



## Women in Safe Homes, (WISH) Special On-site Report

On July 28, 2015 MaryBeth Gagnon, CDVSA Program Coordinator, traveled to Ketchikan to conduct a review of Women in Safe Homes (WISH) compliance with state and federal regulations, award conditions and assurances. CDVSA Executive Director, Lauree Morton and MaryBeth Gagnon determined a special on-site review was warranted after receiving multiple concerns from community members, partner agencies, past WISH employees, and program participants. These calls referenced shelter practices and philosophies that were not in accordance with the mission of the Council and safe shelter standards. Upon reviewing information gathered during the site visit, it is determined that WISH is not operating in accordance with the following regulations:

### **Program Participant Policies, Procedures and Records:**

The policies, procedures and records developed by a funded victim service agency serve as the agency's foundation of service delivery standards for victims of domestic violence, sexual assault, stalking and other related crimes who are seeking services. The policies that are developed are intended to support program participant safety and empower individual choice through a series of procedures outlined in **13 AAC 90.080**. At a minimum these policies and procedures must have intake procedures that address the evaluation of immediate danger of suicide and/or homicide; outline the agency's community referral practices; provide information on shelter staff responsibilities as mandatory reporters and have guidelines outlining the appropriateness of an individual to the program.

All policies and procedures must be clearly shared with individuals seeking program services in a way that is meaningful and empowering to the program participant. For example, if an individual's first language is not English, then the shelter must provide translation services. These policies must be practiced consistently and without bias based on race, gender, sexual orientation or disability covered under ADA. Agencies' program participant policies, procedures and records must be reviewed annually by the board. Ideally, input from program participants and program staff will be included in the annual review.

During this review, staff members reported blanket exclusion for women who are under the influence of alcohol and/or other substances upon arrival at the shelter or if "caught" using substances while residing at WISH. Staff members stated that violation of the no alcohol/no drug policy results in either non-admittance (in the case of a woman seeking shelter) or a referral out (in the case of a woman currently residing in shelter). Knowing this policy, women

often leave shelter to use substances and are told they will not be allowed back if they are under the influence. If participants leave shelter and do not call or return before curfew they are also under consideration for discharge, though second and third chances were cited as a possibility as long as the woman was actively working on her goals and problem-resolution. When staff was asked where women were referred to when discharged or not admitted for these reasons, no safe referral solutions were cited unless the woman was intoxicated to the level that emergency medical intervention was needed. Staff attributed these rule violations as a “choice” made by the participant, in which consequences were needed so that women did not abuse the system and treat the shelter as a “hotel”.

Knowing that many survivors of domestic violence and sexual assault also suffer from co-occurring conditions, the enforcement of a blanket exclusion policy for those suffering from substance abuse creates an environment in which women are made to feel shamed for their behaviors and use. In many ways, this can mirror the power and control they felt with their abuser. The use of a no tolerance policy in order to screen people out of seeking shelter is not best practice; instead, advocates should be seeking ways to offer appropriate and feasible referral services for women while ensuring they have a safe place to go. The practice of penalizing participants for violations of this no-tolerance practice is in complete opposition to trauma-informed service provision. It limits shelter accessibility and puts women in dangerous situations due to overall lack of safe shelter.

The intake requirements outlined under **13 AAC 90.080 (c) 1-3, and d-g** are not intended to be interpreted or used as a tool to screen out those with substance abuse and/or other co-occurring conditions. Rather they are to be used by shelter staff, to assess the imminent service needs of those seeking services, outline the services available with the program participant, and explain shelter rules and programming so together they can move forward with a plan that best serves the safety needs of the program participant. A plan for program participant safety and for a safe referral(s) should be part of the intake process whether an individual is accepted into the program or when a referral to another program is (mutually) determined to better serve the immediate needs of the person.

In addition, the requirement to “screen” for substance abuse should not be confused with making a substance abuse assessment. An assessment is a clinical determination of a behavioral health/medical condition. Clinical assessments can only be conducted by trained professionals and results are protected by HIPAA. A screening for substance use is intended to identify if and how the use of a substance was or was not present at the time of the violence, and how the use of the substance impacts an individual’s lethality risk and the ability to access safety. A screening is not a medical finding and cannot be used to make a determination on eligibility to a program. Federal ADA legislation protects the rights of those falling under ADA and individuals living with addiction are a covered entity. While individuals actively using legal or illegal drugs are not covered, an ADA-covered program that discriminates against a person on the basis of addiction (or perceived addiction or a history of having that condition) is in violation.

In addition to being out of compliance with **13AAC 90. (c) 1-2**, this onsite review found that WISH is out of compliance with **13AAC 90.080 (c 3, d, g h, I 1-4)** including:

**13AAC 90.080 (c) 3**, conditions for acceptance and refusal of referrals from other agencies: Findings from this on-site indicate that referral practices between agencies are not consistent. For example, reports from another locally based human service agency referred what they determined to be an individual with a past history of domestic violence and a current issue of stalking that resulted in her being homeless. It was reported that shelter staff did not accept the referral from the referring agency; they did not ask to speak directly to the person and determined that the issue was primarily one of homelessness and therefore the person was ineligible for shelter.

In another instance the same referring agency contacted WISH to refer two women who'd recently lost a relative in Ketchikan to suspicious circumstances. In that instance, the WISH staff made no effort to screen the women for eligibility for WISH services and they were denied access.

Also and most concerning with conditions for acceptance and refusal of referrals from other agencies is what was found to be an unwritten list of individuals the shelter will not serve for various reasons such as past alcohol abuse, drug use, history of violence or "trouble making" while in shelter. Again, we know that many individuals who've experienced domestic violence, sexual assault and/or stalking also cope with co-occurring conditions like alcoholism, substance abuse and behavioral health challenges that place them at even greater risk for achieving safety. It is for this very reason that those who are living with multiple risks and often life threatening conditions are screened *into* rather than *out of* services.

An MOU between local agencies implies a mutual understanding and trust between agencies. It clearly indicates when and how referrals are made between agencies and under what circumstances those referrals are denied. The denial of a referral from a local partner should follow protocols and include working with the referring agency to make sure the person has safe options. It does not appear that WISH follows inter-agency referral practices consistently nor does it appear that when a referral is refused they work cooperatively to assure the safety of the person they refused.

**13AAC 90.080 (d)** a grantee shall have written procedures for discharge, including provisions for referrals and participation in discharge plans  
Reportedly, this regulation is not consistently practiced with all participants. When shelter is full and an individual nears the end of their thirty day stay, staff cited that often times they refer participants to the homeless shelter, however each staff member also stated that the homeless shelter was not a safe place, therefore they try not to send women with children there. It was also reported that wrap-around services and supports often drop after a

participant has left shelter with lack of follow-through and advocacy from WISH staff. In speaking with management about a particular situation involving a WISH participant who had left shelter but was requesting time sensitive materials, this reviewer was told that the woman was not a priority as she was not actively in shelter, despite the fact that time was of the essence at the given moment. It has also been reported that there is a lack of safety planning before discharge, particularly for women who did not participate enough while in shelter, used drugs and alcohol, or not working enough on their goals and objectives during their stay. It was verified during staff interviews that participation in house meetings and working on goals and objectives were determining factors for stay extensions. Concerns lie in that women fleeing unsafe environments often need time to heal, and pressure to focus time and energy on tasks for fear of being made to leave the shelter is not trauma-informed practice.

**13 AAC 90.080 (f)** a grantee shall make provisions for meeting the needs of program participants with disabilities. This regulation is not practiced consistently. During the on-site this reviewer found that a shelter manager had referred out a woman with behavioral health issues because the children in the shelter were “bugging her” and accentuated her condition. The woman was referred to a homeless shelter. The homeless shelter is not considered a safe place for women by WISH staff, other service agencies and/or program participants themselves. Following the relocation of this individual to a homeless shelter, it was reported that she tried to regain access to the shelter and was refused. Individuals with a mental health condition are protected under federal ADA regulations and under this regulation. There is no indication that special provisions were made for this individual prior to her being asked to leave shelter.

**13AAC 90.080 (h) (j)** a grantee shall have a standardized system for keeping records that includes the following information for each program participant: statements of problems and needs; a plan for problem resolution; a personal contact in case of an emergency; and known medical problems. A grantee shall have written policies and procedures for closing and storing program participant’s records:

WISH staff and agency management reported to this reviewer that they shred program participant files immediately upon discharge. This practice makes it impossible to determine whether or not the agency practices a standardized system for records and is in direct violation with CDVSA award assurances (4) and CDVSA regulation **13 AAC 90.020 (a)** which requires the grantee to maintain fiscal and program records necessary for audit review for a period of three years. This practice is also out of compliance with WISH’s own intake packet which assures program participants that their records contain minimal information and will be maintained for three years after last date of contact.

**13AAC 90.080 (k)(1)** a grantee shall have written policies and procedures for ensuring the confidentiality and security of program participant’s privileged communications and

confidential information in accordance with **AS 25.35.100-25.35.150**, including the use of forms for documenting the disclosure and for obtaining the program participant's written consent:

The current practice that WISH implements with regard to the use of forms for documenting the disclosure of privileged and confidential information is correct however there is more flexibility to the practice of sharing confidential information between agencies when specifically directed to do so by the program participant. For example, the Executive Director reported to this reviewer that it would be inappropriate for Ketchikan Indian Community (KIC) staff to have blank WISH Releases of Information on file at the KIC agency for participants to sign. It was further stated that an ROI signed by a participant (in the presence of KIC personnel) is not acceptable to WISH; the ROI must be signed in front of WISH personnel for them to deem it valid. This practice is not accurate nor is this policy found within the agencies approved P&P's. WISH should have Memoranda of Agreement or Understanding in place with partner agencies to ensure program participant information is shared in a straightforward manner with an emphasis on program participant ease of authorization.

A DV/SA program's duty to protect the confidentiality of a program participant is outlined under Federal VAWA Regulations, Alaska's State Victim/Advocate Confidentiality Statute and Alaska's Administrative Code. However, a release of information at the request of the program participant is a valid tool and serves to both respect the wishes and autonomy of the program participant and provide DV/SA program staff with a time limited authorization to give specific information to a third party. The consideration for DV/SA staff and the reason staff prefer to talk with a program participant prior to any release of information is to assure that the participant knows their protections under statute and are informed as to what may occur as a result of the release of information. It is not mandated that this sharing of informed consent occur in the presence of an advocate at a particular shelter. It may be initiated by the program participant and occur over the phone –especially in situations that are time sensitive. To deny program participants access to their information due to a technicality creates an unnecessary barrier for program participants who may be involved with multiple systems and have urgent needs for accessibility.

### **13 AAC. 90.120 Coordinated Community Services:**

Individuals are best able to identify safe options for their current and future situation(s) when they are aware of local resources and how to access them. CDVSA funded victim service programs are required to develop written agreements with other locally based service agencies that serve as a primary referral source such as a Tribal health or family service programs, behavioral health programs, public health, substance abuse programs or other domestic violence and sexual assault programs located in the same service area.

The development of cross-systems agreements is not only a regulatory requirement but serves as a best practice standard in that they delineate means to identify program participants' special needs, assist program participants in obtaining services and avoid duplicating services provided by other agencies. WISH's lack of partner agreements creates barriers for program participants who could benefit from information and education on other services. For example, there are circumstances under which someone should not leave the shelter. Creating an avenue for other service providers to setup appointments with program participants at WISH could enhance program participant safety. Partner agreements support the development of consistent dialogue and referral practices within communities to best serve victims of violence and their families. This reviewer found WISH to be out of compliance by not having consistent referral practices.

#### Personnel Policy and Procedures:

Regulations for personnel policies and procedures are covered under **13 AAC 90.040 (a-f)** and serve staff and administration by clearly identifying staff positions, job requirements, training standards and lines of authority for the organization. Ideally personnel policies and procedures empower staff to implement services and agency operations that are in compliance with state and federal regulations and assure access to shelter, safety and confidentiality are practiced to the highest standard. In addition, clear guidelines for grievance practices must be included and consistently followed.

This reviewer found that WISH is out of compliance with **13 AAC 90.040** by having allowed a supervisor to work independently and to supervise others prior to receiving the full forty hours of advocacy training outlined in this regulation. This staff member worked in the shelter independently without training on assessing for lethality or safety planning. This person was also assigned to approve shelter access to those seeking shelter without a comprehensive knowledge of state and federal regulations which should guide such decision-making.

Training records of the Shelter Manager reviewed during this on-site found that standards for conducting lethality assessments, safety checks and standards for the development of safety plans had not been met. This staff member also lacks the required training on providing assistance and planning goals, assessment of need for and provision of education and advocacy, and community resources. The Executive Director stated that much of this content had been covered in a course offered in April that the Shelter Manager attended, however the Shelter Manager was not an employee of WISH at this time.

Training documentation was missing from the file of the Assistant Shelter Manager; therefore it could not be confirmed as to whether or not the 40 hour training had been completed. She was advised in the presence of the Executive Director to add her tracking sheet to the file with supporting documentation that the trainings had indeed been completed.

It was reported to this reviewer that the current practice for participant intake requires staff members to call a member of management before admitting an individual into shelter. While this was reported necessary due to the number of new staff on shift, it is of concern to the Council that staff members are not empowered or trained to be able to make these decisions independently. The process of calling management to “clear” an intake creates a power division between management and staff, as well as paints management as the “ultimate say” over individuals’ fate in the eyes of the participant. Best practice would be for staff members on shift to be able to screen for lethality and determine need, rather than the decision being made by someone not in the presence of the individual seeking shelter. If staff members are undergoing the training process, it would be best for a member of management to work varied shifts with them during this training period rather than have them call-in for approval upon each intake.

The ways in which accessibility decisions are made by WISH not only impacts the ability of advocacy staff to feel empowered, it also creates a current concern among program participants residing in the shelter. For example, program participants who have contacted the CDVSA reported on the perceived power of management staff, stating a pressure to please management for fear of being referred out if they become unhappy with you. The statement was made that women are “walking on eggshells” and if management does not like you, you are in danger of being asked to leave. If they do like you, it is reported you will receive more help and services. These reports, along with the blanket exclusion policy on drugs and alcohol (above) and current practice of management approval for shelter intakes, raises very heavy concerns about shelter dynamics and the creation of a power and control environment that participants and former staff are describing. While many victim services have hierarchal management practices with clear delineation of power, we want to be sure that the way power is being practiced amongst management, staff, and participants models power with and power for. When management practices model power over they run the risk of mirroring power and control tactics that programs were created to dismantle.

In the field of social service provision, high turnover rates are often common. However, of particular concern is the large number of WISH staff members that have been terminated over the course of one year. Initially these terminations were explained as a result of agency restructuring, however over the past year many terminations have taken place under the guise of “weeding out old staff” and “cleaning house” (as quoted by management). While the Executive Director explained this was under the advisement of the Board of Directors, statements are conflicting regarding the Boards’ involvement in personnel issues. In a telephonic conversation between Lauree Morton, MaryBeth Gagnon, and WISH’s Executive Director, it was reported that the Board wanted the shelter “cleaned up”. At the site review, in response to a conversation regarding a recent employee grievance, the Executive Director

explained to this reviewer that the Board did not want to hear about personnel issues, stating that their one employee was the Executive Director and she was to take care of all personnel decisions without their involvement. While grievances are handled via chain of command as outlined in WISH's policy, it is not accurate that the Board of Directors is exempt from hearing grievances when they have in fact made it to that level. Seven past staff members have contacted the Council, each reporting wrongful termination and/or being denied a proper grievance process for a variety of reasons. Some examples of such reasons was being told after signing termination paperwork they could no longer grieve as they were no longer a WISH employee, that they were a day outside of the proper timeline and therefore would not be granted the grievance procedure, or that the chain of command was not properly followed (when the staff member had tried to resolve the matter to no avail and requested Board review) and therefore the grievance considered invalid, etc. In cases where employees did not feel the issue was resolved and requested Board review of their termination, they were denied. The Board of Directors as a governing body in fact do have fiduciary obligation to review grievances and the Executive Director must allow grievance access to the Board per their own policies and procedures.

WISH is found to be out of compliance with regulation **13 AAC 95.110 (f) and CDVSA Assurances #3 and 4**. These regulations ensure that grantees will comply with state directives and provide state officials access to all records in order to monitor for compliance. Prior to this reviewer's visit, a memo from Lauree Morton was sent to the Executive Director indicating that the reviewer should be allowed full access to all documents requested, and Ms. Gagnon also stated in a telephone conversation with the Executive Director that she would need to meet with the Human Resources Director while on-site . On the date of the review, the HR Director did not meet with Ms. Gagnon and initially denied access to requested personnel files. The Shelter Manager and Assistant Shelter Manager's files were eventually authorized for review, and viewed in their presence as to alleviate their concerns regarding authorization for Ms. Gagnon to do so. Past employee files were not available for review due to being in a separate location unknown to the Executive Director, as the HR Director did not make time for the files to be located and reviewed. This is particularly of concern as Ms. Gagnon was unable to confirm proper termination paperwork was on file for employees who claimed unjust termination and denial of grievance.