Voluntary Participation in Services
Frequently Asked Questions

1. What is Voluntary Participation in Services (VPS)?

Voluntary Participation in Services provision of the Family Violence Prevention & Services Act (FVPSA) states, “Receipt of supportive services under the FVPSA will be voluntary. No condition will be applied to receipt of emergency shelter as described in Section 10408(d) (2).”

Voluntary participation in services means that survivors cannot be required to participate in supportive services as a shelter stay condition.

Supportive services include: Individual or group counseling, case management, parenting classes, support group, legal services, childcare, etc.

2. What is a Trauma-Informed Care/Approach?

According to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed:

a) **Realizes** the widespread impact of trauma and understands potential paths for recovery;

b) **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

c) **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and

d) **Seeks to actively resist re-traumatization.**“

Examples of trauma-informed approaches include: reduction or change to shelter rules that duplicate power and control dynamics with survivors; changes to physical environment that reduce re-traumatization; and customizing support services to meet the needs of the survivor.
3. Is there a difference between Voluntary Participation in Services and Trauma-Informed Care/Approaches?

Yes. While VPS specifies that services such as support groups or legal services cannot be mandated as a condition of a survivor’s shelter stay, trauma-informed care/approaches are an overall framework that both acknowledges the trauma a survivor and their family has experienced and employs methods to reduce re-traumatization while receiving services.

VPS is one trauma-informed strategy. VPS recognizes that each person has different symptoms and experiences of trauma and responds by providing the agency for individuals to make their own decisions about which services will be beneficial which makes it trauma-informed.

It is entirely possible for an organization to have both voluntary participation and be trauma-informed at the same time.

4. If services like safety planning, job readiness training or individual counseling cannot be mandated, can shelter rules like house meetings, laundry days or drug use be mandated?

The voluntary participation mandate applies to supportive services only (see question 1 for examples) and do not apply to shelter rules/agreements, which can be necessary for the safety, confidentiality and comfort of shelter residents and their families.

Shelter rules include: ban on drugs, alcohol and weapons on the premises, guidelines for cleanliness and sanitation in communal areas, house meetings, etc.

However, your organization is strongly encouraged to adopt a trauma-informed approach when considering shelter rules/agreements. Examples of evidence based, trauma-informed, best practices that take into account power differentials between shelter staff and residents and reduce exposure to trauma are available.
5. **Does Voluntary Participation in Services mean that we cannot exit a resident if they create an unsafe environment for other shelter residents and staff? For example, by bring drugs/weapons into the shelter?**

   No. You may exit a shelter resident if they create an unsafe environment by bringing drugs/weapons into the shelter. Voluntary participation in services does not affect shelter rules/agreements other than program participation.

6. **Can we mandate attendance at house meetings?**

   Yes. You can mandate attendance to any shelter event that is essential/necessary for the safety, security and comfort of all shelter residents, their families and staff.

   Shelter events essential/necessary for the safety, security and comfort of shelter residents, their families and staff include: house meetings, designated laundry days/times, quiet time, permitted smoking areas, etc.

   Your organization is **strongly encouraged** to adopt trauma-informed approaches when considering shelter events for residents.

7. **If all of our supportive services are voluntary, will we experience a decrease in the number of services we provide?**

   Nationally and statewide, organizations that have implemented voluntary participation in services have not seen a decrease in the number of services provided to survivors. Instead, participation numbers gradually increased as existing supportive services changed to better meet the needs of survivors and their families. Some of these program changes include support groups and classes that are relevant to the needs survivors currently residing in shelter; incorporating alternative wellness groups (yoga, walking, gardening, etc.); changing programs offered based on volunteer/staff expertise and feedback from current participants; providing childcare during programs.

   Additionally, voluntary participation in services does not mean services are not offered to survivors. Therefore, it is still necessary for the organization to plan for and deliver supportive services even though attendance is voluntary.
8. How do we encourage shelter residents to attend and participate in case management or safety planning if it is no longer a condition of their stay?

Although supportive services such as safety planning and case management can no longer be mandatory, offering shelter residents a menu of trauma-informed supportive services will empower survivors to choose which services are most meaningful and impactful for them and their families.

9. Our shelter has a specific length of stay. If all of our services are voluntary, how can we approach shelter residents who have come to their time limit?

Shelter time limits are not subject to the voluntary participation mandate. However, your organization is strongly encouraged to consider trauma-informed approaches when considering shelter length of stay.

10. If we receive a grant that doesn’t have a voluntary participation mandate, are we able to mandate participation in those services?

No. If your program receives any Cal OES funding then voluntary participation applies to all services provided.

11. How will we be able to encourage participation in services that are funded through non-Cal-OES grants without mandating attendance?

Existing multi-funded programs offering voluntary supportive services to shelter residents provide a menu of trauma-informed supportive services that empower survivors to choose which services are most meaningful and impactful for them and their families. At the same time, these programs have modified existing programming so it is more relevant and meaningful to shelter residents. Instead of a decrease in participation, these programs have experienced a marked increase in both the quantity and quality of shelter resident participation.

Additionally, program administrators should share and discuss federal requirements with all funders to ensure they are understood. Assistance for these conversations is available by Cal OES and the Partnership upon request.
12. If all services are mandatory, how can we track and measure a survivor’s successful completion of the program?

A trauma-informed approach would involve asking each shelter resident to decide what success looks like for each of their individual situation and circumstances. This is an excellent opportunity for your organization to re-evaluate what success looks like and how it can be measured and quantified using a trauma-informed approach.

13. How do we explain voluntary participation in services to our County partners like Child Protective Services? For example: A shelter resident with an open CPS case where there is an expectation of participation in services and our program has transitioned to voluntary participation?

Shelter residents who have an expectation from outside sources (CPS, Cal WORKS, etc.) to participate in your voluntary services still have the choice to participate in the services. Your program staff can have an open, honest conversation with that shelter resident about the realities of their choices, but the choice remains as their own.

This is an opportunity to build upon existing relationships with community partners to explain voluntary participation in services as a federal requirement. It is also an opportunity to re-envision the way in which shelters facilitate information between survivors and caseworkers.