

2019 Shelter "PRACTICES" Survey

INFORMED CONSENT

CHECK EACH STATEMENT TO CONFIRM YOUR UNDERSTANDING AND CONSENT

- * 1. The 2018/2019 national Practices survey is a research effort conducted by The Institute for Shelter Care. The first of these studies was conducted in 2016 and published in 2017. The purpose was to establish a baseline understanding of the structure, funding, programming, and challenges in providing residential care services for victims of exploitation and trafficking in the United States. This is the second iteration of that study.

By participating you understand and consent that...

- ☐ This information is to be used to improve the field of shelter care. Honest and candid responses are my contributions to advancing this field.
- ☐ I am an authorized representative of my agency, permitted to participate in this research effort.
- ☐ I/my agency participate willingly and without compensation, incentive, or coercion.
- ☐ The data collected in this effort will be stored anonymously and retained by The Institute for Shelter Care, and will be neither released nor sold to any third-party.
- ☐ The information I/my agency provide(s) will be treated as anonymous and reported in aggregate in the final report. No agency will be uniquely identified without expressed written permission.
- ☐ Data will be stored indefinitely, as information obtained in this survey effort may be used for studies in the future. The Institute for Shelter Care will not send out requests for consent regarding each research project; however, the information will continue to be treated as anonymous and reported in aggregate.
- ☐ If I have/my agency has questions about the information's storage and use, I/my agency may contact Jeanne Allert at jallert@thesamaritanwomen.org.

NOTE BEFORE PROCEEDING:

Your responses in this survey should reflect 2018 data (unless otherwise requested). As necessary, estimate your responses through year-end to be representative of 12 months of 2018.

2018 Shelter "PRACTICES" Survey

Part 1: Executive Director Response - Respondent

* 2. Agency Name

* 3. Please select the type of residential program that is most like your shelter agency. If you operate more than one type, select all that apply.

- ☐ Emergency Shelter - 24-72 hour stay, often in coordination with law enforcement
- ☐ Assessment Center - up to 90 days of residential care, goal is to determine long-term course of action
- ☐ Restorative Home - long-term care with goal of social re-entry
- ☐ Graduate Housing - independent supportive housing with accountability
- ☐ Other (please specify)

* 4. In what state or U.S. territory is your organization located?

* 5. Which of the following best represents your role with your organization?

- ☐ Board Member
- ☐ Founder (and/or founding Executive Director)
- ☐ Executive Director (not Founder)
- ☐ Program Director
- ☐ Clinical Director
- ☐ Residential Staff
- ☐ Other (please specify)

* 6. Year of Incorporation:

* 7. Number of years your agency has been providing direct (residential) service to trafficking survivors:

* 8. Type of organization:

- ☐ Independent/Private nonprofit
- ☐ Part of a small-medium size nonprofit
- ☐ Part of a large national nonprofit (e.g., Salvation Army, Catholic Charities)
- ☐ Part of a network of residential programs (e.g., Refuge for Women)
- ☐ Ministry of a church
- ☐ Part of a regional task force/coalition
- ☐ State agency

* 9. Right now our agency is:

- ☐ open and serving clients (*skip remaining question in this section*)
- ☐ open but not yet serving clients (*skip remaining question in this section*)
- ☐ temporarily closed

10. If temporarily closed, please indicate why and when you anticipate re-opening:

2018 Shelter "PRACTICES" Survey

Part 1: Executive Director Response - Leadership and Governance

* 11. What leadership structures are in place for your agency? (Check all that apply.)

- ☐ We have an established governance Board of Directors
- ☐ We have a defined advisory board
- ☐ We have independent advisors for specific needs
- ☐ We have a pro bono Legal Counsel
- ☐ We have a pro bono Certified Public Accountant
- ☐ Other (please specify)

12. How many members are on your Board of Directors? (Enter a whole number)

13. Is your Board of Directors volunteer or compensated?

- ☐ All volunteer
- ☐ Compensated
- ☐ Combination of volunteer and compensated

14. What is the composition of your Board of Directors? (Check all that apply.)

- ☐ All male
- ☐ All female
- ☐ Mixed genders
- ☐ Same race/ethnicity
- ☐ Diverse race/ethnicity
- ☐ All the same faith conviction
- ☐ Diverse faith convictions

* 15. Do one or more members of your Board of Directors represent the following perspectives or professions? (Check all that apply.)

- ☐ Attorney
- ☐ Certified Public Accountant (CPA)
- ☐ Mental Health professional
- ☐ Medical professional
- ☐ Law Enforcement or Dept. of Corrections
- ☐ County, State, or Federal government official
- ☐ Human Trafficking Survivor
- ☐ A Graduate of your program
- ☐ None of the Above
- ☐ Other (please specify)

16. Do one or more members of your defined advisory board OR independent advisors represent the following perspectives or professions? *(Check all that apply, or skip this question if you do not have formal advisors.)*

- ☐ Attorney
- ☐ Certified Public Accountant (CPA)
- ☐ Mental Health professional
- ☐ Medical professional
- ☐ Law Enforcement or Dept. of Corrections
- ☐ County, State, or Federal government official
- ☐ Human Trafficking Survivor
- ☐ A Graduate of your program
- ☐ Other (please specify)

* 17. Do you have organizational bylaws that describe the composition of your board and the responsibilities of the members?

- ☐ Yes
- ☐ No
- ☐ We are working on bylaws and/or governance documents

18. Does your Board of Directors have any unique role or input in the day-to-day operations of your shelter? If yes, please describe their role here:

19. Given that this is a relatively new field, some Founders are also the agency's Executive Director. Other agencies began with separate roles for the Founder vs. Executive Director, and some agencies have split those roles over time. How has/does your agency approach(ed) defining your chief leadership role(s)? Please elaborate here:

2018 Shelter "PRACTICES" Survey

Part 1: Executive Director Response - Licensing and Regulation

* 20. Is your agency licensed by your state?

- ☐ Yes - it's required
- ☐ Yes - we have chosen to be licensed
- ☐ Not currently - we're in the process (skip to #24)
- ☐ No - it's not required (skip to #24)
- ☐ No - we have chosen to be unlicensed (skip to #24)

21. If your agency is licensed, what is the type of licensing you hold?

22. Have you realized any advantages by being licensed? What are those advantages?

23. Have you realized any disadvantages by being licensed? What are those disadvantages?

24. Is your agency an accredited or an approved member of any of the following? (Check all that apply.)

- ☐ ECFA - Evangelical Council on Financial Accountability
- ☐ CARF - Commission on Accreditation of Rehabilitation Facilities
- ☐ The Joint Commission
- ☐ The association of nonprofit organizations (for your state)

25. If there were a national accreditation for residential service providers for trafficking survivors, would your agency pursue that accreditation?

- ☐ Absolutely, yes
- ☐ Yes, if it comes with the potential for funding
- ☐ It depends; not if it was too time consuming or costly
- ☐ It depends; not if it meant we had to change our way of doing things
- ☐ I'm not sure I understand what accreditation is or would do for us
- ☐ Absolutely, no

26. What benefits would your agency want to realize from being accredited?

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Part 2: Finance Response - Program Funding and Financial Management

- * 27. What was your total operating budget for 2018? *(To the best of your ability, estimate or project expenses for the remaining weeks of 2018.)*

- * 28. What is your *simplified* annual cost of care for a single client?
(Calculation example: If your annual expenses are \$640,000, your agency has served 18 clients in 2018, your simplified annual cost of care is \$35,555/client/year.)

* 29. What percent of your operating funds in 2018 came from the following sources?(To the best of your ability, estimate or project final percentages for the remaining weeks of 2018.)

Note: Do not enter decimals or percentage signs. Total must equal 100.

Federal grant funding

State grant funding

State or court-ordered funding (funds that accompany a client placement, such as DSS)

Insurance billing

Foundation grants

Congregational giving

Corporate sponsorships

Event-based income

Program income (you charge for services or you have a for-profit activity that funds your work)

Individual donors

30. Do you receive any **per diem funding**? In other words, do you have an agreement/contract with your state or other agencies that provide funding for clients placed in your program?

☐ Yes

☐ No (skip to #32)

31. If yes, explain with whom and the amount:

* 32. Who has primary responsibility for development (fund-raising) in your agency?

- ☐ Our Board of Directors does most of our development
- ☐ Our Executive Director does most of our development
- ☐ We have (at least one) full-time development person on staff
- ☐ We don't have a person dedicated to development

33. Do you have a documented fund-raising strategy to support the financial needs of your organization?

- ☐ Yes
- ☐ No

* 34. What was the 2018 annual salary of your Executive Director/CEO?

* 35. Please indicate the number of personnel for each type in your agency.

Full-time staff (40+ hours/week compensated)

Part-time staff (avg. 20 hours/week compensated)

Full-time volunteers (uncompensated)

Part-time volunteers (uncompensated)

College interns

Ad hoc or occasional volunteers (not a part of your regular operations)

* 36. What percentage of your budget are the following expenses?(*To the best of your ability, estimate or project final percentages for the rest of 2018.*)

Note: Do not enter decimals or percentage signs.Total must equal 100.

Personnel

Facility

Direct Program Expenses

Fund-raising

Administrative Costs

Other

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Part 3: Program Manager Response - Client Population

The remaining questions in this survey are best answered by the person in your organization who tracks client data or otherwise interacts with clients and their associated records most often (e.g., Clinical Director, Case Manager, Residential Program Manager). For clarity, this survey refers to this individual as "Program Manager."

**Please select from the following options based on the target or primary client population you serve.
*We serve...***

*** 37. Type of Trafficking**

- ☐ Labor trafficking
- ☐ Sex trafficking - only if verified as a trafficking situation
- ☐ Sex trafficking and/or prostitution/sexual exploitation in any form
- ☐ Any form of trafficking
- ☐ Other needs (homeless, addiction, domestic abuse, etc.) even if not exploited/trafficked
- ☐ We do not serve trafficking victims at all

*** 38. Citizenship**

- ☐ Domestic (U.S.) only
- ☐ Domestic and Foreign National
- ☐ Foreign National only
- ☐ Illegal Alien/Asylee/Refugee
- ☐ Other (please specify)

*** 39. Gender**

- ☐ Male only
- ☐ Female only
- ☐ Trans only
- ☐ All genders

* 40. Age (check all age ranges for which you provide residential care)

- ☐ Younger minors (14 and under)
- ☐ Older minors (15 - 17)
- ☐ Younger adults (18 - 21)
- ☐ Adults (22 - 35)
- ☐ Older adults (36 and over)
- ☐ Adults with child(ren)

* 41. Geographic Reach

- ☐ Only survivors who are from our state
- ☐ Only survivors victimized in our state
- ☐ Survivors from any state

42. Languages (check all languages in which you are able to provide services)

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> American Sign Language (ASL) |
| <input type="checkbox"/> Other (please specify) | |

* 43. Payment for Services

- ☐ We only take clients with insurance
- ☐ We only take clients who are funded by our state
- ☐ We only take clients who can pay our program fee
- ☐ We accept multiple forms of payment
- ☐ We don't have a fee for our services

44. If you have a program fee, what is it and how is that fee determined?

*** 45. Sobriety**

- ☐ We only accept clients who have more than 120 days clean
- ☐ We only accept clients who have at least 60 days clean
- ☐ We only accept clients who have at least 30 days clean
- ☐ We only accept clients who have at least 14 days clean
- ☐ We take clients regardless of clean time
- ☐ Clients are court-ordered so we don't have any say in sobriety

*** 46. Mental Health Diagnosis**

- ☐ We will take clients with any (or no) mental health diagnosis
- ☐ We are not equipped to serve clients with severe mental illness/psychosis
- ☐ We question their diagnoses, so we accept them and then have them re-assessed
- ☐ We are not equipped to serve clients with any mental health diagnosis
- ☐ Other (please specify)

*** 47. Medications**

- ☐ We allow all forms of physical or mental health/psychotropic medications
- ☐ We do not allow mental health/psychotropic medications
- ☐ We do not allow narcotic medications
- ☐ We only allow certain medications
- ☐ We do not allow any medications

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Part 3: Program Manager Response - Referrals and Intakes

* 48. How many **referrals** were made to your agency in 2018 (include all inquiries, whether or not you accepted those referrals)?

49. Does your agency participate in National Trafficking Sheltered Alliance Rapid Referral system?

- ☐ Yes
- ☐ No (skip to #52)
- ☐ What's Rapid Referral? (skip to #52)

50. If yes, how many survivors did your agency accept into your program from Rapid Referral in 2018?

- ☐ None or I don't know
- ☐ 1 - 5
- ☐ 6 - 10
- ☐ More than 10

51. How many survivors did your agency REFER OUT using Rapid Referral in 2018?

- ☐ None or I don't know
- ☐ 1 - 5
- ☐ 6 - 10
- ☐ More than 10

52. Do you maintain a Wait List for your program?

- ☐ Yes, and our Wait List is usually full
- ☐ Yes, and our Wait List usually has space
- ☐ We don't maintain a formal Wait List, but we might put a referral on hold until a bed comes available
- ☐ We do not maintain a Wait List

* 53. How do you handle referrals that you do not accept?

- ☐ We provide the referrer with a list of other agencies to contact
- ☐ We make a personal contact with other agencies to see if we can facilitate placement
- ☐ We say "we're sorry" and hope for the best
- ☐ Other (please specify)

* 54. How many new clients (intakes) did you accept this year?

* 55. What is the total number of clients your agency has served since the first year you began direct service?

* 56. Estimate the percentage of your referrals in 2018 that came from the following sources.

Note: Do not enter decimals or percentage signs. Total must equal 100.

Federal law enforcement (HSI, FBI, USMS)

State or local law enforcement

Human Trafficking Task Force

NTSA's Rapid Referral service

Child Protective Services

Courts (judge, attorney, victim advocate)

Hospital/Medical provider

Drug & Alcohol rehab program

Domestic violence agency

Other anti-trafficking or human trafficking victim service agencies

Family members or self-referrals

Outreach (a referral that your agency generated from its outreach efforts)

Polaris Project/Human Trafficking Hotline

* 57. Assuming a fit, what is the average turnaround time between receiving a referral and being able to take the client?

- ☐ We average a few hours from referral to intake
- ☐ We average 1 - 3 days from referral to intake
- ☐ We average 4 - 7 days from referral to intake
- ☐ We average 8 - 10 days from referral to intake
- ☐ We average two weeks or more from referral to intake
- ☐ It varies too widely for us to have an average

* 58. In the following list of scenarios, assume a client left your program and now wants to come back. Under what conditions would you allow a departed client to be accepted back into your program?

	Client is accepted back immediately	Client is accepted back after a cooling off period	Client is accepted back after meeting a condition (e.g., period of sobriety)	Client is not accepted back
Client completed the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client left on good or neutral terms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client went AWOL (ran away)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client relapsed on alcohol/drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client relapsed into prostitution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client violated a program rule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client committed a crime while in residency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 59. In our 2017 survey, many agencies reported that they had trouble keeping their beds filled. In 2018, what percentage of your beds were continuously filled?

- ☐ 25% continuously filled - We had at least 3 months during the year when none of our beds were filled
- ☐ 50% continuously filled
- ☐ 75% continuously filled
- ☐ 100% continuously filled - We consistently had to turn eligible referrals away because we were full

60. Have you taken any measures to increase the number of referrals to your agency, or to improve the quality of referrals to your agency? If so, what have you done and what has been effective?

* 61. Below are conditions that might restrict a candidate for your program. Check off any of the conditions for which you would NOT accept a referral.

“We are not equipped to accept a referral who is/has...”

- | | | |
|--|--|--|
| <input type="checkbox"/> a flight risk | <input type="checkbox"/> diagnosed with psychotic tendencies | <input type="checkbox"/> physically disabled |
| <input type="checkbox"/> a gang member | <input type="checkbox"/> diagnosed with Schizophrenia | <input type="checkbox"/> pregnant |
| <input type="checkbox"/> a known “Bottom” | <input type="checkbox"/> fewer than 30 days clean | <input type="checkbox"/> recently been expelled from another shelter program |
| <input type="checkbox"/> a participant in satanic rituals | <input type="checkbox"/> fewer than 90 days clean | <input type="checkbox"/> required to testify |
| <input type="checkbox"/> a registered sex offender | <input type="checkbox"/> gender identity is different from biological gender | <input type="checkbox"/> requires 24/7 supervision |
| <input type="checkbox"/> child(ren) in her custody | <input type="checkbox"/> had a suicide attempt within past 12 months | <input type="checkbox"/> unable to self manage |
| <input type="checkbox"/> convicted of a felony | <input type="checkbox"/> HIV positive | <input type="checkbox"/> under open warrant(s) |
| <input type="checkbox"/> convicted of a violent crime | <input type="checkbox"/> non-English speaking | <input type="checkbox"/> under witness protection |
| <input type="checkbox"/> diabetic | <input type="checkbox"/> on methadone or suboxone | <input type="checkbox"/> under active threat |
| <input type="checkbox"/> diagnosed with Borderline Personality Disorder | <input type="checkbox"/> on prescribed narcotic(s) | <input type="checkbox"/> ward of the state |
| <input type="checkbox"/> diagnosed with Dissociative Identity Disorder/Multiple Personality Disorder | <input type="checkbox"/> on psychotropic medication(s) | |
| <input type="checkbox"/> Other (please specify) | | |

* 62. How do you orient a new client to your environment, policies, and practices? (Check all that apply.)

- ☐ We give each new client a walking tour of our property
- ☐ We have a routine orientation for each new client
- ☐ Each client is given a handbook of the program's rules and expectations
- ☐ Each client is given a personal schedule of activities
- ☐ Each client is required to meet with a psychiatrist as part of intake
- ☐ Each client is tested for drugs/alcohol at intake
- ☐ Each client is tested for STIs/STDs as part of intake
- ☐ Clients are required/invited to shower or launder clothing
- ☐ Clients are assigned a "buddy" to help them acclimate
- ☐ Other (please specify)

63. How many of your clients in 2018 were:

Note: Enter whole numbers. Do not enter decimals or percentage signs.

Case-affiliated (there was an active investigation associated with the client)

Court-placed (a court ordered the client into your agency, often while charges are being held over the client)

Diverted (the client was placed in your agency in lieu of incarceration time)

On parole or probation (client serves parole/probation time while in your program)

* 64. What is the duration of your program as you have designed it to be?

- ☐ 0 - 30 days
- ☐ Up to 18 months
- ☐ Up to 5 years
- ☐ Up to 3 months
- ☐ Up to 2 years
- ☐ No limit
- ☐ Up to 6 months
- ☐ Up to 3 years
- ☐ Up to 12 months
- ☐ Up to 4 years
- ☐ Other (please specify)

* 65. What is your actual length of stay (the average across all past clients)? **Specify in months**, and round up or down. For example, 15.4 months would become 15 months, whereas 15.5 months would become 16 months.)

66. If there's a significant difference between your intended length of stay and actual length of stay, to what do you attribute this difference?

* 67. Estimate the percentage of clients (over the life of your program) who have left your program based on the following:

Note: Do not enter decimals or percentage signs. Total must equal 100.

Graduated (program completion)

Reunited with family

Client felt ready to be independent

Transferred to another program (not a fit)

Drug or alcohol relapse

Left for a "romantic" attachment

Missed or felt called back to The Life

Expelled from the program for breaking a rule

Other reasons

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Part 3: Program Manager Response - Housing

* 68. Enter the number of dwelling type(s) in which your residential program is located. (If you operate multiple units, enter the number of units you have for each type.)

Single family home – rural setting

Single family home – urban setting

Townhouse

Apartment/Condo

Extended-stay hotels

69. How did your agency secure the dwelling in which you house survivors? (Choose the option that is closest to your scenario. If you have more than one housing unit, respond in terms of the first housing unit you operated.)

- ☐ It was gifted to our agency by a philanthropist in our community
- ☐ It was gifted to our agency by a member of the church or the church
- ☐ The house was not gifted to us, but we occupy the space without rent or mortgage
- ☐ The house belongs to our Founder
- ☐ We were gifted with the funds to purchase the house
- ☐ We are renting the house
- ☐ We raised the funds to purchase the house

* 70. What is your **annual bed capacity**, per housing unit? (Note: Count the total number you can serve in a year. For example, if you have 4 beds in a 3-month program, your annual bed capacity is 16.)

Housing Unit #1:

Housing Unit #2:

Housing Unit #3:

Housing Unit #4:

Housing Unit #5:

71. What is your room strategy for clients?

- ☐ One client per room
- ☐ Two clients per room
- ☐ Three clients per room
- ☐ Dormitory-style/multiple clients in a single bedroom
- ☐ Room strategy varies by housing unit or program phase

72. Why did you choose that rooming strategy?

* 73. What are the other features on the property of your residential home? (Check all that apply. If you have more than one housing unit, respond for your largest unit.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Art studio | <input type="checkbox"/> Flower gardens | <input type="checkbox"/> Staff bedroom |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Garage | <input type="checkbox"/> Staff office(s) |
| <input type="checkbox"/> Counseling room | <input type="checkbox"/> Horse stable | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> Dedicated smoking area | <input type="checkbox"/> Interview/Quiet Room | <input type="checkbox"/> Tennis court |
| <input type="checkbox"/> Fenced in yard | <input type="checkbox"/> Laundry room | <input type="checkbox"/> Vegetable garden |
| <input type="checkbox"/> Finished basement | <input type="checkbox"/> Library | <input type="checkbox"/> Walking/Jogging trail |
| <input type="checkbox"/> Fitness area/studio | <input type="checkbox"/> Meditation room | |
| <input type="checkbox"/> Other (please specify) | | |

74. What features of the home have you found to be invaluable to the program?

* 75. Which of the following security measures are in place for your housing location? (If your agency has more than one location, respond for the location that has the highest level of security measures.)

- | | |
|---|--|
| <input type="checkbox"/> 24/7 live-in supervision | <input type="checkbox"/> Guard dog |
| <input type="checkbox"/> 24/7 on-site (but not live-in) supervision | <input type="checkbox"/> Motion lighting |
| <input type="checkbox"/> Agreement for surveillance by local law enforcement, a private company, or neighbors | <input type="checkbox"/> Security or privacy fencing |
| <input type="checkbox"/> Alarm system | <input type="checkbox"/> Security patrol |
| <input type="checkbox"/> Gated community | <input type="checkbox"/> Surveillance camera system |
| <input type="checkbox"/> Other (please specify) | |

76. What security measures have you found to be the most important?

77. Are there any security measures you have that you now think are unnecessary? (If none, skip question.)

78. In the past year, have you had any of the following security threats? (Check all that apply.)

- ☐ Known trafficker on the property
- ☐ Communications with trafficker/unsafe person through phone access
- ☐ Communications with trafficker/unsafe person through web/email/social media access
- ☐ Unidentified person(s) trespassing on property
- ☐ Disclosure of property location
- ☐ Destruction of security system, alarm, or locks
- ☐ Disclosure of client identity or residency in the program
- ☐ Other (please specify)

79. In the past year, have you had any of the following safety issues? (Check all that apply.)

- ☐ Client acting out physically against staff or other residents
- ☐ Client harboring "sharps" for self-harm
- ☐ Client having access to intoxicants of any kind
- ☐ Client having access to drugs of any kind
- ☐ Acts of negligence by staff or volunteer
- ☐ Willful disobedience by staff or volunteer (not following the rules)
- ☐ Other (please specify)

80. How does your agency deal with maintenance of your housing unit(s) and grounds? (Check all that apply.)

- ☐ We have a full-time Facility Manager and/or Custodian
- ☐ We have a part-time Facility Manager and/or Custodian
- ☐ We use volunteers to maintain our property and grounds
- ☐ We incorporate maintenance of property and grounds into staff duties
- ☐ We incorporate maintenance of property and grounds into client chores/duties

81. Compare your agency's need for repair/replacement/maintenance of your shelter home and grounds to what you'd expect for a typical residential household.

- ☐ We have significantly more repair/replacement/maintenance than a typical household
- ☐ We have about the same repair/replacement/maintenance as a typical household (skip to #83)
- ☐ We have significantly less repair/replacement/maintenance than a typical household

82. If you responded significantly more or less, to what do you attribute that difference?

83. On what specific repair/replacement/maintenance do you have significantly more need or expense? For example, your agency might purchase bed linens more often, or change air filters more often than a typical household. Share your experiences here:

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Part 3: Program Manager Response - Client Services

In this section we're asking about what services you provide and how you resource those services: either in-house by staff or volunteers or through third parties. (Note: MOU = memorandum of understanding and implies that you have an established, ongoing relationship with that provider). Please check the column for how you are providing (or not providing) each service.

* 84. PHYSIOLOGICAL SERVICES

	In-house staff/volunteers	MOU-based service providers	Non-MOU service providers	Not providing this service	Service not needed
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetic dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GYN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy/Prenatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular or random drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine medical exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI/STD testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tattoo/scar removal or cover-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 85. THERAPEUTIC/MENTAL HEALTH SERVICES

	In-house staff/volunteers	MOU-based service providers	Non-MOU service providers	Not providing this service	Service not needed
Alternative therapies (yoga, equine, art, drama, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-hour hotline (for clients to call you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 86. LEGAL SERVICES

	In-house staff/volunteers	MOU-based service providers	Non-MOU service providers	Not providing this service	Service not needed
Family law (custody, divorce, alimony, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration services (asylum, work authorization, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for testifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education on victims' rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application for civil remedies/crime victim assistance funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emancipation of minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in obtaining T-visa, U-visa, or Continued Presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in obtaining HHS certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from abuse orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to/from court appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular reporting to parole/probation officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State-level identification (including birth certificate, Social Security card, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing criminal records (applications for expungement, vacatur, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 87. FINANCIAL SERVICES

	In-house staff/volunteers	MOU-based service providers	Non-MOU service providers	Not providing this service	Service not needed
Basic money management course(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit counseling/requesting debt forgiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a bank account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debt inventory (pulling credit reports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downpayment or rent subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discounts on major purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 88. ACADEMIC SERVICES

	In-house staff/volunteers	MOU-based service providers	Non-MOU service providers	Not providing this service	Service not needed
Individual tutor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language interpretation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College enrollment/academic advising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Securing academic transcripts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement or aptitude testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESL classes or tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial aid enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED classes or tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED test registration/accommodations applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 89. VOCATIONAL SERVICES

	In-house staff/volunteers	MOU-based service providers	Non-MOU service providers	Not providing this service	Service not needed
Job search support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resume-writing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobs program on-site (through your agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobs program through community partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance (bus pass, metro cards, car buying support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress for Success coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site business enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

90. RELATIONAL/SPIRITUAL SERVICES

	In-house staff/volunteers	MOU-based service providers	Non-MOU service providers	Not providing this service	Service not needed
Family reunification counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worship attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bible/Holy Book instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual spiritual director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grief counseling (death, loss , abortion, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent (of victim) support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service/volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgiveness counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

2018 Shelter "PRACTICES" Survey

Part 3: Program Manager Response - Program Architecture

A "program" is an arranged set of activities designed to achieve a particular goal. In this section, we ask you to share how you have constructed the design and goals of your program. *Note: If your agency operates a 24-72 hour safehouse only, this section does not apply to you.*

91. What is the high-level architecture of your program? Chose the option below that is closest to your design or describe yours in the "Other" block.

- ☐ We don't have a program; we customize to each client and what the Case Manager says s/he needs
- ☐ Our program is based on duration - clients progress through the program based on time
- ☐ Our program is based on phases - clients promote through those phases as they accomplish certain objectives in each phase
- ☐ Our program is achievement based - clients progress as they achieve prescribed milestones
- ☐ Other (please specify)

92. What is the schedule of activities for an average weekday in your program?

What time is wake up?

What are the early morning activities (before 10am)?

What are the late morning activities (after 10am and before lunch)?

What are the early afternoon activities (after lunch and before 3pm)?

What are the late afternoon activities (after 3pm and before dinner)?

What are the evening activities (after dinner)?

What time is "lights out" (if at all)?

93. What are the activities on the weekends? If varied, offer a few examples:

94. Do you do anything "ceremonial" each day or each week? For example, some agencies start the day with a daily devotion; some end the day with a gratitude or quiet time for journaling. If you have such a routine, please share that here:

* 95. How do clients participate in decisions about programs or rules? (Check all that apply.)

- ☐ We have a Suggestion Box where clients can leave notes
- ☐ We have a Survivor Advisory Panel that informs our program decisions
- ☐ We have weekly "Community Meetings" for clients to discuss concerns or pose suggestions
- ☐ We invite client feedback at the end of Groups
- ☐ We have a grievance process where clients can pose objections to a rule or program element
- ☐ We have an Exit Interview process for departing clients
- ☐ We don't have a formal way for clients to give input
- ☐ Other (please specify)

96. How is meal preparation handled in your agency?

- ☐ Our kitchen is open: Clients make their own meals (whatever they want)
- ☐ As clients gain more skills and responsibilities, clients are assigned to Kitchen duties including meal prep
- ☐ Each client is assigned a cook day and is responsible for the meal(s) that day
- ☐ Whichever staff (or volunteer) is on schedule makes the meals(s) for that day
- ☐ Volunteers make meals and bring them in/drop them off
- ☐ We have a dedicated staff (or volunteer) Cook who makes all the meals
- ☐ Other (please specify)

97. How are groceries handled in your agency?

- ☐ Clients buy all their own food, with their own money (or food stamps)
- ☐ We buy certain groceries for the meals, but clients can also buy the food they want
- ☐ The majority of our groceries are donated; we base meals off what gets donated
- ☐ We buy all the groceries, according to the meal plan
- ☐ Other (please specify)

2018 Shelter "PRACTICES" Survey

Part 3: Program Manager Response - Faith-based Components

* 98. Our agency identifies as:

- ☐ Faith-based
- ☐ Secular-Public (skip remaining questions in this section)
- ☐ Governmental (skip remaining questions in this section)

99. With what religious tradition do you associate your agency?

- ☐ Christian/Catholic
- ☐ Jewish
- ☐ Muslim
- ☐ Hindu
- ☐ Client Optional (we will facilitate access to the client's religion of preference, but our agency has no religious identity)
- ☐ Other (please specify)

100. Does your agency have a Statement of Faith? If yes, check each type of person required to adhere to that Statement.

- ☐ All Board of Directors
- ☐ Senior staff
- ☐ All staff
- ☐ Certain volunteers
- ☐ All volunteers
- ☐ Other (please specify)

101. Which of the following spiritual practices are part of your program for clients?

	Required	Recommended	Included but Optional	Not included
Weekly worship services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily devotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journaling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Silence/Meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kosher/Halal (consecrated foods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual formation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baptism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting with a spiritual director/clergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deprogramming from cults or other religious oppression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corporate prayer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual prayer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holy Book reading (Bible, Torah, Koran, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

102. In what other ways is your agency's faith identity expressed in your program? *(Check all that are consistently practiced.)*

- ☐ Our curriculum materials align with our faith conviction (whenever possible)
- ☐ Staff or volunteers are encouraged to speak openly about their faith
- ☐ Our home is decorated with images/phrases that are part of our beliefs
- ☐ All external service providers must agree with our statement of faith
- ☐ We don't allow certain services to be offered (e.g., abortion, contraception, acupuncture, etc.)
- ☐ Clients attend conferences, events, concerts, activities that are faith-related

103. In what ways (if any) have you found faith practices to be *beneficial* to clients?

104. In what ways (if any) have you found faith practices to be *detrimental* to clients?

105. If your program's faith practices have been questioned, elaborate on how and by whom:

106. Feel free to share any story(ies) about how Faith has played a role in survivor healing.

2018 Shelter "PRACTICES" Survey

Part 3: Program Manager Response - Client Therapies

* 107. What specific therapies are incorporated into your program? *(Please only select an option if it is used for therapeutic purposes by personnel trained/certified in that area. For example, if your house includes pets for companionship, but pets are not used specifically for therapy, do not select that item.)*

- | | |
|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Hypnosis |
| <input type="checkbox"/> Art therapy | <input type="checkbox"/> Interventions |
| <input type="checkbox"/> Cult/Satanic ritual abuse deprogramming | <input type="checkbox"/> Internal Family Systems (IFS) |
| <input type="checkbox"/> Dance/Movement therapy | <input type="checkbox"/> Mindfulness |
| <input type="checkbox"/> Dialectical Behavioral Therapy (DBT) | <input type="checkbox"/> Pet therapy |
| <input type="checkbox"/> Drama therapy | <input type="checkbox"/> Play therapy |
| <input type="checkbox"/> Equine therapy | <input type="checkbox"/> Therapeutic yoga |
| <input type="checkbox"/> Eye Movement Desensitization and Reprocessing (EMDR) | |
| <input type="checkbox"/> Other (please specify) | |

* 108. How are you currently providing individual trauma counseling to clients?

- ☐ We have a full-time staff therapist/counselor(s) who is trauma-trained
- ☐ We have a part-time staff therapist/counselor(s) who is trauma-trained
- ☐ We have a therapist/counselor but s/he is not trauma-trained
- ☐ We use external service providers who bill client insurance
- ☐ Our lay staff provide counseling to our clients
- ☐ We are not currently providing individual trauma counseling

* 109. Do you have/use any of the following for stabilization from outbursts?

- ☐ Temporary isolation
- ☐ Therapeutic holds
- ☐ Therapeutic restraints
- ☐ Medication
- ☐ None, we just call 911
- ☐ Other (please specify)

2018 Shelter "PRACTICES" Survey

Part 3: Program Manager Response - Staff and Volunteers

* 110. What is the Supervision model in your residential program?

- ☐ 24/7/365 – all hours are covered by paid staff
- ☐ 24/7/365 – all hours are covered by either paid staff or volunteers
- ☐ Daytime hours are supervised by paid staff; overnight is supervised by volunteers
- ☐ Daytime hours are supervised by paid staff and/or volunteers; there is no overnight supervision
- ☐ No supervision in the house, but there is a daily check-in with staff
- ☐ No supervision in the house, but there is a weekly check-in with staff
- ☐ Other (please specify)

* 111. Does your program depend on the use of community volunteers?

- ☐ Yes, we are completely volunteer-run
- ☐ Yes, we augment with community volunteers, but are staff-run
- ☐ Yes, but we only use volunteers from certain sources (e.g., a single church, AmeriCorps, etc.)
- ☐ No, but we want to use volunteers
- ☐ No, we don't have volunteers
- ☐ Other (please specify)

* 112. Do you use college interns as part of your staffing model?

- ☐ We use undergraduate or graduate college interns as supervisory staff
- ☐ We only use graduate college interns as supervisory staff
- ☐ We use interns in roles other than supervisory
- ☐ We do not use undergraduate or graduate college interns
- ☐ Other (please specify)

113. From where do you recruit for volunteers?

- ☐ Universities/Colleges
- ☐ High schools
- ☐ Churches/Synagogues
- ☐ Web-based volunteer portals
- ☐ Social media
- ☐ Newspaper or other publications
- ☐ Civic groups (Rotary, fraternal organizations, etc.)
- ☐ Other (please specify)

* 114. Select any condition would restrict someone from being a volunteer at your organization. In other words, if a person were ____, that person would not be well suited to volunteer with your organization.

- | | |
|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Convicted felon |
| <input type="checkbox"/> Female | <input type="checkbox"/> Registered sex offender |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Single/unmarried |
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Under 21 | <input type="checkbox"/> A survivor |
| <input type="checkbox"/> Over 65 | <input type="checkbox"/> Someone of another religion |
| <input type="checkbox"/> Physically disabled | <input type="checkbox"/> Recovering addict |
| <input type="checkbox"/> Other (please specify) | |

115. Agencies that serve a single gender population may be apprehensive about using the other gender in their program. If your agency has been successful with utilizing both genders, please share how you have made that work.

* 116. List the top 3 most important qualifications of your residential supervisory staff. This may include education, credentials, licenses, experience, or disposition.

1.
2.
3.

117. Does anyone among your (regular, paid) staff hold a medical degree/credential? If so, please indicate what credential. If no one, please type in "none."

118. Does anyone among your (regular, paid) staff hold a mental health degree/credential? If so, please indicate what credential. If no one, please type in "none."

119. Several agencies have suggested that turnover among residential staff can be high. What is the average tenure of your residential staff?

- ☐ 0 - 6 months
- ☐ 7 - 12 months
- ☐ 1 - 2 years
- ☐ 2 - 3 years
- ☐ We are not experiencing turnover in residential staff
- ☐ We have only been in operation for fewer than 18 months so we don't know yet

* 120. How often do you provide formal staff training?

- ☐ Annually
- ☐ Quarterly
- ☐ Monthly
- ☐ Weekly
- ☐ We do not provide formal staff training (yet)

121. How many hours of training (per year) do you require for the following?

Residential staff

Residential volunteers

Non-residential staff

Non-residential volunteers

* 122. How is your staff training usually provided? (Check all that apply.)

- ☐ In-person
- ☐ Online
- ☐ Independent study
- ☐ Depends on the topic

* 123. What is your approach to training staff on the issue of Human Trafficking? (Check all that apply.)

- ☐ We recommend certain books for them to read
- ☐ We recommend certain videos/DVDs for them to watch
- ☐ We recommend classes
- ☐ We encourage/require them to attend our public awareness programs
- ☐ We train internally
- ☐ We do not provide training on human trafficking

* 124. What is your approach to training staff on agency policy and protocols?

- ☐ We offer specific training sessions to our staff in our approach to care, our philosophy and practices
- ☐ We have a staff handbook or training manual, outlining our approach to care, our rules, and protocols
- ☐ We do most of our training as on-the-job training

* 125. Have you offered specific training in the following topics? (Select all that have been formal training sessions for your staff/volunteers.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Incest | <input type="checkbox"/> Street drugs |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Mental disorders | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Documentation protocols | <input type="checkbox"/> Motivational Interviewing (MI) | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Narcan/Naloxone shot | <input type="checkbox"/> Therapeutic holds |
| <input type="checkbox"/> Emergency evacuation | <input type="checkbox"/> Prison culture | <input type="checkbox"/> Trauma-Informed Care |
| <input type="checkbox"/> Emergency medical/First aid procedures | <input type="checkbox"/> Self-harming behaviors | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Gang culture | <input type="checkbox"/> Shame | |
| <input type="checkbox"/> Other (please specify) | | |

126. Staff Care - What do you have in place to ensure that your staff remain emotionally and spiritually healthy in this work? Offer up to three suggestions for practices that have proven effective at your agency:

1.

2.

3.

127. Staff Discipline/Correction - What strategies have you found to be helpful in ensuring staff compliance with your rules and protocols? How do you address noncompliance with a staff person?

* 128. What is your approach to training staff on trauma and Trauma-Informed Care?

- ☐ Certain staff are certified in Trauma-Informed Care
- ☐ All of our staff have received some level of training in trauma
- ☐ Only our staff who work with survivors have received training in trauma
- ☐ We have not provided specific training in trauma to our staff

2018 Shelter "PRACTICES" Survey

Part 3: Program Manager Response - Organizational Policies & Practices

In this section we have a collection of possible policies or practices. Please select the option for each that best aligns with your agency's operations. There is no RIGHT answer; only what your agency has decided works for you.

* 129. *How do you handle:* Background/Criminal Records Checks

- ☐ We conduct background checks on all clients before they come into our program
- ☐ We conduct background check on all clients once they are in our program
- ☐ We do background checks only when there's a prompting issue
- ☐ Our clients are minors and come with background files
- ☐ We don't do background checks on our clients

* 130. *How do you handle:* Black Out Period (a finite period of time when the client is not allowed any outside contact, in any form)

- ☐ Our program restricts all outside contact for the duration of client's residency
- ☐ We have a 90 day black out period
- ☐ We have a 60 day black out period
- ☐ We have a 30 day black out period
- ☐ We only have a black out period if the client's situation warrants it
- ☐ We don't have a black out period
- ☐ Other (please specify)

* 131. *How do you handle:* Transportation to/from your Facility (check all that apply)

- ☐ We provide for airfare/bus/train/car travel to our facility for incoming clients
- ☐ We provide for airfare/bus/train/car travel from our facility for departing clients
- ☐ We provide for transport of incoming clients within a limited distance or limited expense
- ☐ We provide for transport of departing clients within a limited distance or limited expense
- ☐ We have a third party that funds/provides for client transport
- ☐ We require that incoming clients fund their own transport
- ☐ We require that departing clients fund their own transport
- ☐ Usually law enforcement provides for client transport to/from our agency
- ☐ We don't have a client transport policy

* 132. *How do you handle:* Family/Friend Phone Contact (check all that apply)

- ☐ Clients are allowed to make phone calls to family or friends, anytime as desired
- ☐ The Court dictates the terms of family contacts
- ☐ Clients are granted a limited number of phone calls or phone time per week
- ☐ Contacts are vetted to ensure that those persons are safe
- ☐ Clients are allowed contact with family only
- ☐ Other (please specify)

* 133. *How do you handle:* Personal Cell Phones

- ☐ We allow clients to have personal cell phones
- ☐ We are *required* to allow our clients personal cell phones
- ☐ We allow cell phones for certain clients, or under certain circumstances
- ☐ We have a limited service TracFone that clients can borrow
- ☐ We don't allow clients to have personal cell phones at any time during the program

* 134. *How do you handle:* Social Media

- ☐ Clients are allowed to use social media to maintain outside contacts
- ☐ Clients are allowed access to social media, under supervision or certain circumstances
- ☐ We don't allow access to social media at any time

* 135. *How do you handle:* Overnight Passes/Home Visits for Clients

- ☐ We allow clients to have overnight visits with family
- ☐ The Court dictates the terms of home visits
- ☐ Clients can earn this privilege, over time or with good behavior
- ☐ We allow home visits for certain clients, or under certain circumstances
- ☐ We don't allow home visits at all
- ☐ We don't have an overnight/home visit policy

* 136. *How do you handle:* Smoking/Vaping

- ☐ We allow clients to smoke/vape whenever they want
- ☐ We have designated smoking/vaping times and/or smoking area(s)
- ☐ Clients can earn smoking privileges
- ☐ Our client are minors: we don't allow smoking/vaping at all
- ☐ We are a smoke-free program; we don't allow smoking/vaping at all

* 137. *How do you handle:* Client Money (including cash and debit/credit cards)

- ☐ Our clients hold and manage their own money/cards
- ☐ Our clients are allowed to hold a designated amount, but never more than that
- ☐ Our clients are not allowed to hold money/cards; we safe guard it for them
- ☐ We don't have a money/cards handling policy
- ☐ Other (please specify)

* 138. *How do you handle:* Medication Administration/Dispensation

- ☐ Clients hold and administer their own medications
- ☐ Clients' medications are secured and there is a trained Med Tech or Dispensing Nurse on staff
- ☐ Clients' medications are secured and a staff person provides the clients with access to meds as prescribed
- ☐ We don't allow medications in our agency
- ☐ We don't have a medication administration policy

* 139. *How do you handle:* Gifts to Clients (check all that apply)

- ☐ We allow staff or volunteers to give gifts to our clients, as they deem appropriate
- ☐ We allow volunteers to give gifts, but not staff
- ☐ We specify the types of gifts that can be given (or not given)
- ☐ We only allow gifts for birthdays, holidays, and graduations
- ☐ We don't allow staff or volunteers to give gifts to clients under any circumstance
- ☐ We don't have a gifts policy

* 140. *How do you handle:* Drug Testing (check all that apply)

- ☐ We do regular drug testing on all clients
- ☐ We do random drug testing on our clients
- ☐ The Court dictates drug testing protocol
- ☐ We do drug testing only when there's a suspicion
- ☐ We don't do drug testing

* 141. *How do you handle:* Clothing

- ☐ We allow clients to wear whatever they want
- ☐ We have a modesty or "appropriate dress" policy for clients
- ☐ We provide our clients with clothing that we've deemed appropriate
- ☐ We provide uniforms for our clients
- ☐ We don't have a clothing policy

* 142. *How do you handle:* Bedbug Prevention (check all that apply)

- ☐ We require all new clients to shower and have all his/her items laundered prior to moving in
- ☐ We require showering and laundry if we are concerned about hygiene
- ☐ We regularly check our clients for bedbugs
- ☐ We have bedbug-preventing mattress and pillow covers on all beds
- ☐ We do not have a bedbug prevention policy
- ☐ Other (please specify)

* 143. *How do you handle:* Sex Toys (personal devices for sexual stimulation)

- ☐ We allow clients to have sex toys
- ☐ We allow sex toys for certain clients, or under certain circumstances
- ☐ We don't allow sex toys at any time
- ☐ We don't have a policy on sex toys

* 144. *How do you handle:* Sexual Contact between Clients

- ☐ We do not interfere with their relationships
- ☐ We provide counseling
- ☐ We implement program consequences (and counseling)
- ☐ We dismiss the client(s) from the program immediately
- ☐ We don't have a policy on sexual contact between clients

145. If your agency has been in operation more than 2 years, please indicate if any of the following shifts in policy are true for you:

- ☐ We have become more structured in our approach (more rules and policies)
- ☐ We have become less structured in our approach (fewer rules and policies)
- ☐ We have incorporated more survivor input in the creation of our policies
- ☐ We have sought the advice of other shelter agencies as we rethink our policies

* 146. In general, what privileges can clients earn in your program?

- | | |
|---|--|
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Ability to go off-campus |
| <input type="checkbox"/> Television time | <input type="checkbox"/> Overnight/weekend passes |
| <input type="checkbox"/> Computer use | <input type="checkbox"/> Attending special outings or events |
| <input type="checkbox"/> Gift cards | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | |

147. In general, what are the primary consequences of rule violation in your program?

148. Share up to 3 policies or practices of your agency that you think are working exceptionally well (and you would recommend to others):

1.

2.

3.

* 149. What is your agency's general protocol for dealing with any of the following incidents?

	Call 911	Immediate dismissal	Probation	Reprimand or privileges withdrawn	Counseling	Don't know/no protocol
Client commits a crime (shoplifting, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client engages in sexual conduct with another client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client goes AWOL from program and then returns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client is drunk (alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client is engaging in self harm (e.g., cutting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client has stolen from another client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client is high (drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client is not medically compliant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client is threatening to hurt him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client is verbally abusive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client physically assaults a staff or volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client physically assaults another client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client vandalizes program property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

150. How do you handle a client who goes AWOL? What does your agency do? Who is notified? (Specify if your clients are minors or adults.)

2018 Shelter "PRACTICES" Survey

Part 3: Program Manager Response - Program Outcomes

151. Below are a series of outcomes that may/may not be how your agency measures impact on clients. For each, if that outcome is a part of your measurement schema, indicate how you measure progress/achievement in that area (e.g., Financial Independence: Establish bank account, Spiritual Growth: Develop a relationship with a church mentor, etc.). If an outcome is not part of your measurement schema, skip that item.

Physical Health

Emotional Regulation

Symptom Reduction

Sobriety

Personal Agency

Academic Achievement

Vocational Training

Employment

Financial Independence

Independent Housing

Spiritual Growth

Socialization/Relationships

Reduction in Re-victimization

Other:

152. Does your agency administer any standard assessments on your clients? If yes, select the assessment(s) you administer with each client. If none, select the last option.

- | | |
|--|--|
| <input type="checkbox"/> Addiction Severity Index (ASI) | <input type="checkbox"/> Life Events Checklist (LEC) |
| <input type="checkbox"/> Adverse Childhood Experiences (ACEs) | <input type="checkbox"/> LIFEPAK Placement Tests (math and language arts) |
| <input type="checkbox"/> APA Cross-Cutting Symptoms Measure | <input type="checkbox"/> Minnesota Multiphasic Personality Inventory (MMPI) |
| <input type="checkbox"/> Beck's Anxiety Index (BAI) | <input type="checkbox"/> Multiple Intelligences |
| <input type="checkbox"/> Beck's Depression Inventory II (BDI-II) | <input type="checkbox"/> Multiscale Dissociation Inventory (MDI) |
| <input type="checkbox"/> Columbia-Suicide Severity Rating Scale (C-SSRS) | <input type="checkbox"/> Myer-Briggs Type Indicator (MBTI) |
| <input type="checkbox"/> DiSC Personality Inventory | <input type="checkbox"/> Post Traumatic Growth Inventory (PTGI) |
| <input type="checkbox"/> Dissociative Experiences Scale II (DES-II) | <input type="checkbox"/> Post-Traumatic Stress Disorder – Reaction Index (PTSD-RI) |
| <input type="checkbox"/> Ego Resilience Scale | <input type="checkbox"/> Spiritual Gifts Inventory |
| <input type="checkbox"/> Enneagram | <input type="checkbox"/> Tests of Adult Basic Education (TABE) |
| <input type="checkbox"/> Internal Control Index | <input type="checkbox"/> Trauma Symptoms Checklist |
| <input type="checkbox"/> Kaplan GED Pre-Tests | <input type="checkbox"/> Traumatic Antecedents Questionnaire |
| <input type="checkbox"/> Keirsey Temperament Sorter - II (KTS-II) | <input type="checkbox"/> We do not currently administer assessments |
| <input type="checkbox"/> Learning Styles | |
| <input type="checkbox"/> Other (please specify) | |

* 153. Do you currently track clients who have left your program?

- ☐ Yes, we have a system for keeping in touch with former clients and we measure their outcomes over time
- ☐ Yes, we keep in touch, but we're not measuring long term impact
- ☐ Clients keep in touch with us, but we don't make a specific effort to reach out to them
- ☐ We don't currently track former clients but we hope to do that one day
- ☐ No, we don't currently track former clients

* 154. Does your agency use a Client Management System (CMS) to store client data and track service consumption/outcomes?

- ☐ Yes, we have implemented a CMS
- ☐ We have a CMS, but we don't use it (or don't use it well)
- ☐ We track client information, but not in a CMS (we might use Excel, Access, and/or paper files) (skip to #156)
- ☐ We are hoping to get a CMS within the next year (skip to #156)
- ☐ We have no plans for a CMS (skip to #156)
- ☐ What's a CMS? (skip to #156)

155. If yes, what CMS are you using? What is your opinion of that tool?

156. Is your agency adhering to HIPAA-compliant guidelines for retaining and disclosing client information?

- ☐ Staff are trained in HIPAA compliance and use those protocols
- ☐ We have protocols for protecting client data but are not fully HIPAA-compliant
- ☐ We're not trained in HIPAA compliance, so I'm not sure
- ☐ We need to improve in the area of protecting client information

157. Other than funders, is there an agency or regulatory body to whom your agency has reporting obligation(s)? For example, if your agency receives per diem funding, you may be required to report on the number of clients served per year and length of stay.

- ☐ Yes, we have a reporting obligation
- ☐ No, we do not have a reporting obligation (skip to #159)

158. If yes, to whom does your agency report, and what type of information is being reported?

2018 Shelter "PRACTICES" Survey

Contributing to the Field

159. What are your shelter's challenges right now? Select your top 3-5 greatest concerns:

- | | | |
|--|---|---|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Fund-raising/Development | <input type="checkbox"/> Spiritual Care |
| <input type="checkbox"/> Client Care | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Staff Training and Supervision |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Operational Leadership | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Compliance Issues | <input type="checkbox"/> Policies | <input type="checkbox"/> Trauma Informed Care |
| <input type="checkbox"/> Data Management and Reporting | <input type="checkbox"/> Program Design | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Facility Needs | <input type="checkbox"/> Program Evaluation | |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Risk Management | |

* 160. What are your agency's plans for the next year?

- ☐ We are hoping to re-open in the next year or so
- ☐ We are just hoping to stay afloat in the next year or so
- ☐ We're going to stay just as we are
- ☐ We will be opening additional home(s) in our area
- ☐ We will be opening additional home(s) outside of our area/state
- ☐ We are not opening more homes but expanding our services
- ☐ We have no idea what the future holds

161. Within the next year, in what other ways are you looking to improve or in what areas are you looking to expand?

162. The Institute for Shelter Care conducts research studies throughout the year on a variety of topics related to shelter services for victims of exploitation and trafficking. From the following list of possible research efforts, please indicate your agency's level of interest in these study topics and/or offer your own ideas.

	Very interested	Interested	Neutral	Not interested
Effective Fund-raising Strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative Therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Recruitment, Training and Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivor Engagement /Survivor Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective Use of Volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-Informed Care in Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Evaluation and Outcome Metrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective Spiritual Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management Models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective Approaches in Sobriety/Relapse Preventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Essential Community Partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Ideas (please specify)

163. **YOU'RE ALL DONE!** If you would like to receive a *complimentary* copy of the final survey report, please provide the following information:

Name	<input type="text"/>
Agency	<input type="text"/>
Address1	<input type="text"/>
Address2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>