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PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING PERMANENT RULES ARE CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S., SECTION 308.1(A), WITH AN EFFECTIVE DATE OF ~~September 11~~ (insert new effective month and day), 20168:

TITLE 75. ATTORNEY GENERAL
CHAPTER 15. STANDARDS AND CRITERIA FOR DOMESTIC VIOLENCE AND SEXUAL
ASSAULT PROGRAMS

SUBCHAPTER 1. GENERAL PROVISIONS

75:15-1-1. Purpose

This chapter sets forth the rules, including standards and criteria, used in certifying all domestic violence and sexual assault programs and shelters (74 O.S. § 18p-6). The rules regarding factors relating to the certification processes including, but not necessarily limited to, applications, fees, requirements for and administrative sanctions, are found in OAC Title 75, Chapter 1.

75:15-1-1.1. Mission and underlying philosophy

(a) The mission of the standards and criteria for domestic violence and sexual assault programs is to eliminate domestic violence, sexual assault, and stalking in the State of Oklahoma.

(b) The philosophy underlying the standards and criteria for domestic violence and sexual assault programs is that:

- (1) All persons have the right to live without fear, abuse, oppression and violence;
- (2) There should be equality in relationships and survivors of domestic violence, sexual assault and stalking should be helped to assume power over their own lives;
- (3) No one deserves to be victimized by assaultive or abusive behavior;
- (4) Survivors should be treated with dignity and respect;
- (5) All people involved in violent crimes are affected victims, children, families, partners, friends, the community, and perpetrators;
- (6) Offending is a choice, and perpetrators of domestic violence, sexual assault and stalking are solely responsible for their behavior;
- (7) These perpetrators must be held accountable for their behavior;
- (8) A coordinated community response is the best approach to eliminating domestic violence, sexual assault, sex trafficking and stalking in Oklahoma;
- (9) Safety for the victims/survivors and their dependents is the primary focus of intervention and services;
- (10) Intervention and services shall be based upon the safety and well-being of individuals and communities. Services to victims are provided in a non-judgmental, non-coercive, trauma-informed environment; and
- (11) Participation in victims services is voluntary and based on self-determined needs, preferences and values.

75:15-1-2. Definitions

The following words or terms, when used in this chapter, shall have the defined meaning, unless the context clearly indicates otherwise:

"Admission" means to accept a client for services or treatment.

"Advocacy" means the assistance provided that supports, supplements, intervenes and/or links clients and their dependents with the appropriate service components to encourage self-determination, autonomy, physical and emotional safety, and to offer information that will enable independence. This can be viewed as a combination of active listening and facilitating personal problem solving, along with researching options of action, safety planning, community outreach and education; it may include medical, dental, financial, employment, legal and housing assistance.

"Advocate" means a ~~person~~ trained staff or volunteer who offers clients appropriate services.

"Assessment" means an appropriate course of assistance based on a face-to-face formal screening.

"Behavioral Health Professional" means either licensed or under supervision for licensure as a Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Behavioral Practitioner, Licensed Clinical Social Worker, psychiatrist, or psychologist with clients in individual, group or family settings to promote positive emotional or behavioral change. A practicum student or intern in an accredited graduate program in preparation for one of the above licenses may provide counseling to victims of domestic violence, sexual assault or stalking and their dependents.

"Business day" shall mean a calendar day other than a Saturday, Sunday, or state holiday. In computing any period of time where the last day would fall on a Saturday, Sunday, or state holiday, the period shall run until 5:00 p.m. of the next business day.

"Case consultation" means review of a client's case by the primary service provider and other program personnel, consultants or both.

"Case management" means the process of supporting and helping victims/survivors and their dependents as they cope with and overcome the effects of domestic violence, sexual assault and stalking. Actions may include activities such as: 1)developing, reviewing, and updating the service plan that is designed to solve specific problems in the current life situation; 2)supporting adult/child survivors' skills in making desired life changes through activities such as introducing new skills, modifying previous ways of coping with their situations and linking to resources to address immediate needs and secondary issues, and/or 3)exit planning as part of individual supportive services. The service provider must be a Certified Domestic and Sexual Violence Response Professional (CDSVRP) certified by the Oklahoma Coalition Against Domestic Violence and Sexual Assault.

"Certified Domestic and Sexual Violence Response Professional" means a professional certified by the Oklahoma Coalition Against Domestic Violence and Sexual Assault.

"Certified domestic violence and sexual assault program" or **"Certified DVSA program"** means a status which is granted to an entity by the Oklahoma Attorney General, and indicates approval to offer domestic violence, sexual assault and stalking services pursuant to 74 O.S. § 18p-6. In accordance with the Administrative Procedures Act, 75 O.S. § 250.3(8), certification is defined as a "license."

"Child" or **"Children"** means any unmarried individual from birth to eighteen years of age.

"Children's Activities" means direct child contact that is temporary in nature and is not intended to address the effects of domestic violence, sexual assault/abuse and trauma on children; i.e., child care, special events such as Christmas parties, Easter egg hunts, that are supervised by program personnel or volunteers.

"Children's Services" means direct child contact that is intended to address the effects of domestic violence, sexual assault/abuse and

trauma on children including but not limited to intake, needs assessment, groups, advocacy, and any other service related to domestic violence, sexual assault/abuse and trauma.

"Client" means an individual, adult or child, who has applied for, is receiving or has received assistance or services from a DVSA program.

"Client record" includes but is not limited to all communication, records and information about an individual client.

"Community" means people, groups, agencies or other facilities within the locality served by the program.

"Contract" means a formal document adopted by the governing authority of the program and any other organization, agency or individual that specifies services, personnel or space to be provided to the program and the monies to be expended in exchange.

"Counseling" means a face-to-face therapeutic session with one-on-one interaction between a behavioral health professional and an individual to promote emotional and/or behavioral change focused on victim safety and perpetrator accountability. Those individuals providing professional therapy to adult and child victims of domestic violence, sexual assault or stalking must be prepared to offer education and information about:

- (A) Physical and emotional safety;
- (B) How perpetrators maintain control and dominance over their victims;
- (C) The need to hold perpetrators accountable for their actions; and
- (D) The recognition that individuals victimized are not responsible for a perpetrator's violent behavior.

"Court advocate" means a qualified, trained staff or volunteer whose duties are to offer assistance to victims and any dependents in legal

matters relevant to their situation. A Court Advocate provides court advocacy through support, information, assistance, safety planning, accompaniment, and intervention with any aspect of the civil or criminal legal system on behalf of a victim of domestic violence, sexual assault or stalking.

"Crisis intervention" means short-term, immediate assistance and advocacy given by phone or in person to victims of domestic violence, sexual assault or stalking. Crisis intervention services include but are not limited to assessing dangerousness, safety planning, information about available legal remedies, establishing rapport and communication, identifying major problems, exploring feelings and providing support, exploring possible alternatives, and/or formulating an action plan and follow-up measures.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a client. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to clients, personnel, volunteers and visitors; incidents involving medication; neglect or abuse of a client; fire; unauthorized disclosure of information; damage to or theft of property belonging to a client or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Cultural diversity" means the spectrum of differences that exist among groups of people with definable and unique cultural backgrounds.

"Direct services" means services delivered by a qualified staff member or volunteer, in direct contact with a client or client's child, including child care and telephone contact.

"Executive Director" means the person hired by the governing authority to direct all the activities of the organization. May also be referred to as "Chief Executive Officer".

"DVSA" means domestic violence and sexual assault.

"Documentation" means the provision of written, dated and authenticated evidence to substantiate compliance with standards, e.g., minutes of meetings, memoranda, schedules, notices, logs, records, policies, procedures, announcements, correspondence, and photographs.

"Domestic violence" means a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over a current or former partner or family member. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

"Education" means the dissemination of relevant information specifically focused on increasing the awareness of the community and the receptivity and sensitivity of the community concerning domestic violence, sexual assault, stalking or batterer's intervention and other related problems and services and may include a systematic presentation of selected information to impart knowledge or instructions to increase understanding of specific issues or programs, to examine attitude or behaviors and to stimulate social action or community support of the program and its clients.

"Emergency services" or **"crisis services"** mean a twenty-four (24) hour capability for danger assessment, intervention and resolution of a client crisis or emergency that is provided in response to unanticipated, unscheduled emergencies requiring prompt intervention.

"Emergency transportation" means transportation for a victim of DVSA to a secure identified location at which emergency services or crisis services can be offered.

~~**"Executive director"** means the person in charge of a facility, as defined in this section.~~

"Facility" means the physical location(s) of a certified program governed by this chapter of Title 75.

"Family" means the children, spouses, parents, brothers, sisters,

other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of clients.

"Governing authority" means a group of persons having the legal authority, and final responsibility for the operations and functions of the entire DVSA program, or shelter, in and of all geographical locations and administrative divisions.

"Group counseling" means a face-to face therapeutic session with a group of adult/child victims/survivors to promote emotional or behavioral change. Those individuals providing professional therapy to victims/survivors of domestic violence must be prepared to provide education and information about:

- (A) Physical and emotional safety;
- (B) How perpetrators maintain control and dominance over their victims;
- (C) The need to hold perpetrators accountable for their actions; and
- (D) The recognition that individuals victimized are not responsible for a perpetrator's violent behavior.

"Guardian" means an individual who has been given the legal authority to manage the affairs of another individual.

"Indirect services" means services delivered by a staff member or volunteer, that does not involve direct services with a client or client's child.

"Initial contact" means a person's first contact with the program or facility requesting information or service by telephone or in person.

"Intake" means an interaction intended to discover what has happened, determine what the crisis is, assess dangerousness indicators, do safety planning, and/or establish the immediate needs of domestic violence, sexual assault, and stalking victims and any dependents to

determine appropriate services and referrals. This includes interaction with an individual determined to be appropriate for ongoing service in order to obtain basic demographic information, gather vital information on adults and/or children, and/or orient the victims to the program, program rules, and if applicable, the facilities. Cultural needs should also be identified at this time.

"Language Interpretation" means activities that involve a client who is deaf or hearing impaired or has limited English proficiency requiring an interpreter for a staff member or volunteers to offer services.

"Licensure" means the official or legal permission to persons or health facilities meeting qualifications to engage in a given occupation or use a particular title.

"Medical care" means those diagnostic and treatment services that can only be provided or supervised by a licensed physician.

"Medication" means any drug that is legally in the possession of ~~the clients, her~~ their children, or ~~a persons~~ persons seeking admittance to the shelter or ~~her~~ their children; this definition includes prescription medications and medications available for legal purchase without a prescription.

"Mental health services" means a range of diagnostic, therapeutic and rehabilitative services used in treating mental illness or emotional disorders.

"Neglect" means failing to offer adequate personal care or maintenance, or access to medical care that results or may result in physical or mental injury or harm to a client.

"OAG" means the Office of the Attorney General.

"Objectives" means a specific statement of planned accomplishments or results that are quantitative, qualitative, time-limited, and realistic.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256 (A) (1) (a) and maintained in the Office of Administrative Rules.

"Operation" means that clients are receiving services offered by the program.

"Personnel record" means a file containing the employment history and actions relevant to individual personnel and volunteer activities within an organization such as application, evaluation, salary data, job description, citations, credentials, etc.

"Persons with special needs" means persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf and hard of hearing, blind, physically disabled, developmentally disabled, persons with disabling illness, and persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"Policies" means statements of program intent, strategy, principle, or rules for providing effective and ethical services.

"Primary Victim" means a client who has experienced domestic violence, sexual assault, stalking, or the consequences of these crimes first hand.

"Procedures" means the standard methods by which policies are implemented.

"Program" means a set of activities designed and structured to achieve specific objectives relative to the needs of the clients.

"Program evaluation" means the documented assessment activities, performed internally or externally, of a program or a service and its staff, volunteers, activities, and planning process to determine whether program goals are met, staff, volunteers and activities are effective,

and what effect, if any, a program or service has on the problem it was created to address or on the population it was created to serve.

"Program goals" means broad general statements of purpose or intent.

"Qualified staff" means someone who has met the criteria for provision of direct services as defined in 75:15-13-20.1.

"Rape crisis response services" means "sexual assault services" as defined in this section.

"Release" or **"Waiver"** means consent that is informed, written and reasonably time-limited. The terms may be used interchangeably to mean the same thing. "Release" implies that confidential information is released (despite confidentiality or privilege protection), and "Waiver" implies waiving a right (to maintain privilege). If release of information is compelled by statutory or court mandate, the program shall make reasonable attempts to provide notice to victims affected by the disclosure of information and take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

"Referral" means information disseminated and/or coordinated access to agency and community services to meet victims'/survivors' and their dependents' identified needs.

"Safe Home" means private dwellings available for the temporary housing of victims of domestic violence, sexual assault and stalking to ensure safety of victims and any dependents until other housing arrangements can be made.

"Safe Home Provider" means an individual or family providing Safe Home services through a formal agreement with a Certified DVSA Program.

"Safety Planning" means the process of working with adult and child victims to develop tools in advance of potential abuse or violence for the immediate and long term safety of victims. Plans should be based on dangerousness and lethality indicators and should include the safety needs of dependents.

"Screening" means the process of determining, preliminarily the nature and extent of a person's problem in order to establish service needs. At a minimum, a screening shall include a brief personal history related to abuse, a review of the individual's strengths and resources, risk factors and referral needs.

"Secondary Victim" means a person who has a relationship with the primary victim.

"Self Determination" means the right to make one's own choices.

"Service Agreement" means a written agreement between two or more service agencies or service agencies and individual service providers that defines the roles and responsibilities of each party. The purpose of service agreements is to promote coordination and integration of service programs for the purpose of curbing fragmentation and unnecessary service duplication in order to assure a continuation of services.

"Service Note" means documentation of the time, date, location, and description of services offered or provided, and signature, including electronic signature, of staff or volunteer offering or providing the services.

"Service Plan" means a plan of action developed and agreed upon by the client and service provider that contains service appropriate goals and objectives for the client.

"Sexual Assault" means a range of behaviors, including but not limited to rape, attempted rape, sexual battery, sex trafficking, sexual abuse of children, sodomy, and sexual harassment.

"Sexual Assault Services" means personal advocacy and support services provided to primary and secondary victims of rape and sexual assault.

"Shelter Services" means a certified residential living arrangement in a secure setting with support and advocacy services provided by qualified staff, for victims of domestic violence, sexual assault and stalking and their dependents.

"Staff" means personnel who function with a defined role in the program whether full-time, part-time or contracted.

"Stalking" means a course of conduct directed at a specific person that would cause a reasonable person to feel fear.

"Substance Abuse Services" means the assessment and treatment of diagnosable substance abuse and dependence disorders, as defined by current DSM criteria, by qualified alcohol and drug treatment professionals.

"Support" or **"Supportive Services"** means the provision of direct services to primary and secondary victims and their dependents for the purposes of preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of ~~the~~ violence.

"Transitional Living Services" means temporary, independent living programs with support services provided by the staff or volunteers of the sponsoring domestic violence, sexual assault and stalking program. These services are extensions of domestic violence shelter services to victims of domestic violence, sexual assault or stalking and their dependents. These services permit victims to develop their financial capacity and other means to live independently.

"Trauma-informed services" means a service approach that recognizes the impact of trauma and acknowledges its role in the lives of primary and secondary victims and their dependents.

"Universal precautions for transmission of infectious diseases" means those guidelines promulgated by the U.S. Occupational Health and Safety Administration that are designed to prevent the transmission of Human Immunodeficiency Virus, hepatitis and other infectious diseases.

"Update" means a dated and signed review of a report, plan or program with or without revision.

"Voluntary Services" means a program shall not mandate participation in supportive services as a condition of shelter residency or emergency services (Family Violence Prevention and Services Act (426 U.S.C. 10401 et seq.)

"Volunteer" means any person who is not on the program's payroll, but provides either indirect or direct services and fulfills a defined role within the program, including interns and practicum students.

75:15-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards;
- (2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives;_and
- (3) **"May"** is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

75:15-1-4. Annual review of standards and criteria

This chapter shall be reviewed annually by the Office of the Attorney General.

SUBCHAPTER 2. DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS

75:15-2-1. Service programs core services

- (a) All certified programs shall serve residential and non-residential victims of domestic violence, sexual assault and stalking and their dependents or family members.
- (b) All certified programs shall provide safe, accessible, and trauma-informed services for victims of domestic violence, sexual assault and stalking and their dependents or family members.
- (c) The program shall develop a philosophy of service provision based upon voluntary services and individual self-determination. The written statement of the philosophy of services shall be approved by the governing authority and made available to the community, staff, volunteers, and clients.
- (d) The program shall have policies and procedures to maintain facilities, staffing, and operational methods, including a policy for recruitment of board members, staff and volunteers who are representative of diversity in the local community and diversity of clients.
- (e) All certified programs shall provide sexual assault services.
- (f) All certified programs shall offer crisis intervention services.
- (g) All certified programs shall offer danger assessment, safety planning, counseling or support, support groups, and advocacy in a trauma-informed environment.
- (h) All certified programs shall offer services that are free from all forms of unlawful discrimination based on race, gender, religion, color, age, national origin, and/or disability (i.e., physical, mental illness, and substance abuse), including a policy stating that services to immigrant women will not be denied or diminished on the basis of immigration status.
- (i) All certified programs shall provide public education to increase the community's awareness and understanding of domestic violence, sexual assault and stalking, available and needed resources, and to identify the role community can play in eliminating domestic violence, sexual assault, and stalking.

(j) Compliance with 75:15-2-1 shall be determined by a review of the program's policies and procedures, service agreements, on-site observations, client and staff or volunteer interviews and/or other supporting documentation.

75:15-2-2. Shelter program

(a) All shelter programs shall comply with section 75:15-2-1 and each shelter program shall provide long-term (thirty [30] days or more) shelter services and staffing to offer services twenty-four (24) hours per day, seven (7) days per week, and offer the following:

(1) Shelter programs shall provide room, food, bathing and laundry facilities, necessary clothing, and toiletries for victims and their children free of charge. Programs shall not ask clients to use their nutrition assistance benefits to supplement food for the facility;

(2) Shelters shall be staffed at all times when clients are in residence. When there are no clients in residence, each shelter program must assure availability for immediate contact or services;

(3) The shelter's policy shall have written procedures regarding the supervision of children;

(4) The shelter shall offer services to clients with dependent boys over the age of twelve;

(5) Shelter programs shall offer screening, referral and linkage to clients and callers to appropriate community resources, to include assistance in making initial contact;

(6) The shelter program shall maintain cooperation/liaison with the local school system;

(7) Each shelter program must ensure to the best of its ability the physical and emotional safety, security and confidentiality of

clients and the location of the shelter; and

(8) The shelter shall maintain a written policy for involuntary exit criteria.

(b) Compliance with 75:15-2-2 shall be determined by a review of policies and procedures, service agreements, on-site observations, and/or other supporting documentation.

75:15-2-3. Transitional living program

(a) All transitional living programs shall comply with 75:15-2-1 and the following:

(1) The program shall maintain homes, apartments or other residential living environments suitable for victims of domestic and sexual violence, stalking and their dependents, if applicable, and which provide the reasonable safety and privacy needed by this population. The program shall offer access to necessary furniture and equipment;

(2) The program shall include heating and refrigerated cooling systems to maintain a reasonable comfort level;

(3) Supportive services for residents are available through the twenty-four (24) hour program hotline by trained staff or volunteers;

(4) The program shall assign staff or a volunteer as the advocate or liaison for the clients residing in the transitional living program(s). This person, or a crisis line staff person or volunteer, shall be available for emergencies at all times;

(5) The program shall have a written agreement with each resident that outlines specific responsibilities of both the program and the resident to include expectations, responsibilities and limitations. The agreement shall be signed by both parties;

(6) The program shall offer weekly support groups for

transitional living residents and children; and

(7) The program shall offer at least one 30 minute face-to--face service contact per week with each transitional living resident and children.

(b) Compliance with 75:15-2-3 shall be determined by a review of program policies and procedures, client records, on-site observations, written agreements and/or other supporting documentation.

75:15-2-4. Safe Home program

(a) All Safe Home programs shall comply with section 75:15-2-1 and the following:

(1) The program shall offer confidential housing 24 hours a day, 365 days a year.

(2) Certified DVSA providers that have a formal agreement for a Safe Home shall:

(A) assure that each Safe Home offers residents with access to minimum necessities including bedding, clothing, articles for grooming and personal hygiene, and food;

(B) develop and disseminate to Safe Home providers and residents written rules, policies and procedures that include admission and exit criteria, including security measures;

(C) have written procedures for monitoring Safe Homes to ensure that the homes meet standards for cleanliness and safety;

(D) offer orientation to all clients and require they sign a contract acknowledging they have read and understand the rules of their stay;

(E) assign an advocate or liaison for clients. This person, or a crisis line staff or volunteer, shall be available for

emergencies and support at all times; and

(F) offer at least one 30 minute face-to-face service contact per week with each Safe Home resident.

(b) The program shall establish criteria to screen potential Safe Home providers. Screening will include an application with references, an interview and a site visit. Each Safe Home will be reassessed annually.

(c) All Safe Homes must be supervised by the certified program, who will conduct on-site observations at least monthly when clients are in residence.

(d) The certified program shall have a written agreement with each Safe Home provider that outlines specific responsibilities of both the program and the provider to include expectations and limitations (e.g., no babysitting or individual advocacy) and compliance with confidentiality. The agreement shall clearly state that the program will not be held liable for damage incurred by the Safe Home provider. Both parties will sign the agreement.

(e) Compliance with 75:15-2-4 shall be determined by a review of program policies and procedures, client records, on-site observations, written agreements, and/or other program documentation.

75:15-2-5. Crisis intervention services

(a) All certified DVSA programs shall offer crisis intervention services which include:

(1) Twenty-four (24) hour crisis telephone services staffed by trained staff or volunteers, and 24-hour immediate, direct access to crisis advocates. Pagers, answering machines or answering services that do not offer immediate access to a crisis advocate shall not be sufficient to meet this requirement;

(2) Emergency housing such as hotel or motel available for victims

and their dependent(s);

(3) Arrangement for safe shelter, food, clothing, and incidentals needed by victim/dependents;

(4) The program shall provide twenty-four (24) hour emergency transportation or access to shelter, to and from SANE exams or other emergency services. Additionally, transportation shall be offered for necessary services. This shall not require service providers to be placed in a situation that could result in injury;

(5) Cooperation with law enforcement to offer assistance to the victim and accompanying dependent(s). Programs should ensure victims are educated about participating in the legal prosecution of their offenders and that an appropriate release or waiver may be necessary;

(6) Provision of advocacy and referral to assist ~~the~~ victims in obtaining needed services or resources;

(7) Foreign language interpretation; and

(8) Follow-up services shall be offered to all victims if victim safety is not compromised.

(b) Group and/or individual counseling or support services shall be made available before or after normal business hours (8:00 a.m. to 5:00 p.m.), if needed by clients. These services shall minimally offer the following:

(1) A facility with offices and individual and group counseling space to offer services;

(2) Advocacy services, both in person and by telephone, either in the locations of other community services and systems, or in the program's offices. Other locations include but are not limited to those necessary to provide court advocacy services to clients; and

(3) Service approaches shall focus on the empowerment of victims to access needed resources and to make healthy and safe decisions for themselves and dependents.

(c) Programs shall maintain at a minimum the following client resources:

(1) Service agreements with community service providers for client services, which shall be renewed every three (3) years. If unable to establish a service agreement, attempts shall be documented;

(2) A resource document of local, area, or state resources to facilitate referrals for clients; and

(3) For agencies that do not have a behavioral health professional on staff, the agency shall maintain an updated list of identified behavioral health professionals in their community who treat clients with related trauma and need mental health or substance abuse services.

(d) Compliance with 75:15-2-5 shall be determined by a review of program policies and procedures, client records, on-site observations, written agreements, and/or other program documentation.

75:15-2-6. Sexual assault services

(a) All certified programs shall be part of a sexual assault response team in their service area, providing that there is a sexual assault response team in place. The program shall collaborate with other certified DVSA providers in their service area. The program shall offer at a minimum the following services:

(1) Counseling or advocacy and support services shall be offered at any safe and appropriate site, as needed by the client;

(2) A twenty-four (24) hour crisis line, crisis intervention, in-person advocacy, active listening, or support by trained staff or volunteers with a knowledge of the issues and processes of sexual

assault, rape trauma recovery, assessment, referral when indicated, and family involvement when chosen by the victim;

(3) Clothing, if needed, for sexual assault victims; and

(4) Follow-up contact that does not compromise privacy and safety needs of the victim shall be offered to all sexual assault clients seen in the medical setting. If written permission is granted by the client for follow-up contact, it shall be done no later than fourteen (14) business days after face-to-face crisis intervention. Follow-up will offer agency services or other available resources needed by the client.

(b) When appropriate staff or volunteers are available, the program shall assist the Council on Law Enforcement Education and Training (CLEET) by providing appropriate staff or volunteers to assist in sexual assault and sexual violence training to law enforcement.

(c) Agencies without behavioral health professionals on staff, shall maintain an updated list of identified behavioral health professionals in their community who treat clients with sexual assault related trauma.

(d) Compliance with 75:15-2-6 shall be determined by a review of program policies and procedures, client records, on-site observations, written agreements, and/or other program documentation.

75:15-2-7. Children's services

(a) Client records for both residential and non-residential children shall contain, at a minimum, the following information:

(1) Intake and screening information:

(A) Client's name;

(B) Date of initial contact/intake;

(C) Age;

- (D) Pertinent medical information;
- (E) Mother's name;
- (F) ~~Biological f~~ Father's name; and
- (G) ~~Mother's~~ Adult client's abuser (if different from child's biological father).

(2) Custody

(A) Has a court entered a custody order? If yes, what does the order provide?;

(B) ~~Physical custody of the child~~ With whom does the child
physically reside?;

(C) Does the child have contact with ~~his or her biological father~~ the adult client's abuser?; and

(D) Is visitation court ordered with the ~~offender~~ abuser.?

(3) Safety, including but not limited to:

(A) History of child abuse or neglect;

(B) Exposure or witnessing violence;

(C) Child's response to witnessing violence; and

(D) History of involvement in the child welfare system; including the presence of current child welfare involvement.

(4) Service notes, which shall minimally include:

The date, location, start time, duration and description of services provided delineated by time spent and service code, if applicable, or documentation of referral to other services or case management.

(b) Within five (5) business days of entry into residential services (excluding advocacy or children's activities or crisis intervention), all certified programs shall offer to assess the risk and needs of the children accompanying primary victims and offer children's services to address the impact of violence and trauma in their lives and to facilitate healing. A risk and needs screening and assessment on each child, when accepted, shall minimally include:

- (1) Brief trauma screening to assess the impact of trauma;
- (2) Developmental history to include speech and language, hearing and visual;
- (3) Medical or physical health history;
- (4) Social history to include interactions with peers;
- (5) History of use of tobacco, alcohol or other drugs;
- (6) Parent/guardian custodial status; and
- (7) Community referral needs.

(c) Services provided to each child shall be culturally sensitive while addressing identified risks and needs, and shall minimally include:

- (1) Safety planning that is appropriate with respect to the child or adolescent's age, development, and education;
- (2) A specific safe, protected play area for children;
- (3) Advocacy with community systems;
- (4) Referral to community resources for needed services;
- (5) Linkage and advocacy with the local school system to provide for educational needs;
- (6) Parenting support for clients, if applicable; and

(7) Children's groups using age appropriate topics and based on established best practices.

(d) Pursuant to Title 10A O.S. § 1-2-101, any person having reason to believe that a child under the age of eighteen (18) years is a victim of abuse or neglect shall report the matter promptly to the Department of Human Services.

(e) Compliance with 75:15-2-7 shall be determined by a review of program policies and procedures, client records, on-site observations, written agreements, and/or other program documentation.

SUBCHAPTER 5. CLIENT RECORDS AND CONFIDENTIALITY

75:15-5-1. Purpose 75:15-5-1. Purpose

The purpose of this subchapter is to set forth the standards and criteria governing client records and confidentiality of client information, including client records for domestic violence, sexual assault and stalking clients.

75:15-5-2. Client records

(a) A certified program shall have and maintain a master client index system containing the client's name, and the program's discreet numerical or letter identifier. No identifying information such as initials, age, year of birth, or gender shall be part of the client ID. That same discreet identifier shall be the client ID that is entered into the OAG database without further encryption.

(b) A certified program shall have written policies and procedures for correcting errors on record material by lining through, initialing the error, and inserting the correct material either above the error or at the end of the entry. Further, the policies and procedures shall forbid

the use of "white-out" or any action which obliterates the error.

(c) Compliance with 75:15-5-2 shall be determined by on-site observation, client records and any other supporting program documentation.

75:15-5-3. Record content - general

(a) Client records for both residential and non-residential clients shall contain, at a minimum, the following information:

- (1) Intake and screening information:
 - (A) Client's name;
 - (B) Date of initial contact/intake;
 - (C) Pertinent medical information;
 - (D) Emergency contact information;
 - (E) History/nature of abuse including an evidence-based, dangerousness assessment and screening for stalking and trauma including a description of the event that precipitated the request for services and safety planning;
 - (F) Screening for strangulation and head trauma, if applicable, information shall be given to client's; and
 - (G) Perpetrator information if known.
- (2) Service notes, which shall minimally include:
 - (A) The date, location, start time, duration and description of service provided delineated by time spent and service code; and
 - (B) The signature of staff or volunteer providing the

services.

(3) Service plan shall focus on victim safety and well-being which shall minimally include goals and objectives of the client, which shall be agreed upon between the client and staff or volunteer.

(4) Exit information, which shall minimally include:

(A) Documentation that the client participated in planning for ~~his or her~~ the client's exit from the program;

(B) The reasons for the client's exit or departure; and

(C) Client and staff or volunteer dated signatures or an explanation if staff or the volunteer were unable to obtain the client's signature.

(b) Each client record entry shall be legible, dated and signed by the staff member or volunteer making the entry.

(c) Compliance with 75:15-5-3 shall be determined by a review of program policies and procedures, review of the client records for content and/or other supporting program documentation.

75:15-5-3.1. Record content - service specific

(a) Client records for specific services shall conform to the following:

(1) **Shelter Services:**

(A) On a client's entry to the shelter, staff or volunteer shall record the client's name, emergency contact person(s) and any referral for medical or emergency services. This information may be a part of the full intake interview if the full intake is done on entering the shelter. An evidence-based, dangerousness assessment and safety planning shall be offered to be done at this time;

(B) Shelter clients shall be offered the full intake interview and screening within forty-eight (48) hours of entry into the shelter. If a client declines to participate with intake process, staff or volunteer shall document offer of services;

(C) Service plans shall be offered and completed within five (5) business days of the shelter client's entry to the shelter. If a client declines to participate with the formation of a service plan, staff or volunteer shall document offer of services;

(D) The service plan shall be offered to be reviewed and updated at least every two (2) weeks. If the client declines to review the service plan, staff or volunteer shall document offer of services;

(E) The client's service plan shall be offered to include components which address the needs of each child accompanying the client. If the client declines to add components for their children, staff or volunteer shall document offer of services;

(F) The service plan shall be offered to include safety issues for client and children. If the client declines to include safety issues, staff or volunteer shall document offer of services, and

(G) A daily note.

(2) **Crisis Intervention Services:**

(A) All face-to-face contacts with clients are documented and contacts with persons not receiving additional services shall be offered and documented. Documentation shall minimally include the following:

(i) Staff/Volunteer Name and signature;

(ii) Date, time, length, and location of intervention;

- (iii) Safety planning based on risk;
- (iv) Client's name, age, race, county of residence, and contact number if given;
- (v) Protective order information if applicable;
- (vi) Personnel involved such as police, hospital, etc.;
- (vii) Summary of contact including injuries observed and services requested; and
- (viii) Outcome.

(B) All telephone contacts shall be documented. Documentation shall minimally include the following:

- (i) Staff/Volunteer name;
- (ii) Date, time and length of call;
- (iii) Safety planning based on risk;
- (iv) Caller's name and contact number, if given however, no caller shall be required to give a name, phone number or any other identifying information as a condition to receive information or domestic violence, sexual assault or stalking services;
- (v) Summary of the call including services needed and offered;
- (vi) Outcome; and
- ~~(vii) Follow-up contact information if victim safety is not compromised.~~

(C) Contact information is kept by the program.

(D) Clients to be transported to shelter facilities shall

be screened before the shelter referral is made. If the client is in immediate danger, or no safe housing is available, this screening may be initially waived. If the screening is waived, documentation shall reflect the reason(s) and the notification of such to the shelter.

(3) **Counseling, Support and Advocacy Services:**

(A) An assessment of the client's needs shall be completed by the third (3rd) counseling or advocacy session. If a client declines to participate staff or volunteer shall document offer of services;

(B) A service plan shall be completed by the fifth (5th) advocacy or counseling session. If a client declines to participate staff or volunteer shall document offer of services; and

(C) A service plan review and update shall be completed at a minimum of once every six (6) months. If a client declines to participate staff or volunteer shall document offer of services;

(4) **Sexual Assault Services:**

(A) For victims who continue in support or counseling sessions, a service plan shall be developed by the fifth (5th) visit. If a client declines to participate staff or volunteer shall document offer of services; and

(B) Service plans shall be reviewed and updated at a minimum of once every ninety (90) days. If a client declines to participate staff or volunteer shall document offer of services.

(5) **Transitional Living Services:**

(A) A service plan including safety issues for the client and dependents shall be developed within five (5) business days

of the client moving in; and

(B) The service plan shall be reviewed and updated at least every ninety (90) days.

(6) **Safe Home Services**

(A) A service plan that includes goals agreed upon by the client and sponsoring family shall be developed within five (5) business days of the client moving in. On a client's entry to the Safe Home, the safe home provider shall record the client's name, emergency contact information, and pertinent medical information;

(B) Safe Home clients shall receive a full intake interview and screening by program staff or volunteer within twenty-four (24) hours of admission or by the first business day following admission;

(C) A service plan shall be developed within five (5) business days of the client's entry to the Safe Home; and

(D) All records regarding the client shall be retained in the client's record at the sponsoring program.

(b) Where required information is not obtained, efforts to comply with the requirements of this subsection shall be documented in the client record.

(c) Compliance with 75:15-5-3.1 shall be determined by a review of client records, policy and procedures, call logs, and/or other supporting documentation.

75:15-5-4. Client confidentiality

(a) The DVSA program must comply with both state and federal laws governing confidentiality and any exceptions to those laws.

(1) State Law: Case or client records, files or notes, of a DVSA program shall be confidential and shall only be released under certain prescribed conditions (74 O.S. § 18p-3):

(A) The case records, case files, case notes, client records, or similar records of a domestic violence or sexual assault program certified by the Attorney General or of any employee or trained volunteer of a program regarding an individual who is residing or has resided in such program or who has otherwise utilized or is utilizing the services of any domestic violence or sexual assault program or counselor shall be confidential and shall not be disclosed;

(B) For purposes of this subsection, the term "client records" shall include, but not be limited to, all communications, records, and information regarding clients of domestic violence and sexual assault programs; and

(C) The case records, case files, or case notes of programs specified in paragraph 1 of this subsection shall be confidential and shall not be disclosed except with the written consent of the individual, or in the case of the individual's death or disability, of the individual's personal representative or other person authorized to sue on the individual's behalf or by court order for good cause shown by the judge in camera.

(2) Federal Law:

(A) VAWA- 42 U.S.C. § 13925 (b)(2). Federally, the U.S. Violence Against Women Act January, 2006, mandates programs that receive VAWA funds may not reveal personally identifying information about victims without "reasonably time-limited," written, and informed consent. Under this provision, VAWA-funded programs are prohibited from disclosing personally identifying victim information to any third party, including to any database operated by any party outside of the domestic violence program. "Reasonably time-limited" is not defined in the statute, but it is determined by the circumstances and the

purposes for which the client is requesting the release of information. It could be a few minutes, a few hours, or a few days. In no event should it be for more than 60 days;

(B) FVPSA U.S. Family Violence Prevention and Services Act (FVPSA) each have specific confidentiality protections that apply to many domestic violence and sexual assault programs. (42 U.S.C. 10402(a)(2)(E)). Grantees and subgrantees under this title shall protect the confidentiality and privacy of persons receiving services. Subgrantees shall not:

(i) Disclose any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs; or

(ii) Reveal individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of persons with disabilities, the guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, person with disabilities or the abuser of the other parent of the minor.

(C) Housing Assistance Emergency Shelter Grants 42 U.S.C. § 11375 (c)(5). Grant recipients are required to implement procedures to ensure confidentiality of records pertaining to any individual who is provided family violence prevention or treatment services. All grant recipients must also certify that the address of the family violence shelter will not be made public without permission of the agency; and

(D) Stewart B. McKinney Homeless Assistance Act 42 U.S.C. § 11301. The Violence Against Women Act also specifically added a provision that specifies a domestic violence program provider shall not disclose any personally identifying information about

any client to the Homeless Management Information System (HMIS).

(b) Compliance with 75:15-5-4 shall be determined by a review of the program's policies and procedures; and on-site observation of the handling and review of client records.

75:15-5-4.1. Waiver of Confidential Information

- (a) For a waiver of confidentiality to be valid, it must:
- (1) Be voluntary;
 - (2) Relate only to the participant or the participant's dependents;
 - (3) Clearly describe the scope and any limitations of the information to be released;
 - (4) Include an expiration date;
 - (5) Inform the participant that consent can be withdrawn at any time, orally or in writing;
 - (6) Programs may only share the specific information the client allows in the release. The client gets to choose when, how and what personal information will be shared, or not shared, and with whom;
 - (7) Even when a court mandate requires the program to disclose or release information about the client, the program may only share the minimum information necessary to meet the statutory or court mandate; and
 - (8) The program/agency shall notify the victim of any disclosure and to continue taking steps to protect the victim's safety and privacy.
- (b) A valid written release form for disclosure of client information

shall have, at a minimum, the following elements:

- (1) the specific name or general designation of the program or person permitted to make the disclosure;
- (2) the name and title of the individual within the organization to which disclosure is to be made;
- (3) the name of the client whose records are to be released;
- (4) the purpose of the disclosure;
- (5) a description of the information to be disclosed;
- (6) the dated signature of the client or authorized representative or both when required;
- (7) a statement of the right of the client to revoke the release in writing and a description of how the client may do so; and
- (8) an expiration date, specified event or condition which, if not revoked before, shall ensure the release will last no longer than reasonably necessary to serve the purpose for which it is given. In no event shall the waiver extend for longer than sixty (60) days.

(c) "In the event of my death" clause: Some programs have chosen to talk with clients about the lethality of domestic violence and ask if they would like the program to share information with police, prosecutors, the Oklahoma Fatality Review Board, or others the client may indicate in the event that the client dies (due or not due to DV). Because clients may have to sign multiple releases, programs shall have the "in the event of my death" exception on a different form.

(d) The program shall have written policies and procedures to ensure confidentiality of client information and identity and shelter location and govern the disclosure of information, including verbal disclosure, contained in client records. When a client record is established, the program shall discuss the confidentiality requirements with each client and maintain documentation in the client record that they have reviewed

the circumstances under which confidential information may be revealed.

(e) Compliance with 75:15-5-4.1 shall be determined by a review of the program's policies and procedures; and on-site observation of the handling and review of client records.

75:15-5-5. Physical safety and integrity of client records

(a) Client records shall be maintained in a locked and secure manner. The program shall have written policies and procedures to safeguard the record and information contained in the record against loss, theft, defacement, tampering, or unauthorized access or use.

(b) Compliance with 75:15-5-5 shall be determined by a review of the program policies and procedures; on-site review of locking mechanisms and procedures to assure security; and onsite observation of the handling of client records.

75:15-5-6. Client record, handling, retention, and disposal

(a) A program shall have written policies and procedures addressing the storage, retention period, and method of disposal of client records. These policies and procedures shall be compatible with protecting clients' rights against unauthorized confidential information disclosures.

(b) Client records shall be easily retrieved by staff or volunteer as needed for providing and documenting services.

(c) Compliance with 75:15-5-6 shall be determined by a review of the program's policies and procedures, and a review of office and files.

75:15-5-7. Shelter Policy on Medications

(a) The shelter shall seek to afford shelter residents with the

greatest possible privacy and autonomy in regard to their medication, while also providing a safe shelter environment, as follows:

(1) Staff and volunteers shall not dispense medication or require residents to request their medication;

(2) The shelter will provide every resident with an individual locking box, locker, or locking cabinet ("locked space") for storage of medications and valuables or lock the clients' medication in a safe but accessible location;

(3) The shelter will not limit or monitor the ~~survivor's~~ client's access to ~~her~~ the client's medication;

(4) If a client indicates that she needs access to refrigerated storage space, the shelter will provide refrigerated storage space in the manner that provides the greatest possible privacy and autonomy; and

(5) The shelter shall have a policy for the disposal of unused or abandoned medication or other substances.

(b) Safety Agreement: During a resident's stay at shelter, the client shall be asked to make sure that any medications the client has are safely secured. The shelter will ask every resident to sign an agreement that the client will store any medications in the client's individual locking box, locker, or locking cabinet provided, or if it is one requiring refrigeration, as otherwise provided. The agreement will provide that residents who have medications that must be taken in the event of a medical emergency may carry them on their person (e.g., in a fanny pack).

(c) Compliance with 75:15-5-7 shall be determined by a review of the program's policies and procedures, and on-site observation.

SUBCHAPTER 7. PHYSICAL ENVIRONMENTS

75:15-7-1. Physical plant, primary role

(a) The primary role of programs is to offer safety; they must also protect the confidentiality and privacy of victims of domestic violence, sexual assault, stalking and their dependent family members. The programs' physical plants shall not be utilized in any manner that fails to guarantee the confidentiality, safety and protection of the victims, their dependents and staff or volunteers.

(b) Facilities that serve both victims and batterers in the same facility shall have written procedures to ensure that those services do not jeopardize the safety and psychological well-being of victims.

(c) Compliance with 75:15-7-1 shall be determined by a review of program policies and procedures and a tour of the facility.

75:15-7-2. Fire and safety codes and inspections

(a) The physical environments of shelter facilities, housing options and all office space shall meet safety, zoning and building code regulations required by local, state and federal authorities, and shall obtain and maintain an annual fire and safety inspection from local or state authorities.

(b) Compliance with 75:15-7-2 shall be determined by a review of the annual fire and safety inspection report.

75:15-7-3. Firefighting and first aid equipment

(a) All facilities shall have a first aid supply kit and annually maintained fire extinguishers.

(b) Compliance with 75:15-7-3 shall be determined by on-site observation and by interviewing staff or volunteers.

75:15-7-4. Disaster procedures

(a) There shall be written procedures describing the emergency plans in case of a disaster, whether internal or external, or in case of threat to the safety of any client, staff or volunteer. Evacuation routes, inside sheltering sites and fire extinguisher locations shall be posted.

(b) Fire, tornado, bomb threat and intruder drills shall be conducted annually. The date, time, and type of the drill shall be documented.

(c) Compliance with 75:15-7-4 shall be determined by on-site observation, a review of written procedures, staff or volunteer interviews, and documentation of drills.

75:15-7-5. Persons with special needs

(a) Pursuant to the Americans with Disabilities Act of 1990, the program shall ensure that persons with disabilities are not excluded from services. Programs are required to integrate a person with a disability into agency services, unless providing separate services is the only way to offer equal opportunities for services. Referrals must be offered when necessary, and the program shall have written procedures for referrals of disabled persons who cannot be served on-site. Service and companion animals should be allowed in facilities unless the animal poses a direct threat to the health/safety of others. Auxiliary aids/services should be offered as necessary to ensure effective communication unless doing so would cause an undue burden (i.e., significant difficulty or expense) or fundamental alteration in services. Alterations to existing buildings must be accessible to the maximum extent feasible. All newly constructed facilities must be accessible to persons with disabilities unless it is structurally impractical. (Americans with Disabilities Act of 1990) Resource: Americans with Disabilities Handbook, published by (U.S.) Equal Employment Opportunities Commission, and the (U.S.) Department of Justice.

(b) Compliance with 75:15-7-5 shall be determined by a review of program policies and procedures.

75:15-7-6. Program environment

- (a) The program environment shall meet the following conditions:
- (1) The facility shall be accessible by an all-weather road;
 - (2) The facility shall have adequate space in which to carry out the program's goals and objectives, including outdoor areas and equipment when appropriate;
 - (3) The facility shall have heating and air conditioning equipment adequate to maintain the temperature in areas utilized by clients at between 65°F and 85°F;
 - (4) The facility shall have adequate ventilation and air circulation provided in the facility to assure an environment that will be comfortable for the clients;
 - (5) The facility shall have water from an approved tested potable source;
 - (6) The facility shall have, at minimum, a commode and⁷ lavatory facility. The privacy of individuals shall be assured while using these facilities;
 - (7) All doors, including those for each closet, bedroom, bathroom, and office, shall be easily opened from both sides;
 - (8) Smoking shall not be allowed in any indoor portion of any facility;
 - (9) Facility sanitation shall be maintained to prevent offensive odors and insect infestation.
 - (10) All facilities shall have emergency backup lighting;
 - (11) Telephones shall be provided for the convenience of the staff or volunteers, and the necessary accommodation of the clients. Pay

telephones only are not acceptable;

(12) There shall be written policies and procedures addressing the use of any outdoor recreational space, including required supervision and the safety of children;

(13) Toxic materials and dangerous substances, such as toxic cleaners, insecticides, and matches shall be stored in a non-client area, locked space where they are not accessible to children;

(14) Combustible materials shall be stored in locked non-flammable containers; and

(15) The Poison Control Center's toll-free telephone number shall be posted and visible to staff, volunteers and clients at all times.

(b) Compliance with 75:15-7-6 shall be determined by a review of program policies and procedures, staff, volunteer and client interviews, and on-site observation.

75:15-7-7. Program environment, shelter services programs

(a) All certified shelter services programs shall comply with section 75:15-7-6 and the following:

(1) Baby beds and high chairs that ensure children's safety and comfort shall be available for infants and small children;

(2) The facility shall have access to outdoor recreational space and playground equipment located, installed, and maintained as to ensure the safety of the clients and their children. The grounds and access thereto shall be maintained in a manner that shall ensure the area is free of any hazard to health or safety;

(3) Safe and adequate internal play space for children, including outlet protectors and gated stairwells;

(4) Kitchens used for meal preparation in the residential facility shall be provided with the necessary equipment for the preparation, storage, serving, and clean-up of all meals. All equipment shall be maintained in working order;

(5) Provisions shall be made to assist or make food available for meal preparation that accommodates special diets;

(6) The facility shall have, at minimum, a commode, lavatory, and bathing facility at a ratio of one (1) to twelve (12) residents, including infants and children. The privacy of individuals or families shall be assured while using these facilities;

(7) Residents' rooms shall be so arranged that the client has direct access to a hallway or common area without having to pass through other resident's rooms or areas;

(8) There shall be written policies and procedures for laundry and linens, addressing frequency of changing linens, and laundry arrangements within the facility;

(9) Laundry equipment shall be provided within the residential facility, and shall be kept clean, well-maintained, and properly ventilated;

(10) Reasonable space shall be provided for storage of clients' personal belongings;

(11) Written policies and procedures shall address secure storage of client valuables;

(12) Written policies and procedures shall address the secure handling and storage of client medications, including policy to document client access to medication;

(13) The facility shall be secured by double locks or locking devices such as chains, bolts, etc., on ground floor doors. However, documentation that the locking system meets state and local fire code inspection shall be accepted. When key-locked deadbolts are used,

the location of the keys must be identified and readily accessible;

(14) All outdoor openings such as windows shall be covered for privacy; and

(15) Provision shall be made for cleaning the facility minimally once per week. A written work schedule or other form of notification shall be posted that clearly delineates each individual's responsibility for various tasks.

(b) Compliance with 75:15-7-7 shall be determined by a review of program policies and procedures; shelter rules, staff, volunteer and client interviews where appropriate, and on-site observation.

75:15-7-8. Program environment, Safe Home services program

(a) All Safe Home services programs shall comply with section 75:15-7-6 (a) (1)-(11) and the following:

(1) The facility shall have, at minimum, a commode, lavatory, and bathing facility at a ratio of one (1) for every eight (8) persons, including infants and children. The privacy of individuals or families shall be assured while using these facilities;

(2) Written policies and procedures shall address the secure handling and storage of client medications, including policy to document client access to medication;

(3) The Safe Home shall be secured by double locks or locking devices such as chains, bolts, etc., on ground floor doors which meets state and local fire code inspection. When key-locked deadbolts are used, the location of the keys must be identified and readily accessible; and

(4) All outdoor openings such as windows shall be covered for privacy.

(b) Compliance with 75:15-7-8 shall be determined by a review of

program policies and procedures, provider and client interviews where appropriate, and on-site observation.

75:15-7-9. Program environment, transitional living services program

(a) All transitional living services programs shall comply with section 75:15-7-6 (a) (1)-(10) and the following:

- (1) operable smoke detectors;
- (2) 24-hour access to a telephone for emergencies;
- (3) secured by double locks or locking devices such as chains, bolts, etc., which meet state and local fire code inspection;
- (4) outdoor openings such as windows shall be covered for privacy; and
- (5) the facility shall have, at minimum, a commode, lavatory and bathing facility at a ratio of one (1) for every eight (8) persons, including infants and children. The privacy of individuals or families shall be assured while using these facilities.

(b) Compliance with 75:15-7-9 shall be determined by a review of program policies and procedures, provider and client interviews where appropriate, and on-site observation.

SUBCHAPTER 9. PROGRAM MANAGEMENT AND PERFORMANCE IMPROVEMENT

75:15-9-1. Admission criteria

(a) The agency shall have specific written criteria for each program service component identifying persons for whom the services are intended, and persons who are excluded from receiving services.

(b) The program shall have a written policy requiring referral of any individual who does not meet services criteria.

(c) Compliance with 75:15-9-1 shall be determined by a review of written program policies and procedures.

75:15-9-2. Program management, policies and procedures

(a) The agency shall maintain written policies and procedures that describe each program service component, the rules clients are expected to follow for each component and staff or volunteer duties. Policies shall include but are not limited to:

- (1) Physical punishment of children shall not be allowed;
- (2) Length of stay limitations, if any; and
- (3) Participation in housekeeping, food preparation or other activities, if applicable.

(b) Clients shall be given a copy of program rules and the provision of such shall be documented in the client record.

(c) The program shall have a written policy of the intent to comply with the Americans with Disabilities Act of 1990.

(d) Compliance with 75:15-9-2 shall be determined by a review of the program's written policies and procedures; rules; client interviews and record documentation.

75:15-9-7. Program mission and goals

(a) The program shall have a written mission statement, and annually state in writing the program's goals.

(b) The annual program goals shall be approved by the agency's

governing body each year, and shall be disseminated to staff and volunteers.

(c) Compliance with 75:15-9-7 shall be determined by a review of the mission statement, program's annual goals, governing body minutes, staff meeting minutes, and any other relevant documentation provided by the program.

75:15-9-8. Annual program evaluation

(a) The agency shall conduct an annual evaluation of the program's services, facilities and policies and procedures. This evaluation shall be carried out according to a written plan established in policies and procedures to include the plan of evaluation, data to be reviewed, and the persons to conduct the evaluation, e.g., governing body members, staff, volunteers or other persons. The evaluation shall include an assessment to identify special populations of victims of sexual assault, domestic violence and stalking who are underserved or who have special needs.

(b) Upon completion, this evaluation shall be submitted and reviewed by the governing body, and made available to staff and volunteers.

(c) Compliance with 75:15-9-8 shall be determined by a review of the program evaluation, policies and procedures, staff meeting minutes, and/or any other supporting documentation.

75:15-9-9. Critical incidents

(a) The program shall have policies and procedures requiring documentation and reporting of critical incidents.

(b) Each critical incident shall be recorded and monitored as follows:

(1) agency name and name and signature of the person(s) reporting the critical incident;

(2) Client ID(s), staff member(s), volunteers, and/or property involved in the critical incident;

(3) the date, time and physical location of the critical incident, if known, and the name of the staff or volunteer the incident was reported to;

(4) a description of the incident;

(5) severity of each injury, if applicable. Severity shall be indicated as follows:

(A) no off-site medical care required or first aid care administered on-site;

(B) medical care by a physician or nurse or follow-up attention required; or

(C) hospitalization or immediate off-site medical attention was required; and

(6) resolution or action taken, date action taken and signature of the agency director or authorized designee.

(c) Critical incidents that shall be reported to the Office of the Attorney General are reported as follows:

(1) Incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail, including electronic mail, to the Office of the Attorney General Victims Services Unit within forty-eight (48) hours, or if the incident occurs on a weekend or holiday, the next business day of the incident being documented; and

(2) Incidents involving disaster at a facility, death or client abuse shall be reported to the Safeline at 1-800-522-7233 immediately via telephone. The notification shall be followed with a written report from the reporting agency within twenty-four (24) hours of

the incident and delivered via fax or mail including electronic mail to the Office of the Attorney General Victims Services Unit.

(d) Compliance with 75:15-9-9 shall be determined by a review of policies and procedures, critical incident reports at the program and those submitted to the Office of the Attorney General Victims Services Unit.

SUBCHAPTER 13. PERSONNEL AND VOLUNTEERS

PART 1. PERSONNEL

75:15-13-1. Personnel policies and procedures

(a) The program shall have written policies and procedures governing the conditions of agency employment to include appropriate screening and background inquiries to ensure client safety and confidentiality. Prior to employment and at least annually, all certified programs are required to conduct a name search of employees against the registries maintained pursuant to the Oklahoma Sex Offenders Registration Act and the Mary Rippy Violent Crime Offenders Registration Act.

(b) The agency's policies and procedures shall be accessible to all personnel and each shall be informed of personnel policies and procedures, and any other materials regulating or governing the conditions of their employment.

(c) Written policies and procedures shall ensure personnel are informed of any changes to these afore stated materials.

(d) Compliance with 75:15-13-1 shall be determined by a review of the program's personnel policies and procedures, interviews with staff and volunteers, review of staff meeting minutes and/or other supporting documentation.

75:15-13-3. Non-discrimination

(a) The agency's policies and procedures shall include provisions for non-discrimination with regard to the agency's relationship with personnel in accordance with applicable state and federal laws.

(b) Compliance with 75:15-13-3 shall be determined by a review of the program's written policy and procedure, and staff or volunteer interviews.

75:15-13-4. Selection of personnel

(a) The methods for selecting personnel shall be described in policies and procedures and shall include, but not be limited to:

- (1) The processes for recruitment, selection and appointment; and
- (2) Written criteria demonstrably related to the position being filled.

(b) Compliance with 75:15-13-4 shall be determined by:

- (1) Review of the policies and procedures;
- (2) Review of job descriptions for personnel; and
- (3) Review of any other supporting documentation.

75:15-13-5. Job descriptions, personnel

(a) The agency shall have written job descriptions for personnel defining the duties of, and minimum qualifications for, each position.

(b) Compliance with 75:15-13-5 shall be determined by:

- (1) Review of the program's policies and procedures; and

- (2) Review of the program's job descriptions.

75:15-13-8. Personnel records

(a) The agency shall maintain record(s) for each staff member or volunteer selected and utilized; documentation shall minimally include:

- (1) Job description;
- (2) Employment application or resume;
- (3) Documentation of current qualifications and training as required and defined in the job description;
- (4) Duty or work assignment;
- (5) Record of hours worked or hours of service performed;
- (6) Record of participation in training;
- (7) Staff or volunteer performance evaluation(s); and
- (8) Emergency notification information.

(b) Compliance with 75:15-13-8 shall be determined by a review of personnel records.

75:15-13-9. Supervision of personnel

(a) A certified program shall establish in writing lines of supervision for all personnel.

(b) Compliance with 75:15-13-9 shall be determined through a review of the program's policies and procedures, or any other supporting documentation provided including, but not limited to, personnel manuals, organizational charts, job descriptions, and personnel files.

75:15-13-10. Performance evaluation of personnel

(a) The agency shall have policies and procedures mandating the evaluation of personnel employment and service performance. These policies and procedures shall minimally include:

- (1) Performance evaluations shall be completed at least annually, to include an evaluation of the executive director;
- (2) Define the reason(s) for any evaluation other than annual;
- (3) Performance evaluations shall be in writing and based on the staff's or volunteer's job description;
- (4) Each evaluation shall be individually discussed with the staff or volunteer;
- (5) Personnel shall have a documented opportunity to respond, in writing, to each of their individual performance evaluations;_and
- (6) Both staff or volunteer and supervisor shall sign and date the performance evaluation. However, the evaluation document shall state the staff's or volunteer's signature does not necessarily constitute agreement with the evaluation content.

(b) Compliance with 75:15-13-10 shall be determined by a review of:

- (1) Program policies and procedures, governing authority meeting minutes where applicable; and
- (2) Review of personnel files.

PART 2. VOLUNTEERS

75:15-13-12. Volunteer policies and procedures

(a) The program shall have written policies and procedures governing volunteer utilization to include appropriate screening and background inquiries to ensure client safety and confidentiality.

(b) The agency's policies and procedures shall include provisions for non-discrimination with regard to the agency's relationship with volunteers in accordance with applicable state and federal laws.

(c) Compliance with 75:15-13-12 shall be determined by a review of the program's written policies and procedures, and volunteer interviews.

75:15-13-13. Supervision of volunteers

(a) The program shall establish in writing lines of supervision for all volunteers.

(b) The program shall ensure each volunteer has the knowledge appropriate to ~~his or her~~ the volunteer's job duties and is appropriately supervised. ~~by personnel.~~

(c) Compliance with 75:15-13-13 shall be determined through a review of the program's policies and procedures, and any other supporting documentation provided including, but not limited to, volunteer manuals, and organizational charts.

75:15-13-14. Volunteer records

(a) The program shall maintain record(s) for each volunteer selected and utilized; documentation shall minimally include:

- (1) Duty or work assignment;
- (2) Record of hours worked or hours of service performed;

- (3) Record of participation in training; and
- (4) Emergency notification information.

(b) Compliance with 75:15-13-14 shall be determined by a review of personnel records.

PART 3. TRAINING

75:15-13-20.1. Orientation - general, personnel and volunteers

(a) A certified program shall provide a minimum of 30 hours of orientation training that incorporates the use of adult learning techniques (i.e., scenarios, role playing, shadowing) to familiarize new personnel and volunteers providing direct services with the program which includes, but is not limited to:

- (1) Program goals and services of each service component;
- (2) Program policies and procedures;
- (3) Confidentiality to include verbal confidentiality, whether inside or outside the facility and client records;
- (4) Facility safety and disaster plans;
- (5) First aid kits and fire extinguishers, their location, contents, and use;
- (6) Universal precautions;
- (7) Client rights;
- (8) Domestic violence and its effects on victims and children;
- (9) Power and control tactics of abuse;

- (10) Dangerousness and lethality assessment including strangulation and head trauma;
- (11) Crisis intervention techniques;
- (12) Sexual assault;
- (13) Stalking;
- (14) Victim advocacy;
- (15) Parenting and disciplinary techniques for children who have been exposed to domestic violence and trauma;
- (16) Active and empathetic listening techniques including hotline skills;
- (17) Accessing resources needed by victims and their families including how to ensure services and access resources for persons with special needs, including cognitive disabilities or who are deaf or hard of hearing, non-English speaking persons, or undocumented immigrants to include basic information on U visas and T visas;
- (18) Safety planning for adults and age appropriate safety planning for children;
- (19) Basic child development;
- (20) Legal and ethical issues;
- (21) Cultural Sensitivity;
- (22) Effects of trauma including post-traumatic stress disorder;
- (23) Victim's use of force; and
- (24) Documentation of services.

(b) Staff and volunteers providing indirect services and children's activities are required to complete orientation as prescribed by the

Executive Director which shall include training on confidentiality, facility safety and disaster plans.

(c) Orientation for personnel must take place within 30 days of employment or prior to unsupervised direct client contact and services. Volunteer orientation must occur within 6 months or prior to unsupervised, direct client contact and services. The Executive Director of a facility may waive orientation training if it is documented that the staff or volunteer has completed the requisite program training within the past year.

(d) Program directors shall attend New Director Orientation and training offered by the Oklahoma Office of the Attorney General, within the first six months of employment.

(e) Compliance with 75:15-13-20.1 shall be determined by a review of the written policies and procedures, and personnel and volunteer training manuals and records.

75:15-13-20.2. In-service and ongoing training for personnel and volunteers

(a) A certified program shall have policies and procedures mandating, at the minimum, sixteen (16) hours of annual training of all staff which shall include:

- (1) Confidentiality, to include verbal confidentiality, whether inside or outside the facility and client records;
- (2) Facility safety and disaster plans;
- (3) First aid kits and fire extinguishers, their location, contents, and use;
- (4) Universal precautions;
- (5) Client rights;

(6) Legal and ethical issues; and

(7) The remaining hours of annual training shall be related to domestic violence, sexual assault, stalking, batterers' intervention and administration as prescribed and approved by the Executive Director.

(b) A certified program shall have policies and procedures mandating a minimum of four hours annual training of all volunteers providing direct services related to domestic violence, sexual assault, and stalking as prescribed and approved by the Executive Director.

(c) Staff and volunteers who provide indirect services and do not meet the requirements for staff and volunteers providing direct services as defined in OAC 75:15-1-2 shall receive annual training as prescribed by the Executive Director, but do not have a minimum number of training hours required.

(d) Documentation of training must include the topic of the training, the name of the trainer(s), the date of the training, the length of the training session, the sponsor of the training, and approval of the training by the Executive Director of the agency.

(e) A Certified Domestic and Sexual Violence Response Professional in good standing with the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA) shall be deemed to be current with annual training requirements upon completion of required annual training set forth in subsection (a) above. A copy of the current certification card issued by the OCADVSA shall be evidence of good standing.

(f) Compliance with 75:15-13-20.2 shall be determined by a review of policies and procedures; review of training records and other provided documentation of personnel training; and a review of personnel or volunteer records.

75:15-13-24. Personnel training, children's services

(a) Prior to providing any direct services, children's services personnel shall receive the prescribed orientation training and minimally have one (1) year employment or volunteer experience in a child care or service related field, or an equivalent combination of education, training and experience in child care or development issues.

(b) Compliance with 75:15-13-24 shall be determined by:

- (1) Review of program's policies and procedures;
- (2) Review of program's training records and other provided documentation of staff or volunteer training; and
- (3) Review of personnel or volunteer records.

75:15-13-25. Personnel training, sexual assault services

(a) Prior to providing any direct services or CLEET training, all sexual assault services staff or volunteers shall receive a minimum of six (6) hours classroom training in addition to basic orientation which shall include, but not be limited to:

- (1) Sexual abuse within the family (i.e., incest, sibling abuse, marital and domestic relationship rapes);
- (2) Sexual assault outside the family (i.e., stranger, non-stranger, abuse by professionals, sexual harassment, and bullying);
- (3) Sexual assault within institutions (i.e., nursing homes, residential facilities, prisons, military);
- (4) Commercial sexual exploitation (i.e., prostitution, trafficking, pornography, escort services);
- (5) Non-traditional client populations (i.e., males, ~~victims of~~ same sex, bisexual or transgender victims, non-English speaking, undocumented immigrants, victims with cognitive disabilities or who

are deaf or hard of hearing; and

(6) Other topics to increase skills, such as post-traumatic stress syndrome as it relates to rape trauma, rape trauma syndrome, self-injury, and alcohol and drug use.

(b) Compliance with 75:15-13-25 shall be determined by:

(1) Review of program's policies and procedures;

(2) Review of program's training records and other provided documentation of staff or volunteer training; and

(3) Review of personnel or volunteer records.

75:15-13-26. Personnel training, transitional living services

(a) Prior to providing any direct services, all transitional living services personnel shall receive the prescribed orientation training in 75: 15-13-20.1.

(b) The program shall have policies and procedures mandating a minimum of sixteen (16) hours annual training for transitional living services personnel.

(c) Compliance with 75:15-13-26 shall be determined by:

(1) Review of program's policies and procedures;

(2) Review of program's training records and other provided documentation of staff or volunteer training; and

(3) Review of personnel records.

75:15-13-27. Provider training, Safe Home services

(a) Prior to providing any direct services, all Safe Home providers shall receive the prescribed orientation training in 75: 15-13-20.1.

(b) The program shall have policies and procedures mandating a minimum of four (4) hours annual training for Safe Home providers.

(c) Compliance with 75:15-13-27 shall be determined by:

(1) Review of program's policies and procedures; and

(2) Review of program's training records.

75:15-13-29. Personnel training, Court Advocates

(a) Prior to providing services, Court Advocates shall receive the prescribed orientation training, and training in the following:

(1) Protective orders (i.e., the requirements for obtaining an ex parte emergency protective order and permanent protective order and an understanding of what happens after a protective order is issued);

(2) Full faith and credit;

(3) The court process including safety planning during this time; and

(4) At least three (3) hours of accompanied court time with a trained court advocate that includes observation of an ex parte emergency protective order hearing and a final protective order hearing.

(b) Compliance with 75:15-13-29 shall be determined by:

(1) Review of program's policies and procedures;

(2) Review of program's training records and other provided documentation of staff or volunteer training; and

- (3) Review of personnel records.

SUBCHAPTER 15. GOVERNING AUTHORITY

75:15-15-1. Governing authority

(a) The agency shall have a governing authority. In the instance of Native American programs, the tribal council may be the governing body.

(b) The governing authority shall establish, and function under, written by-laws. These by-laws shall minimally include:

- (1) Designation of regular quarterly meetings to be held in accordance with the Open Meeting Act;
- (2) Recording and retention of written minutes;
- (3) Eligibility criteria, selection, terms, responsibilities, power, and duties of members;
- (4) Term limitations, removal and filling of vacancies;
- (5) Attendance policy;
- (6) Prohibition on staff serving as voting members of the governing authority;
- (7) Establishment of a quorum; and
- (8) Conflict of interest agreement.

(c) Compliance with 75:15-15-1 shall be determined by:

- (1) Documents of incorporation or registration as a business entity or documentation from the appropriate Tribal Council;

- (2) Review of the written by-laws; and
- (3) Review of the governing authority's minutes.

75:15-15-3. Duties of the governing authority

(a) The duties of the governing authority shall include, but are not limited to:

- (1) Approving all policies for the operation of the agency, and ensuring procedures for the implementation of policies are in place and enforced;
- (2) Ensuring the agency operates in compliance with established agency policy, applicable state and federal law and administrative rules;
- (3) Compliance with the by-laws of the governing authority;
- (4) Ensuring all financial transactions and events requiring the approval of the governing authority are reviewed and authorized by the governing authority prior to any commitment by agency personnel;
- (5) The selection, annual evaluation and continuance of retention of the executive director;
- (6) Review and approve all contractual agreements;
- (7) Review the program audit and certification reports from the VSU and approve any plans of correction; and
- (8) Oversee the financial administration of the program.

(b) Compliance with 75:15-15-3 shall be determined by a review of:

- (1) By-laws and minutes of the meetings of the governing authority;

- (2) Posted or otherwise distributed written materials regarding decisions and other notifications of the governing authority;
- (3) Personnel meeting minutes of the program and its various divisions or geographical locations where applicable; and
- (4) Written evaluation and any other documentation regarding the retention or selection or hiring of the executive director.

75:15-15-4. Governing authority, meeting minutes

- (a) Minutes of the governing authority shall be kept in written form; reviewed at the next following meeting; corrected if such is approved; and signed by the presiding or authorized officer or chairperson.
- (b) Meeting minutes shall include, but are not limited to, recording of:
 - (1) The date, time and place of the meeting;
 - (2) Names of those members attending;
 - (3) Whether, or not, the meeting was convened; and if not why;
 - (4) Approval of minutes from past meeting;
 - (5) Topics and issues discussed and decisions reached;
 - (6) Recording of motions and of votes on the motion; and
 - (7) Time of adjournment.
- (c) Compliance with 75:15-15-4 shall be determined by the review of the meeting minutes of the governing authority.

75:15-15-5. Governing authority, orientation

(a) A certified program shall provide a minimum of 2 hours orientation training to members of the governing authority which includes, but is not limited to:

- (1) Program goals and services of each service component;
- (2) Program policies and procedures;
- (3) Underlying philosophy [OAC 75:15-1-1.1];
- (4) Confidentiality, to include verbal confidentiality, whether inside or outside of the facility and client records;
- (5) Client rights and grievance procedure;
- (6) Legal and ethical issues;
- (7) Overview of domestic violence, sexual assault and stalking;
- (8) Open Meeting Act and recording of meeting minutes;
- (9) Open Records Act;
- (10) Rules, including standards and criteria to ensure multi-cultural needs of clients are met, used in certifying programs;
- (11) Role and responsibility of the executive director; and
- (12) Role and responsibility of the governing authority.

(b) Orientation training shall take place within 90 days of election to the governing authority.

(c) Members of the governing authority providing volunteer direct or indirect services to clients shall receive the prescribed orientation and training required for program personnel in addition to the orientation set forth in this Section.

(d) Compliance with 75:15-15-5 shall be determined by a review of written policies and procedures, training materials, training records,

and minutes of meetings.

SUBCHAPTER 17. CLIENTS RIGHTS

75:15-17-1. Applicability

This Part is applicable to those domestic violence, sexual assault and stalking programs and shelters certified by the OAG pursuant to 74 O.S. § 18p-1 et seq.

75:15-17-3. Client rights

(a) Each client shall be afforded all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. Each program shall ensure each client has the rights which are listed below:

(1) Each client has the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity;

(2) Each client has the right to a safe, sanitary, and humane living environment;

(3) Each client has the right to a humane psychological environment protecting ~~him or her~~ the client from harm, abuse, and neglect;

(4) Each client has the right to an environment that provides reasonable privacy, promotes personal dignity, and provides physical and emotional safety;

(5) Each client has the right to receive services suited to ~~her~~

~~or his~~ the client's needs without regard to ~~his~~ ~~or her~~ race, religion, gender, ethnic origin, age, degree of disability, or legal status;

(6) Each client, on admission, has the absolute right to communicate with a relative, friend, clergy, or attorney, by telephone or mail, at the expense of the program if the client is indigent;

(7) Each client shall have and retain the right to confidential communication with an attorney, personal physician, ~~or~~ clergy;

(8) Each client has the right to uncensored, private communications including, but not limited to, letters and telephone calls. Copies of any personal letter, sent or received, by a client shall not be kept in ~~her or his~~ the client's record without the written consent of the client;

(9) No client shall be neglected or sexually, physically, verbally, or otherwise abused;

(10) Each client shall have the right to practice ~~his or her own~~ free exercise of religious beliefs, and be afforded the opportunity for religious worship that does not infringe on the health or safety of others. No ~~client~~ shall be coerced into engaging in, or refraining from, any personal religious activity, practice, or belief;

(11) Each client has the right to be offered prompt, competent, appropriate services and an individualized service plan. The client shall be afforded the opportunity to participate in ~~her or his~~ the creation of the client's service plan. The client may consent or refuse to consent to the proposed services;

(12) The records of each client shall be confidential. This confidentiality remains intact even after the client's death;

(13) Each client has the right to refuse to participate in any research project or medical experiment without informed consent of

the client, as defined by-law. A refusal to participate shall not affect the services available to the client;

(14) Each client has the right to assert grievances with respect to any alleged infringement of these stated rights of clients, or any other subsequently statutorily granted rights;

(15) No client shall ever be retaliated against, or be subject to any adverse conditions or services solely or partially because of having asserted the rights stated in this section;

(16) Upon request, Each client has the right to review and receive a copy of the client's own records or authorize an attorney or other person to do so. However, where the program is providing for records regarding mental health or substance abuse treatment, shall be released pursuant to the provisions of 43A O.S. § 1-109 and 42 CFR shall apply; ~~Each client also has the right that all information and records regarding him or her shall be treated as confidential;~~

(17) Each client has the right to know why services are refused and can expect an explanation concerning the reason why he or she the client was refused ~~certain~~ particular services;

(18) Each client has the right to voluntary services that are self-determined; and

(19) Each client has the right to decide whether or not to participate in supportive services offered by the program.

(b) Each client shall be given a copy of these rights and the provision of such shall be documented in the client record.

(c) Programs shall have written policies to ensure each client has received explanation of these rights.

(d) Client rights shall be visibly posted in client areas of the facility.

(e) The OAG, in any investigation or program monitoring regarding

client rights, shall have unimpeded access to clients, program records and program staff or volunteers.

(f) Compliance with 75:15-17-3 and applicable federal laws and regulations shall be determined by a review of program policies and procedures, client records, on-site observation, written agreements, and/or other program documentation.

75:15-17-4. Client grievance policies and procedures

(a) Each program shall have a written client grievance policy providing for, but not limited to, the following:

(1) Written notice of the grievance and appeal procedure provided to the client; and, if involved with the client, to family members or significant others;

(2) Time frames for the grievance policy's procedures, which allow for an expedient resolution of client grievances as follows:

(A) Transitional living, shelter services, and Safe Home timeframes for resolution of grievances by program staff or volunteers shall be seven (7) days unless appealed; and

(B) Non-transitional living and non-shelter services timeframes for resolution of grievances by program staff or volunteers shall be fourteen (14) days unless appealed;

(3) Name(s) of the individual(s) who are responsible for coordinating the grievance policy and the individual responsible for or with the authority to make decision(s) for resolution of the grievance. In the instance where the decision maker is the subject of a grievance, decision-making authority shall be delegated;

(4) Provide for notice to the client that he or she has a right to make a complaint to the OAG Victims Services Unit;

(5) Clients shall be given a copy of the grievance policy,

including the right to make a complaint to the OAG, and the provision of such shall be documented in the client record, including the phone number, mailing address, and email address of the Victims Services Unit of the Office of the Attorney General;

(6) Mechanism to monitor the grievance process and improve performance based on outcomes; and

(7) Annual review of the grievance policies and procedures, with revisions as needed.

(b) Compliance with 75:15-17-4 shall be determined by a review of program policies and procedures, client records, on-site observation, written agreements, and/or other program documentation.