID number.



## APPENDIX A

### HHSC PROOF OF EMERGENCY ORIENTATION SAMPLE PROCEDURE FOR FAMILY VIOLENCE SURVIVORS

#### THE PURPOSE OF AN ORIENTATION - SAMPLE PROCEDURE:

Family violence programs offer a variety of crisis intervention services. Completing an orientation, also commonly called an intake, for residential and nonresidential services ensures the quality of these services and informs those accessing services of their rights as a client. To accomplish this goal the orientation requires informational forms, a detailed explanation of their meaning, and the services offered.

In some cases; however, survivors need one-time critical assistance, or several sporadic critical assistance services, such as housing within a hotel/motel. One-time or sporadic critical assistance circumstances are time sensitive and are not usually compatible with the time a full orientation may require. In addition, often when survivors come in for a one-time critical service, they may still be in contact with the partner who uses violence. In these situations, giving them detailed orientation information about family violence services may put them in further danger if the partner who uses violence finds it.

The following proof of emergency orientation sample procedure and attached form lists the types of critical circumstances for which an abbreviated procedure is appropriate. It also lays out guidelines for implementation of this procedure and a sample template to satisfy the requirements of HHSC rules. Additionally, this procedure addresses the concerns regarding a client's access to emergency services and safety planning.

#### APPROPRIATE CRITICAL ASSISTANCE CIRCUMSTANCES

- Legal advocacy in court;
- Emergency room/medical accompaniment;
- Family Violence Option/ Good Cause Waiver and certifications for utility waivers or Address Confidentiality Program applications (by telephone, virtually, and in-person);
- Victim support services provided to participant after a community education or prevention session;
- Critical events such as weather-related disasters or public health emergencies that lead to a client being housed in a hotel/motel or other safe housing option; and
- One-time off-site support groups [*if the group is being conducted with victims of family violence only, as defined in Texas Administrative Code §379.1(11), and if it meets the requirements of group intervention services as defined in rules §379.701(4) and §379.711 for shelter centers and rules §379.2101(4) and §379.2108 for nonresidential centers*].

#### DOCUMENTATION NEEDED:

- HHSC requires that the proof of emergency orientation checklist be retained in a separate administrative file for monitoring purposes.
- HHSC also requires a completed Proof of Emergency Orientation Form be retained for all survivors seeking one-time critical assistance.

#### IF SURVIVOR RETURNS FOR MORE SERVICES:

In the event that a critical circumstance client returns to your program to continue receiving services please complete the following:

- A full orientation (intake);
- Utilize their existing unique client ID number from their initial visit (do not use a new unique client ID number for the same client);
- Review the complete orientation materials; and
- Follow other applicable rules and regulations per the Texas Administrative Code (TAC).

#### HHSC RULE REQUIREMENTS:

The following information is intended to assist your program in developing a proof of orientation process for residential and nonresidential services as required by the TAC rule numbers §379.708 and §379.709 (for shelter centers) and §379.2106 (for nonresidential centers). Please keep in mind the client's right to informed consent for services and the inclusion of the information listed below.

#### SHELTER CENTER RULE §379.708: RESIDENT'S ORIENTATION

*What information must the shelter center cover in the resident's orientation?*

A center must ensure that an orientation is provided to a resident orally and in writing within 24 hours, is documented, and includes but is not limited to:

- (1) explanation of services available;
- (2) cooperative living agreement;
- (3) length of stay;
- (4) termination policy;
- (5) residents' rights;
- (6) nondiscrimination statement;
- (7) grievance procedures;
- (8) safety and security procedures, including medication;
- (9) confidentiality and limits of confidentiality;
- (10) waivers of liability; and
- (11) a wellness check for all family members that addresses their immediate needs.

#### SHELTER CENTER RULE §379.709: NONRESIDENT'S ORIENTATION

*What information must the shelter center cover in the nonresident's orientation?*

The center must ensure orientation is provided orally and in writing, is documented and includes, but is not limited to:

- (1) explanation of services available;
- (2) termination policy;
- (3) nonresident's rights;
- (4) nondiscrimination statement;
- (5) grievance procedures;
- (6) safety and security procedures;
- (7) confidentiality and limits of confidentiality;
- (8) waivers of liability; and
- (9) a wellness check for all family members that addresses their immediate needs.

#### NONRESIDENTIAL CENTER RULE §379.2106: PROGRAM PARTICIPANT'S ORIENTATION

*What information must the nonresidential center cover in the participant's orientation?*

The center must ensure the orientation is provided orally and in writing, is documented and includes, but is not limited to:

- (1) explanation of services available;
- (2) termination policy;
- (3) program participants' rights;
- (4) nondiscrimination statement;
- (5) grievance procedures;
- (6) safety and security procedures;
- (7) confidentiality and limits of confidentiality;
- (8) waivers of liability; and
- (9) a wellness check for all family members that addresses their immediate needs.

**SAMPLE FORM: HHSC FAMILY VIOLENCE PROOF OF EMERGENCY ORIENTATION**

Click or tap here to enter text.

**Agency Name**

**Client ID Number**

**BASIC DEMOGRAPHIC INFORMATION (IF AVAILABLE):** \*\*THIS INFORMATION IN NO WAY EFFECTS ELIGIBILITY FOR SERVICES

**Victimization:** \_\_\_\_\_

**Gender Identity:** \_\_\_\_\_

**Family Size:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**ORIENTATION INFORMATION OFFERED - PLEASE CHECK THAT ALL HAVE BEEN DISCUSSED:**

- |                                                            |                                                                        |
|------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> explanation of services available | <input type="checkbox"/> safety plan as appropriate for survivor       |
| <input type="checkbox"/> client's rights                   | needing critical assistance                                            |
| <input type="checkbox"/> nondiscrimination statement       | <input type="checkbox"/> confidentiality and limits of confidentiality |

In instances where the form is offered over the phone or virtually this section is not applicable and only the checklist above and the signature from staff below are necessary.

I, \_\_\_\_\_ have the right to make an informed decision about accessing the  
Client's Name

services provided from Click or tap here to enter text. A verbal explanation about the orientation  
Agency Name

information listed above was provided by \_\_\_\_\_.  
Staff member Name and Position

**PLEASE SELECT ONE OF THE FOLLOWING CHOICES:**

- ☐ I also received orientation information in writing and understand if I receive more services in the future, this information will be reviewed with in more depth by Click or tap here to enter text. staff.  
Agency Name
- ☐ For safety purposes, I am declining to take this information in writing and understand that I can access it both verbally and in writing if I utilize services in the future from Click or tap here to enter text. (Agency Name).

\_\_\_\_\_  
**Client Signature (if in person)**

\_\_\_\_\_  
**Parent or Guardian (if applicable and in person)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Member Signature**

## Appendix VI

### Written Services Policy Guidance

August 1, 2023

To: Health and Human Services Commission (HHSC) Family Violence Program Grantees

From: HHSC Family Violence Program (FVP)

Subject: Written Services Policy Guidance

#### **Purpose**

The purpose of this letter is to provide guidance regarding the new accepted use of a *written* service channel for HHSC approved services.

Effective September 1, 2023 HHSC FVP will allow the use and reporting of “written” as a service channel for the HHSC services outlined within this guidance and Appendix A. Written services include text messaging, chat, email correspondence, or letters with a client. The written service channel is only approved for these services when used to directly serve an established client who has had an intake completed within the past 12 months or has continued to receive services over the past 12 months. As with any service, only *meaningful* written services (those that the survivor determines as important to their safety and needs) should be reported to HHSC. A service should not be reported for each correspondence, for example each text or email, but for the service as a whole. A written service does not include emails or letters written on behalf of the client, appointment reminder texts or emails, or hotline chats where the person is not a client receiving services. Specific examples of allowable and unallowable written services are listed in Appendix A.

In addition, written services may only be provided with client consent and indication that written is their preferred manner in receiving services. The client’s safety should also be assessed when providing a written service. Organizations providing written services must ensure their existing policies address related privacy and confidentiality laws so that best practices are followed regarding limited information being shared, periodic deletion of communications, and continuing to ensure that the survivor’s preferred communication channel is utilized.

HHSC will allow the use of a written service channel to provide services under the following circumstances:

- **Child Services:** This service should be reported when providing services to a child including activities such as; structured arts and crafts activities and/or non-counseling, information activities provided by a trained staff person or a volunteer.

- **Educational Arrangement for Children:** This service should be reported to HHSC as a written service when providing a client with the following in writing: services that result in a resident or nonresident child being in compliance with the compulsory attendance requirements found in the Education Code. Examples include emailing with the parent about school requirements or discussing the child's educational needs.
- **Family Violence Option:** This service should be reported to HHSC as a written service when providing a client with the following in writing: a Family Violence Option (Good Cause) form or a Family Violence Exemption.
- **Information and Referral-Community Services:** This service can be reported to HHSC as a written service when providing a client with the following in writing: information and referrals about existing community resources, including but not limited to the following: medical care, legal assistance providers, protective and regulatory services, resource assistance, public assistance, counseling and treatment services, children's services, and any other appropriate family violence services.
- **Information and Referral-Employment:** This service should be reported to HHSC as a written service when providing a client with the following in writing: information and referrals about employment training and employment opportunities, either directly or through formal arrangements with other agencies.
- **Intervention Services:** This service should be reported to HHSC as a written service when providing a client (including children) with the following in writing: intervention services such as; safety planning, understanding and support, advocacy, case management, and dating violence services.
- **Legal Assistance:** This service can be reported to HHSC as a written service when providing a client with the following in writing: legal assistance including identifying individual legal needs, legal rights and options, and providing support in their pursuit of those options.
- **Medical Accompaniment:** This service should be reported when accompanying a domestic violence victim to, or meeting a victim at a hospital, clinic, or medical office. In terms of written services, this would likely be follow-up text or email communications between a survivor and their advocate.
- **Medical Care:** This service should be reported when providing a client with assistance in responding to any urgent medical situations for the adult/child residents, nonresidents or program participants accessing shelter center services. This also can include basic first aid, arranging for non-emergency professional medical services for adult/child residents, nonresidents, or program participants, or obtaining prescription or nonprescription medication for the victim's self-administration.
- **Transportation:** This service should be reported when providing a client with transportation and/or transportation assistance such as; arranging transportation to and from emergency medical facilities for shelter residents and nonresidents and/or from a safe place to the shelter for persons being considered for acceptance as residents of the shelter and who are located

within the shelter's service area. This also includes non-emergency transportation for the adult/child resident, nonresident or program participant to a single destination or to a series of destinations in a single trip. Transportation can include staff providing or arranging clients' transportation to court, place of employment and other appointments. Transportation service also includes the provisioning of bus passes or taxi fares. Rideshare companies like Uber and Lyft may also be utilized for a transportation service. However, please make sure your agency is aware of the safety and background check policies the company has since some do not have as strict requirements as taxi companies.

*Shelter Enter, Shelter Exit, and Overnight Stay for Youth* services are not allowed as written services and FVNet will not accept them.

Appendix A has examples of allowable and unallowable written services.

Please contact your contract manager or the program's shared mailbox at [familyviolence2@hhsc.state.tx.us](mailto:familyviolence2@hhsc.state.tx.us) if you have any questions or need further clarification.

## APPENDIX A

The following list illustrates examples of allowable and unallowable written services. If you have questions about specific examples, please contact your HHSC FVP contract manager.

### Child Services

**Allowable Example:** An advocate emails a parent and child instructions and information about a structured activity to do on their own.

**Unallowable Example:** A case manager writes a client to see if their child will be in childcare the following day.

### Educational Arrangement for Children

**Allowable Example:** Case manager has an email exchange with a parent about McKinney Vento requirements and considerations.

**Unallowable Example:** Case manager texts a parent to let them know their child's school clothes and supplies are available to be picked-up. When the client comes to pick-up the supplies, this could be entered as a face-to-face service.

### Family Violence Option

**Allowable Example:** A nonresidential client asks their case manager for help with a good cause recommendation to close down their child support case. At the client's request, the case manager completes the required form and emails it back to the client to upload into YourTexasBenefits.com.

### Information and Referral-Community Services

**Allowable Example:** A former shelter client texts her case manager to request information about low-cost childcare facilities in the community.

**Unallowable Example:** Someone sends a chat to the hotline to request information about a community resource. It is unknown if this person was previously a client receiving family violence services from the center. **This is unallowable both as a service and as a type of Hotline Call since hotline chat is currently not reportable to HHSC.**



## Information and Referral-Employment

**Allowable Example:** A case manager/advocate texts a client to give them the address and phone number for the local workforce development office.

**Unallowable Example:** A case manager/advocate emails a workforce development office to get information on behalf of a client. **This is unallowable because only services provided directly to clients should be reported, not work done *on behalf of* a client without their involvement.**

## Intervention Services

**Allowable Examples:** A non-residential client texts her case manager to discuss safety planning.

A former residential client, who received services within the current fiscal year, but is no longer residing at the shelter emails her prior case manager to discuss safety planning with her and her teenage daughter.

**Unallowable Examples:**

A case manager emails a client to let the client know that resources are ready for pick-up. However, when the client comes in to pick-up the resources, this can be counted as a face-to-face intervention service.

## Legal Assistance

**Allowable Example:** A case manager/advocate or legal advocate emails an established client to provide Crime Victims Compensation information or assistance with the application.

**Unallowable Examples:** A legal advocate emails or texts a client to remind them of an upcoming court date.

## Medical Accompaniment

**Allowable Example:** A returning client texts her advocate during a medical appointment, and he/she provides support and/or advocacy through text.

**Unallowable Example:** An advocate emails a new client to schedule an orientation/intake while the person is in the hospital.

### **Medical Care**

**Allowable Example:** An advocate has an email exchange with a survivor to discuss her concerns and think through questions for her to ask her doctor at their next appointment.

**Unallowable Example:** An advocate sends a note to a client to remind her of an upcoming medical appointment.

### **Transportation**

**Allowable Example:** Case manager texts a client to arrange transportation for an upcoming court hearing.

**Unallowable Example:** Case manager texts the local taxi company to check on the status of a pick-up request.