HUD ESG - CAPER

Run SAGE Export

Start Date	January 1, 2019
End Date	December 31, 2019
Reportable Days	365
Print Date	March 27, 2020

Q4a: Project Identifiers in HMIS

Organization name	Organization ID	Project name	Project ID	HMIS Project Type	Method of tracking ES	Affiliated with a residential project	Project IDs of affiliations	CoC Number	Geocode	Victim Service Provider	HMIS Software Name	Report Start Date	Report End Date
GreenHouse17	EJ4912	Default Emergency shelter Location	P01	1	0	0			211314	0	OSNIUM	2019-01-01	2019-12-31
GreenHouse17	EJ4912			1	0	0			211314	0	OSNIUM	2019-01-01	2019-12-31

Q5a Report Validations Table

1. Total number of persons served	211
2. Number of adults (age 18 or over)	136
3. Number of children (under age 18)	75
4. Number of persons with unknown age	0
5. Number of leavers	170
6. Number of adult leavers	113
7. Number of adult and head of household leavers	113
8. Number of stayers	41
9. Number of adult stayers	23
10. Number of veterans	1
11. Number of chronically homeless persons	1
12. Number of youth under age 25	18
13. Number of parenting youth under age 25 with children	6
14. Number of adult heads of household	134
15. Number of child and unknown-age Heads of household	0
16. Heads of households and adult stayers in the project 365 days or more	0

Q6a. Data Quality: Personally Identifiable Information

	Client Doesn't Know / Refused	Information Missing	Data Issues	Total	% of Error Rate
Name	0	0	0	0	0.0000
Social Security Number	0	0	0	0	0.0000
Date of birth	0	0	0	0	0.0000
Race	0	0		0	0.0000
Ethnicity	0	0		0	0.0000
Gender	0	0		0	0.0000
Overall Score				0	0.0000

Q6b. Data Quality: Universal Data Elements

	Error Count	% of Error Rate
Veteran Status	0	0.0000
Project Entry Date	0	0.0000
Relationship to Head of Household	0	0.0000
Client Location	0	0.0000
Disabling Condition	0	0.0000

Q6c. Data Quality: Income and Housing Data Quality

	Error Count	% of Error Rate
Destination	0	0.0000
Income and Sources at Entry	0	0.0000
Income and Sources at Annual Assessment	0	0.0000
Income and Sources at Exit	0	0.0000

Q6d. Data Quality Chronic Homelessness

	Count of total records	Missing time in institution	Missing time in housing	Approximate Date started DK/R/missing	Number of times DK/R/missing	Number of months DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	134			0	0	0	0.0000
TH	0	0	0	0	0	0	0.0000
PH (all)	0	0	0	0	0	0	0.0000
TOTAL	134						0.0000

Q6e. Data Quality: Timeliness

	Number of Project Entry Records	Number of Project Exit Records
0 days	211	189
1-3 days	0	0
4-6 days	0	0
7-10 days	0	0
11+ days	0	0

Q6f. Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)			
Bed Night (All clients in ES - NBN)			

Q7a: Number of Persons Served

	a. Total	b. Without children	c. With children and adults	d. With only children	e. Unknown household type
a. Adults	136	93	43		0
b. Children	75		75	0	0
c. Client Doesn't Know/ Client Refused	0	0	0	0	0
d. Data Not Collected	0	0	0	0	0
e. Total	211	93	118	0	0
f. For PSH & RRH - the total persons served who moved into housing	0	0	0	0	0

Q8a. Number of Households Served

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
Total Households	134	91	43	0	0
For PSH & RRH - the total persons served who moved into housing	0	0	0	0	0

Q8b: Point-in-Time Count of Households on the Last Wednesday

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
January	15	10	5	0	0
April	17	12	5	0	0
July	23	14	9	0	0
October	26	16	10	0	0

Q9a: Number of Persons Contacted

	Total	a. First contact - NOT staying on the Streets ES or SH	b. First contact - WAS staying on Streets ES or SH	c. First contact - Worker unable to determine
a1. Contacted once?	0	0	0	0
a2. Contacted 2-5 times?	0	0	0	0
a3. Contacted 6-9 times?	0	0	0	0
a4. Contacted 10 or more times?	0	0	0	0
az. Total persons contacted	0	0	0	0

Q9b: Number of Persons Engaged

	Total	a. First contact - NOT staying on the Streets ES or SH	b. First contact - WAS staying on Streets ES or SH	c. First contact - Worker unable to determine
b1. Engaged after 1 contact?	0	0	0	0
b2. Engaged after 2-5 contacts?	0	0	0	0
b3. Engaged after 6-9 contacts?	0	0	0	0
b4. Engaged after 10 or more contacts?	0	0	0	0
bz. Total persons engaged	0	0	0	0
c. Rate of engagement (%)	0.0000	0.0000	0.0000	0.0000

Q10a: Gender of Adults

	Total	a. Without children	b. With children and adults	c. Unknown household type
a. Male	4	2	2	0
b. Female	131	90	41	0
c. Transgender Male to Female	1	1	0	0
d. Transgender Female to Male	0	0	0	0
e. Doesn't identify as male, female, or transgender	0	0	0	0
f. Client Doesn't Know/Client Refused	0	0	0	0
g. Data Not Collected	0	0	0	0
h. Total	136	93	43	0

Q10b: Gender of Children

	Total	a. With children and adults	b. With only children	c. Unknown household type
a. Male	37	37	0	0
b. Female	36	36	0	0
c. Transgender Male to Female	0	0	0	0
d. Transgender Female to Male	1	1	0	0
e. Doesn't identify as male, female, or transgender	1	1	0	0
f. Client Doesn't Know/Client Refused	0	0	0	0
g. Data Not Collected	0	0	0	0
h. Total	75	75	0	0

Q10c: Gender of Persons Missing Age Information

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Male	0	0	0	0	0
b. Female	0	0	0	0	0
c. Transgender Male to Female	0	0	0	0	0
d. Transgender Female to Male	0	0	0	0	0
e. Doesn't identify as male, female, or transgender	0	0	0	0	0
f. Client Doesn't Know/Client Refused	0	0	0	0	0
g. Data Not Collected	0	0	0	0	0
h. Total	0	0	0	0	0

Q10d: Gender by Age Ranges

	Total	a. Under age 18	b. Age 18-24	c. Age 25-61	d. Age 62 and over	e. Client Doesn't Know/Client Refused	f. Data not collected
a. Male	41	37	0	4	0	0	0
b. Female	167	36	19	111	1	0	0
c. Trans female (MTF or male to female)	1	0	0	1	0	0	0
d. Trans male (FTM or female to male)	1	1	0	0	0	0	0
e. Gender non-conforming (i.e. not exclusively male or female)	1	1	0	0	0	0	0
f. Client Doesn't Know/Client Refused	0	0	0	0	0	0	0
g. Data Not Collected	0	0	0	0	0	0	0
g. Total	211	75	19	116	1	0	0

Q11: Age

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Under 5	34		34	0	0
b. 5 - 12	34		34	0	0
c. 13 - 17	7		7	0	0
d. 18 - 24	19	13	6		0
e. 25 - 34	42	18	24		0
f. 35 - 44	41	31	10		0
g. 45 - 54	27	25	2		0
h. 55 - 61	6	5	1		0
i. 62+	1	1	0		0
j. Client Doesn't Know/Client Refused	0	0	0	0	0
k. Data Not Collected	0	0	0	0	0
l. Total	211	93	118	0	0

Q12a: Race

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. White	137	74	63	0	0
b. Black or African-American	62	15	47	0	0
c. Asian	0	0	0	0	0
d. American Indian or Alaska Native	0	0	0	0	0
e. Native Hawaiian or Other Pacific Islander	1	1	0	0	0
f. Multiple races	11	3	8	0	0
g. Client Doesn't Know/Client Refused	0	0	0	0	0
h. Data Not Collected	0	0	0	0	0
i. Total	211	93	118	0	0

Q12b: Ethnicity

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Non-Hispanic/non-Latino	194	89	105	0	0
b. Hispanic/Latino	17	4	13	0	0
c. Client Doesn't Know/Client Refused	0	0	0	0	0
d. Data Not Collected	0	0	0	0	0
e. Total	211	93	118	0	0

Q13a1: Physical and Mental Health Conditions at Entry

	Total persons	a. Without children	b. Adults in HH with Children & Adults	c. Children in HH with Children & Adults	d. With only children	e. Unknown household type
a. Mental illness	35	30	5	0	0	0
b. Alcohol abuse	6	5	1	0	0	0
c. Drug abuse	22	20	2	0	0	0
d. Both alcohol and drug abuse	9	9	0	0	0	0
e. Chronic health condition	6	5	1	0	0	0
f. HIV/AIDS and related diseases	0	0	0	0	0	0
g. Developmental disability	6	6	0	0	0	0
h. Physical disability	15	13	2	0	0	0

Q13b1: Physical and Mental Health Conditions at Exit

	Total persons	a. Without children	b. Adults in HH with Children & Adults	c. Children in HH with Children & Adults	d. With only children	e. Unknown household type
a. Mental illness	40	31	9	0	0	0
b. Alcohol abuse	9	5	4	0	0	0
c. Drug abuse	26	21	5	0	0	0
d. Both alcohol and drug abuse	15	14	1	0	0	0
e. Chronic health condition	7	6	1	0	0	0
f. HIV/AIDS and related diseases	7	3	4	0	0	0
g. Developmental disability	6	4	2	0	0	0
h. Physical disability	11	9	2	0	0	0

Q13c1: Physical and Mental Health Conditions for Stayers

	Total persons	a. Without children	b. Adults in HH with Children & Adults	c. Children in HH with Children & Adults	d. With only children	e. Unknown household type
a. Mental illness	2	1	1	0	0	0
b. Alcohol abuse	0	0	0	0	0	0
c. Drug abuse	8	7	1	0	0	0
d. Both alcohol and drug abuse	0	0	0	0	0	0
e. Chronic health condition	0	0	0	0	0	0
f. HIV/AIDS and related diseases	0	0	0	0	0	0
g. Developmental disability	1	1	0	0	0	0
h. Physical disability	1	1	0	0	0	0

Q14a: Domestic Violence History

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Yes	134	91	43	0	0
b. No	2	2	0	0	0
c. Client Doesn't Know/Client Refused	0	0	0	0	0
d. Data Not Collected	0	0	0	0	0
e. Total	136	93	43	0	0

Q14b: Persons Fleeing Domestic Violence

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Yes	123	84	39	0	0
b. No	11	7	4	0	0
c. Client Doesn't Know/Client Refused	0	0	0	0	0
d. Data Not Collected	0	0	0	0	0
e. Total	134	91	43	0	0

Q15: Living Situation

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Homeless situations					
a1. Emergency shelter	15	10	5	0	0
a2. Transitional housing for homeless persons	0	0	0	0	0
a3. Place not meant for human habitation	8	6	2	0	0
a4. Safe haven	0	0	0	0	0
a5. Host home (non-crisis)	0	0	0	0	0
az. Total	23	16	7	0	0
b. Institutional settings					
b1. Psychiatric facility	0	0	0	0	0
b2. Substance abuse or detox center	0	0	0	0	0
b3. Hospital (non-psychiatric)	1	1	0	0	0
b4. Jail, prison or juvenile detention	1	1	0	0	0
b5. Foster care home or foster care group home	0	0	0	0	0
b6. Long-term care facility or nursing home	0	0	0	0	0
b7. Residential project or halfway house with no homeless criteria	0	0	0	0	0
bz. Total	2	2	0	0	0
c. Other locations					
c01. PH for homeless persons	0	0	0	0	0
c02. Owned by client, no subsidy	0	0	0	0	0
c03. Owned by client, with ongoing housing subsidy	0	0	0	0	0
c04. Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
c05. Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
c06. Rental by client in a public housing unit	0	0	0	0	0
c07. Rental by client, no ongoing housing subsidy	27	17	10	0	0
c08. Rental by client, with VASH subsidy	0	0	0	0	0
c09. Rental by client with GPD TIP subsidy	0	0	0	0	0
c10. Rental by client, with other ongoing housing subsidy	1	1	0	0	0
c11. Hotel or motel paid by client	1	1	0	0	0
c12. Staying or living with friend(s) room, apartment or house	5	4	1	0	0
c13. Staying or living with family member's room, apartment or house	7	5	2	0	0
c14. Client Doesn't Know/Client Refused	0	0	0	0	0
c15. Data Not Collected	70	47	23	0	0
cz. Total	111	75	36	0	0
d. Total	136	93	43	0	0

Q16: Cash Income - Ranges

	Income at entry	Income at latest follow-up for stayers	Income at exit for leavers
a. no income	95	0	62
b. $1 - $150	0	0	0
c. $151 - $250	2	0	4
d. $251 - $500	6	0	5
e. $501 - $1000	23	0	27
f. $1,001 - $1,500	4	0	9
g. $1,501 - $2,000	2	0	2
h. $2,001+	4	0	4
i. Client Doesn't Know/Client Refused	0	0	0
j. Data Not Collected	0	0	0
k. Number of adult stayers not yet required to have an annual assessment		23	
l. Number of adult stayers without required annual assessment		0	
n. Total adults	136	23	113

Q17: Cash Income - Sources

	At entry	At Latest Annual Assessment for Stayers	At Exit for Leavers
a. Earned income	17	0	20
b. Unemployment insurance	0	0	0
c. SSI	6	0	4
d. SSDI	14	0	20
e. VA service-connected disability compensation	1	0	1
f. VA non-service-connected disability pension	0	0	0
g. Private disability insurance	0	0	0
h. Worker's compensation	0	0	0
i. TANF	3	0	6
j. General assistance	0	0	0
k. Retirement (Social Security)	0	0	0
l. Pension from a former job	0	0	0
m. Child support	1	0	0
n. Alimony (spousal support)	0	0	0
o. Other source	1	0	0
p. Adults with income information at entry and annual assessment / exit		0	27

Q19b: Disabling Conditions and Income for Adults at Exit

	AO:Adult with Disabling Condition	AO:Adult without Disabling Condition	AO:Total Adults	AO:% with Disabling Condition by Source	AC:Adult with Disabling Condition	AC:Adult without Disabling Condition	AC:Total Adults	AC:% with Disabling Condition by Source	UK:Adult with Disabling Condition	UK:Adult without Disabling Condition	UK:Total Adults	UK:% with Disabling Condition by Source
a. Earned income	0	13	13	0.0000	0	7	7	0.0000	0	0	0	0.0000
b. Supplemental Security Income (SSI)	1	3	4	0.2500	0	0	0	0.0000	0	0	0	0.0000
c. Social Security Disability Insurance (SSDI)	4	14	18	0.2222	1	1	2	0.5000	0	0	0	0.0000
d. VA Service-Connected Disability Compensation	0	0	0	0.0000	0	1	1	0.0000	0	0	0	0.0000
e. Private Disability Insurance	0	0	0	0.0000	0	0	0	0.0000	0	0	0	0.0000
f. Worker's Compensation	0	0	0	0.0000	0	0	0	0.0000	0	0	0	0.0000
g. Temporary Assistance for Needy Families (TANF)	0	0	0	0.0000	0	6	6	0.0000	0	0	0	0.0000
h. Retirement Income from Social Security	0	0	0	0.0000	0	0	0	0.0000	0	0	0	0.0000
i. Pension or retirement income from a former job	0	0	0	0.0000	0	0	0	0.0000	0	0	0	0.0000
j. Child Support	0	0	0	0.0000	0	0	0	0.0000	0	0	0	0.0000
k. Other source	0	0	0	0.0000	0	0	0	0.0000	0	0	0	0.0000
l. No Sources	1	43	44	0.0227	0	18	18	0.0000	0	0	0	0.0000
m. Unduplicated Total Adults	6	73	79		1	33	34		0	0	0	

Q20a: Type of Non-Cash Benefit Sources

	At entry	At Latest Annual Assessment for Stayers	At Exit for Leavers
a. Supplemental Nutritional Assistance Program	56	0	57
b. WIC	1	0	2
c. TANF Child Care services	0	0	0
d. TANF transportation services	0	0	0
e. Other TANF-funded services	0	0	0
f. Other source	0	0	0

Q21: Health Insurance

	At entry	At Latest Annual Assessment for Stayers	At Exit for Leavers
a. MEDICAID health insurance	51	0	48
b. MEDICARE health insurance	10	0	6
c. State Children's Health Insurance	37	0	44
d. VA Medical Services	1	0	1
e. Employer-provided health insurance	1	0	2
f. Health insurance through COBRA	0	0	0
g. Private pay health insurance	3	0	1
h. State Health Insurance for Adults	28	0	23
i. Indian Health Services Program	0	0	0
j. Other	0	0	0
k. No health insurance	80	0	45
l. Client doesn't know/Client refused	0	0	0
m. Data not collected	1	0	1
n. Number of adult stayers not yet required to have an annual assessment		41	
o. 1 source of health insurance	131	0	125
p. More than 1 source of health insurance	0	0	0

Q22a2: Length of Participation – ESG Projects

	Total	Leavers	Stayers
a. 0 to 7 days	31	29	2
b. 8 to 14 days	18	18	0
c. 15 to 21 days	14	8	6
d. 22 to 30 days	11	9	2
e. 31 to 60 days	47	37	10
f. 61 to 90 days	20	19	1
g. 91 to 180 days	50	37	13
h. 181 to 365 days	20	13	7
i. 366 to 730 days (1-2 Yrs)	0	0	0
j. 731 to 1095 days (2-3 Yrs)	0	0	0
k. 1096 to 1460 days (3-4 Yrs)	0	0	0
l. 1461 to 1825 days (4-5 Yrs)	0	0	0
m. More than 1825 days (> 5Yrs)	0	0	0
n. Data Not Collected	0	0	0
o. Total	211	170	41

Q22c: RRH/PSH Length of Time between Project Start Date and Housing Move-in Date

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. 7 days or less	0	0	0	0	0
b. 8 to 14 days	0	0	0	0	0
c. 15 to 21 days	0	0	0	0	0
d. 22 to 30 days	0	0	0	0	0
e. 31 to 60 days	0	0	0	0	0
f. 61 to 180 days	0	0	0	0	0
g. 181 to 365 days	0	0	0	0	0
h. 366 to 730 days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0	0	0	0	0
Persons who were exited without move-in	0	0	0	0	0
l. Total	0	0	0	0	0

Q22d: Length of Participation by Household Type

	Total	Without Children	With Children and Adults	Witn Only Children	Unknown Household Type
a. 0 to 7 days	31	18	13	0	0
b. 8 to 14 days	18	10	8	0	0
c. 15 to 21 days	14	6	8	0	0
d. 22 to 30 days	11	6	5	0	0
e. 31 to 60 days	47	15	32	0	0
f. 61 to 90 days	20	9	11	0	0
g. 91 to 180 days	50	21	29	0	0
h. 181 to 365 days	20	8	12	0	0
i. 366 to 730 days (1-2 Yrs)	0	0	0	0	0
j. 731 to 1095 days (2-3 Yrs)	0	0	0	0	0
k. 1096 to 1460 days (3-4 Yrs)	0	0	0	0	0
l. 1461 to 1825 days (4-5 Yrs)	0	0	0	0	0
m. More than 1825 days (> 5Yrs)	0	0	0	0	0
n. Data Not Collected	0	0	0	0	0
o. Total	211	93	118	0	0

Q22e: Length of Time Prior to Housing

	Total	a. Without Children	b. With Children and Adults	c. With Only Children	d. Unknown Household Type
a. 7 days or less	27	11	16	0	0
b. 8 to 14 days	0	0	0	0	0
c. 15 to 21 days	2	2	0	0	0
d. 22 to 30 days	0	0	0	0	0
e. 31 to 60 days	2	2	0	0	0
f. 61 to 180 days	5	2	3	0	0
g. 181 to 365 days	1	1	0	0	0
h. 366 to 730 days	0	0	0	0	0
i. 731 days or more	0	0	0	0	0
j. Total (persons moved into housing)	38	18	20	0	0
k. Not yet moved into housing	0	0	0	0	0
l. Data not collected	174	75	99	0	0
m. Total persons	211	93	118	0	0

Q23c: Exit Destination

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Permanent destinations					
a01. Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
a02. Owned by client, no ongoing subsidy	0	0	0	0	0
a03. Owned by client, with ongoing subsidy	0	0	0	0	0
a04. Rental by client, no ongoing subsidy	32	16	16	0	0
a05. Rental by client, VASH subsidy	0	0	0	0	0
a06. Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
a07. Rental by client, other ongoing subsidy	29	4	25	0	0
a08. Permanent housing for homeless persons	0	0	0	0	0
a09. Staying or living with family, permanent tenure	2	1	1	0	0
a10. Staying or living with friends, permanent tenure	2	1	1	0	0
a11. Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
a12. Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
a13. Rental by client in a public housing unit	0	0	0	0	0
az. Total	65	22	43	0	0
b. Temporary destinations					
b1. Emergency shelter	17	11	6	0	0
b2. Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
b3. Transitional housing for homeless persons	3	1	2	0	0
b4. Staying with family, temporary tenure	47	23	24	0	0
b5. Staying with friends, temporary tenure	26	16	10	0	0
b6. Place not meant for human habitation	1	1	0	0	0
b7. Safe Haven	1	1	0	0	0
b8. Hotel or motel paid by client	0	0	0	0	0

b9. Host Home (non-crisis)	0	0	0	0	0
bz. Total	95	53	42	0	0
c. Institutional settings					
c1. Foster care home or group foster care home	0	0	0	0	0
c2. Psychiatric hospital or other psychiatric facility	1	1	0	0	0
c3. Substance abuse treatment facility or detox center	0	0	0	0	0
c4. Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
c5. Jail, prison or juvenile detention facility	2	2	0	0	0
c6. Long term care facility or nursing home	0	0	0	0	0
cz. Total	3	3	0	0	0
d. Other destinations					
d1. Residential project or halfway house with no homeless criteria	0	0	0	0	0
d2. Deceased	0	0	0	0	0
d3. Other	7	1	6	0	0
d4. Client doesn't know/Client refused	0	0	0	0	0
d5. Data not collected (no exit interview completed)	0	0	0	0	0
dz. Total	7	1	6	0	0
e. Total	170	79	91	0	0
f1. Total persons exiting to positive housing destinations	65	22	43	0	0
f2. Total persons whose destinations excluded them from the calculation	0	0	0	0	0
f3. Percentage	0.3824	0.2785	0.4725	0.0000	0.0000

Q24: Homelessness Prevention Housing Assessment at Exit

	Total	**a. Without children**	**b. With children and adults**	**c. With only children**	**d. Unknown household type**
a. Able to maintain the housing they had at project start--Without a subsidy	29	20	9	0	0
b. Able to maintain the housing they had at project start--With the subsidy they had at project start	4	0	4	0	0
c. Able to maintain the housing they had at project start--With an on-going subsidy acquired since project start	11	3	8	0	0
d. Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	3	3	0	0	0
e. Moved to new housing unit--With on-going subsidy	1	0	1	0	0
f. Moved to new housing unit--Without an on-going subsidy	6	1	5	0	0
g. Moved in with family/friends on a temporary basis	13	8	5	0	0
h. Moved in with family/friends on a permanent basis	1	0	1	0	0
i. Moved to a transitional or temporary housing facility or program	1	1	0	0	0
j. Client became homeless moving to a shelter or other place unfit for human habitation	11	7	4	0	0
k. Client went to jail/prison	0	0	0	0	0
l. Client died	0	0	0	0	0
m. Client doesn't know/Client refused	0	0	0	0	0
n. Data not collected (no exit interview completed)	82	32	50	0	0
o. Total	170	79	91	0	0

Q25a: Number of Veterans

	Total	a. Without children	b. With children and adults	c. Unknown household type
a. Chronically homeless veteran	0	0	0	0
b. Non-chronically homeless veteran	1	0	1	0
c. Not a veteran	205	93	112	0
d. Client Doesn't Know/Client Refused	0	0	0	0
e. Data Not Collected	5	0	5	0
f. Total	211	93	118	0

Q26b: Number of Chronically Homeless Persons by Household

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Chronically homeless	1	1	0	0	0
b. Not chronically homeless	91	45	46	0	0
c. Client Doesn't Know/Client Refused	0	0	0	0	0
d. Data Not Collected	119	47	72	0	0
e. Total	211	93	118	0	0

Attachment 5.1.5 - Low-barrier to Service – Excerpt from the KCADV Member Program Service Standards, pgs 26-27.

IV. Program Policy Issues

Eligibility

A. Premise:

This policy assures equal provision of services to domestic violence clients and their dependents. Each domestic violence shelter shall assure that services are available to clients in the area development district in which the agency is located and shall accept referrals on a statewide basis if adequate capacity is available. Each domestic violence shelter shall cooperate with other domestic violence agencies on a statewide basis and may provide services to a client of another area development district in an emergency situation such as a temporary closure due to extreme weather or loss of power to utilities for example.

B. Criteria:

1. Persons eligible for the services of domestic violence programs include domestic violence victims and their legal dependents. Programs provide services to adults, emancipated minors, or minors seeking services for themselves who have a parent's, de facto custodian's or a guardian's permission to receive services. In addition, persons seeking services must:
    - Willingly agree to abide by program guidelines; and
    - Have the ability to take primary care of themselves and their dependents within a communal living facility.
2. Programs provide services (within the above guidelines) regardless of race, religion, color, national origin, gender, age, mental or physical disability, sexual orientation, citizenship, immigration status, marital status, or language spoken.
3. Programs provide services to eligible male victims. This may be done through collaboration with other organizations. Each program shall maintain a written policy committing to providing services to eligible male victims and develop protocols outlining the location(s) and methods by which shelter, advocacy/counseling, and other services are delivered to male victims needing services.

- No minor dependent males or females with their parent or guardian are denied access to services.

C. Special Needs and Circumstances:

1. *Alcohol or drug abuse and addictions:* Domestic violence programs shall not withhold services to persons who use alcohol or drugs offsite, solely based on the use of alcohol or substances. Programs shall provide a written policy demonstrating how repetitive substance/alcohol use, or the demonstration of behaviors incongruent with community living, may affect continued stay in shelter or limit services available to the resident. Programs are prohibited from drug testing residents requesting shelter or living in shelter.
2. In cases where clients require assisted living, eligibility is not withheld, but residential services may be made available through coordinated efforts between domestic violence program staff and other identified service providers.

D. Length of Stay:

1. Programs offer temporary shelter in a safe, secure facility. Clients are informed of any criteria that may impact or shorten this stay.
2. Once safety issues are resolved, length of stay is determined by the client's progress toward meeting self-identified goals.
3. Length of stay shall not be pre-determined (e.g. a "30 day stay"); however, a program utilizing phases or stages within its emergency shelter, may provide information to a client on the average time spent within each phase/stage with the understanding that the information is designed to help the client know what to expect as she moves forward in meeting her self-identified goals.
4. Reasons for limiting length of stay are documented in the case file and shared with the client in sufficient time for her to make other safe arrangements.

E. Repetitive Admissions:

1. Programs do not discriminate against a client by limiting the number of times of reentry or by requiring a time limit between re-entry. Programs do not maintain a "no readmit" list.

Attachments 5.1.5 – Dignity and Respect. Excerpt from Kentucky Coalition Against Domestic Violence, Member Program Service Standards, pg 39.

V. Service Components

A. Premise:

Domestic violence programs provide appropriate, trauma-informed services to victims of domestic violence and their children in an empowering, non-blaming way.

B. Criteria:

1. Services and documentation are trauma-informed, non-judgmental, culturally-sensitive and strive to empower persons served.
2. The program recognizes and respects the autonomy, dignity and rights of victims.
3. The program seeks to serve persons who need its services and works to eliminate barriers to the provision of quality services to those who seek services.
4. The program shall assess for services in a manner that is appropriate given the circumstances and conditions surrounding the client/dependent at the time of assessment.
5. At a minimum, the program shall assess initial contacts for:
    - Immediate safety;
    - Perpetrator's potential for lethality;
    - Eligibility for support and intervention services;
    - Immediate medical and physical needs;
    - Perpetrator dynamics to assure that the person requesting services is the primary victim;
    - Special needs based on a disability;
    - Special needs based on the requirements of a person's self-identified religious, cultural, geographic or other affiliation(s); and
    - Special needs based on limited English proficiency.
6. The program shall develop and implement procedures for adequate staff communication to provide continuity of service for clients, including a regular review of any problem areas to resolve.
7. Each program shall develop a protocol for safe travel of clients. Protocols contain a provision for client travel to the shelter for intake. Further, the protocol reflects clients'

Attachment 5.1.5 Dignity & Respect, excerpts from Resident Welcome Packet

The success of one of us is the success of us all

Each individual is special, unique and important for the success of us all. The residents and staff of GreenHouse17 welcome you. As you settle in over the next few days, we have listed what we believe are important expectations; what you can expect from staff and other residents and what is expected from you in return.
We understand it can be very hard to live with others from many walks of life. We encourage questions and new ideas so please always feel welcome to express your thoughts to us.

Residents may expect from staff:

- To be treated with dignity, respect, and courtesy
- To hold you accountable to the program communal living guidelines
- To be assigned to a team of advocates to meet counseling and case management needs
- To complete safety plans for you and your family
- To assist you with transportation, court, legal services, health services, etc.
- Confidentiality
- To give grace for feelings and for not being perfect.

Staff should expect from residents:

- To be treated with dignity, respect, and courtesy
- To adhere to communal living guidelines
- To understand that transportation is provided to area stops and that you may need to go early or wait for transportation to meet the needs of the program restraints
- To make staff aware of any visitors and understand that staff may not let individuals onto property that we are not aware of in advance or pose safety concerns
- To give grace for feelings and not being perfect.

Residents should expect from residents:

- To be treated with dignity, respect, and courtesy
- To pick up after oneself and children
- To recognize that we are all unique and not stand in judgment of another
- To prioritize the safety of one another
- To express anger without threats or violence
- To give grace because, although we are different, we have all been hurt by people who claim to have loved us

GreenHouse17
Client Grievance Procedure

Who is responsible for handling my complaint?

1. First, GreenHouse17 will listen to your complaint and try to resolve it for you. If GreenHouse17 cannot resolve your complaint, or fails to provide you a response, you can make an;
2. Appeal to Kentucky Coalition Against Domestic Violence (KCADV)
3. If KCADV cannot resolve your complaint or fails to provide you with a response, you can appeal to the Commissioner of the Department for Community Based Services at the Cabinet for Health and Family Services.

Is there a deadline for notifying someone of my complaint?
State regulations require that you report your complaint in writing within thirty (30) calendar days of when the incident occurred to GreenHouse17 in order to be eligible for final appeals process through the Commissioner of the Department for Community Based Services (in case you are not satisfied with the KCADV final decision/resolution. If you report your complaint after thirty (30) calendar days, you will still be able to go through the grievance process to seek resolution; however, your appeals process will stop after KCADV issues a final decision.

What if I need help in writing my complaint?
Staff of GreenHouse17 will provide you with the writing materials and the method of delivery that you need to file your complaint. You will also be provided with the services of a translator if you are a current client and need assistance to complete your complaint in English.

Why is there a Grievance Process?
The grievance process is available for you to ensure that GreenHouse17 is providing services to you and your family according to statewide standards for all clients. If you have a complaint about the services being provided, or feel services have been denied, reduced or stopped, you may use the grievance process to let us know what the problem is and provide us with an opportunity to correct the problem.

What steps do I take if I have a complaint?
The steps to file a complaint and start the grievance process are outlined below. It is important that you follow the time frame allowed in each step so that you don't risk your right to an appeal with the Commissioner of DCBS if necessary. However, you **will not** lose your right to be heard and your right to receive quality services from GreenHouse17 or KCADV.

STEP 1: You are encouraged to have your concern resolved first by speaking with a member of your team or direct service staff. This is considered an informal process of listening and information gathering. Your advocate or team will attempt to respond to your needs so that hopefully the issue or concern can be resolved quickly and by the people who know you and your situation best. If you do not receive a response quickly (within 3 days) or you are not satisfied with the response then you will need to go to STEP 2.

STEP 2: You may request a meeting with a staff supervisor or the Assistant Director. You are always encouraged

to write a written complaint but it is not necessary at this stage of the grievance procedure. Again, if you do not receive a response quickly (within 3 days) or you are not satisfied with the response given by the staff supervisor or the Assistant Director you may go to STEP 3.

STEP 3: You may request a meeting in person or you may forward a written copy of your complaint to the Executive Director. Make a copy of your complaint for yourself to keep. Here is what must be included in your written complaint.

- Your printed name
- Phone number where you can be reached (if not the shelter)
- Address where you can be reached (if not the shelter)
- The date the incident occurred
- A brief description of your complaint
- Sign and date your complaint on the day you submit it
- If you received a response from the Assistant Director and/or Staff Coordinator, include this response with your original written complaint as well as a brief explanation of why you don't accept the response.

You may contact the Executive Director in the following ways:

- Hand delivery if the Executive Director is available to you
- By faxing it to the Executive Director – 859.519.1938
- By marking the envelope CONFIDENTIAL and mailing it to the Executive Director by at:

  GreenHouse17
  ATTN: Executive Director
  PO Box 55190, Lexington, KY 40555. Mark the envelope CONFIDENTIAL on the outside.

The Executive Director or GreenHouse17 designee (which may include the Board of Directors) will respond to your complaint within (5) calendar days of the day you delivered, faxed or mailed your complaint to them. In most cases, this response will be provided in person (if you are currently a resident at GreenHouse17 or by phone, however, you will also receive a written response within this time period).
If you are not satisfied with the response, outcome or decision of the Executive Director of GreenHouse17 or GreenHouse17's designee, or the Board of Directors; or if you do not receive a response within ten (5) calendar days, then you may contact KCADV.

You are encouraged to utilize Options 1-3, but if you wish to bring your complaint directly to KCADV, you may do so; in this case, the decision of KCADV will be final. You may also decide to file an anonymous complaint to KCADV, though you may not be able to appeal any response.

STEP 4: Send a copy of your written complaint (appeal) to the Kentucky Coalition Against Domestic Violence (KCADV) at:

KCADV
Confidential – for Legal Counsel
111 Darby Shire Circle
Frankfort, KY 40602

Or, you may fax it to (502) 226.5382 marked **CONFIDENTIAL for Legal Counsel**. Please include a copy of all the responses that have received as well as any additional information that you feel relates to your complaint.

KCADV will take steps to review your complaint that may include calling you to discuss your complaint further, unless you direct us not to call you.

You will receive one of the following written responses from KCADV within fifteen (15) calendar days of the day you faxed or mailed your complaint to KCADV:

a) Your complaint has been resolved and no further action will be taken; or

b) Your complaint does not show evidence of a violation of KCADV's Victim Service Standards and no further action will be taken; or

c) There is evidence to suspect a violation of Victim Service Standards and the KCADV Standard's Review Committee will review the complaint. If this is the case, you will be notified in writing of the date you may expect to receive a final written decision of the Standard's Review Committee.

If you do not receive one of the above responses within fifteen (15) calendar days, or if you are not satisfied with the response, you may appeal KCADV's final written decision by going to STEP 5.

STEP 5: Send a copy of your written complaint within ten (10) calendar days from receipt of KDVA's final decision to:

Office of the Commissioner
CHFS/DCBS
275 E. Main St.
Mail Stop 3W-A
Frankfort, KY 40621

Please include a copy of all the responses that you have received (including the final decision of KCADV) as well as any additional information that you feel relates to your complaint. Upon completion of the review, the Commissioner will provide a written order regarding your complaint within thirty (30) days unless extenuating circumstances prolong the review, in which case you will be notified of the need for an extension.

If, for any reason, you do not want to report your complaint to GreenHouse17 or KCADV, you may send your written complaint to:

Office of the Ombudsman
Cabinet for Health and Family Services
275 E. Main St.
Mail Stop1 E – B
Frankfort, KY 40621

In order to file a grievance with the Office of the Ombudsman, the complaint cannot have ever been reported to GreenHouse17 / KCADV or the Office of the Ombudsman. In other words, if you decide to use the Regular Grievance Process or if you have already contacted the Ombudsman's Office on this specific complaint in the past, you cannot file a grievance with the Office of the Ombudsman on this specific complaint.

There is no deadline for filing a report with the Ombudsman's Office; therefore, if any incident occurred more than (30) days in the past, you may still file a complaint with the Ombudsman as long as it meets the criteria in the paragraph above. However for your own benefit, you are encouraged to file your complaint as soon as possible.

The Ombudsman's Office will send a written response to you within thirty (30) calendar days of the receipt of your complaint.

If you are not satisfied with the decision, you may request that the Commissioner of the Department for Community Based Services review your complaint and the written response that was provided by the Ombudsman's Office. You must send your written request within ten (10) days of receipt of the response from the Ombudsman's Office

8. Programs document the attempt to provide an exit interview with each client prior to their departure. The exit interview provides for a revision of the client's safety plan (inclusive of children's safety issues) and linkage to outreach and/or follow up services provided by the domestic violence program and other community resources.
9. In addition to conducting an exit interview, programs shall attempt to document the client's perspective on the services provided by the program through a client evaluation. This evaluation may be given to the client during the client's stay or at the time of exit, as appropriate. The client evaluation shall be in the form of a client-friendly, anonymous survey. The client shall be asked to return the survey utilizing some method of return that provides for anonymity. Surveys should include, but are not limited to, an assessment of the program, services, and treatment by staff (respectful, helpful, available). The survey shall also inquire into whether or not staff provided information and assistance around the dynamics of domestic violence, children's services, safety planning, and goal planning.
10. Programs shall provide both residential and non-residential clients with an opportunity to respond to outcome questions on safety and resources as outlined in FVPSA regulations. These questions can either be a part of the evaluation as described above, or as a separate anonymous survey.
11. The program has a system for case management. It regularly plans, monitors and assesses the progress of each person served.
12. <u>Each domestic violence shelter shall develop and implement a plan for the provision of outreach services in counties of the area development district in which it is located.</u>

Crisis Line Services

A. Premise:

Victims need access to confidential support and intervention services provided free-of-charge, on a 24-hour basis by staff and volunteers trained in crisis intervention and domestic violence.

B. Criteria:

Attachments 5.1.5. Involvement in Operations & Governance. Anonymous survey from shelter resident intake packet of paperwork.

GREENHOUSE17

Anonymous Survey

Please evaluate the service you received during your stay with GreenHouse17:

Do you feel that GreenHouse17 met the needs of your child/children and yourself? **Yes__ No__**

If yes, what was most beneficial? If no, what could have been improved?

_____

_____

_____

Did you feel safe at the shelter? **Yes_____ No _____**

If no, what could have been improved?

_____

_____

_____

Did you feel that the facilities were comfortable? **Yes__ No__**

If no, what could have been improved?

_____

_____

_____

Was the staff supportive of you and did they meet your needs? **Yes___ No___**

If yes, what was most beneficial? If no, what could have been improved?

_____

_____

_____

Were other women at the shelter supportive of you? **Yes___No___**

_____

_____

_____

Do you feel the house rules were fair? **Yes___ No___**

If no, what could have been improved and how?

_____

_____

_____

Were you satisfied with our referrals to other agencies? Yes___ No__

If yes, what was most beneficial? If no, why not?

_____
_____
_____
_____

Are there changes the staff could make in order to better serve you and future residents?
Yes____ No___

If yes, what was most beneficial?

_____
_____
_____
_____

Additional Comments:

_____
_____
_____
_____

I know more about community resources? **Yes** **No**

I know more ways to plan for my safety? **Yes** **No**

Attachment 5.1.5 Minimal Requirements for Guests, excerpts from Resident Welcome Packet

Basic Communal Living Guidelines

For the emotional, mental, and physical safety of all residents, both young and adult, we must prohibit all alcohol and illegal drugs from the shelter. Also, we require all medications and weapons—such as guns, knives, etc.—to be turned into the front office. If you have weapons, we are happy to store them or help you determine a safe place outside of shelter for storage.

Should you struggle with substance abuse, we hope you will feel safe to inform us of your needs so we can support your sobriety goals or address your needs to use safely. We are not here to judge or make your life decisions; however, substance use can affect the community. We hope you will honor keeping all illegal substances out of the shelter.

For safety reasons, please keep all windows closed and locked. Please exit the building through the front lobby doors or the dining hall doors. Use the sign in and out log so we know whether you and your children are in the building in cases of emergency.

We know that keeping up with your "littles" can be really difficult in a large facility with long hallways and big outdoor spaces. Please know that you are responsible for supervising your children. Typically many adults are around to assist you, but you may get called to come and find your little occasionally should they escape you. Although lots of eyes are around, the only reliable eyes are yours.

Because many children have been exposed to physical violence we ask you to refrain from using physical violence or harsh verbal language in order to protect the trauma of your, as well as other, children that reside in shelter.

One of most controversial issues in shelter has historically been around chores. All people have their own threshold for cleanliness. As a courtesy please pick up after yourself, wash your own dishes, and take an extra minute to pick up toys or anything you see out of place. This is your home; however, your home is full of guests so taking extra steps goes a long way. A chore schedule is posted on the front office door weekly. Most chores take 30 minutes or less (much less time than cleaning your own home). You are responsible for your chore, bedroom, and for helping to keep the shelter clean.

Attachment 5.1.5 Minimal Requirements for Guests, excerpts from Resident Welcome Packet

We ask that you try to return to shelter on the last shuttle or by 9 pm every evening. On the rare occasion you may be running late, work late, or have an emergency occur, we ask that you call us and let us know you are safe but your plans have changed. If you do not call us by 9pm we will be reaching out to your emergency contacts to make sure you are safe and well. If we are unable to reach you by 9pm the following day we will depart you from the program. We will bag up and hold your belongings for two weeks, after which they will be donated to Goodwill.

If you are departed please know you can call us anytime, be reassessed for shelter or receive all of our non-residential support and services.

Although most folks that live here are very honest, occasionally we have had personal items turn up missing. We are not responsible for your personal items; however, we provide lockers and locks for money and other valuables you would like to protect. Please see an advocate for padlocks and locker assignment and return the padlock when you depart from shelter so that we may have for future residents.

To you beautiful smokers, the back porch smoking area is the primary place to smoke. We know that we are on 40 acres but we ask that you refrain from smoking on the front porch, use cigarette disposal towers, and that you please, please do not use mother earth as an ash tray. Smoking is allowed on the back porch 24/7 but please note that if an advocate feels there is a safety concern, residents will be directed to be in the building until the safety issue is resolved.

Another controversial issue often stems around how mothers parent their children. Try to remember that everyone has a story, background, and life experiences that impact how we parent. Try not to assume the worst, instead help a struggling mom keep up. It is not easy to keep up when one is exhausted themselves from trauma. Help one another. Children can use a village!! If concerns rise to the belief that maybe a child is being hurt, please report to staff for appropriate steps. The villagers must help, support, not judge, make allowances for trauma, and protect all at the same time. We are always available to help with concerns.

Quiet Time for all Residents and Children is 9 pm

1.4 Requests for Shelter/Admissions

Persons eligible for GreenHouse17 shelter services must be:

- a current victim of intimate partner violence
- either, a legal adult, emancipated minor, or a minor seeking services for themselves who have been granted permission for services by a parent, guardian or judge's order. The legal dependents of accepted shelter residents are also eligible for admission despite age of dependents.
- willing to abide by program guidelines.
- able to take primary care of themselves and their dependents within a communal living facility. If a person needs assistance in taking primary care of themselves, staff shall explore others safe options.

Everyone has a right to a violence free life. We are dedicated to inclusion and non-discrimination. We honor the link between intimate partner abuse and other forms of oppression. We will provide individualized, survivor-centered advocacy that responds to each person's unique safety and healing needs. No person will be denied opportunity for services, nor will they be subject to discrimination in any project, program or activity on the basis of actual or perceived age, race, color, religion, national origin, ethnicity, citizenship, immigration status, marital status, language spoken, sex, sexual orientation, gender identity, familial status, pregnancy, handicap or disability, disabled veteran, Vietnam era veteran, or other protected status. No dependents with their parent or guardian are denied access to services.

Service Standards require for any intern / volunteer not to deny shelter entry or appropriate placement of prospective resident.

Support services at the GreenHouse17 are specifically aimed at lessening the duration and damage of homelessness experienced as a result of intimate partner violence. There is no limit to the length of stay at GreenHouse17's emergency shelter. Residents will work with GreenHouse17's Housing Specialists to identify suitable housing placements and transition from the shelter environment back into the community, and may continue to work with GreenHouse17 outreach advocates once this transition has occurred.

Green House17

Nurturing lives
harmed by intimate partner abuse.

Emergency Shelter Program

LFUCG ESR Covid-19 Responses

1. Is your proposal still viable for implementation as originally submitted?

Yes, our proposed emergency overnight shelter program for victims of domestic violence is still viable as originally submitted.

2. Please detail any modifications you will be making to the original submission in order to comply with the new service delivery requirements in the COVID-19 environment?

Emergency shelter intake and operations will continue as described in our original submission with the addition of the following COVID-19 compliance processes. Our emergency shelter's response has been informed by best practices defined by Kentucky Coalition Against Domestic Violence and Lexington Homelessness Prevention & Intervention "Infectious Disease: Homeless System Response Plan."

<u>Emergency Shelter Intake for Adult Victims & Dependent Children:</u>

- New intakes will be sheltered in confidential safe hotels for quarantine until testing indicates negative coronavirus result. Testing will be provided free-of-charge for victims and their dependent children and results typically received within 48 hours.
- Adults and dependent children agree to follow social distancing, mask wearing, handwashing, temperature taking, and/or other best practice precautions while living at the shelter facility. Consumption of food and beverage during meal service in the dining room will echo procedures for restaurant operations.
- Victims with health needs and/or working in essential roles without possibility for practice of social distancing will be sheltered in confidential safe hotels for duration of pandemic response.
- Capacity across emergency shelter facility and safe hotel quarantine locations will average 42-beds per night, the same number of beds prior to pandemic response.

<u>Staffing at the Emergency Shelter:</u>

- Direct service, supervisors, and administrative staff who report to the shelter location will be required to adhere to social distancing, mask wearing, handwashing, temperature taking, and other best practices.
- Shelter-based staff will respond to the needs of victims living at the shelter facility and also make several visits daily to safe quarantine hotel locations to deliver food, supplies, subscriptions, and case management. Use of secure mobile video conferencing also will be used to facilitate one-on-one counseling and advocacy services.
- Administrative staff who typically work from the shelter facility will shift to a remote work model to reduce traffic at the emergency shelter facility. If necessary, a split shelter-remote staffing model could be implemented for direct service staff at the shelter. In such case,

(continues)

five staff would report to shelter facility during each shift to assure 24-hour victim support and remote-based shelter staff would facilitate services by phone, email, and video meetings.

Other Shelter Operations & Services Delivery:

- Thrice daily cleaning schedule will include specific disinfectant protocols in shared spaces at the emergency shelter facility, including surfaces, door knobs, bathrooms, etc.
- The shelter shuttle schedule will be limited to necessary outings with requirements for mask wearing and other precautions while outside of shelter.
- Delivery of court- and community-based advocacy services will honor mandates set forth by Kentucky Courts and other community service providers.
- Every attempt will be made to divert intake or minimize duration of emergency shelter stay with transitional and/or permanent housing solutions, threats to safety and housing funds allow.

3. Will these new modifications increase or decrease your proposed budget? Please detail any increases or decreases to your proposed budget including additional costs and/or other secured funding.

Yes, pandemic modifications will increase our proposed budget by approximately $20,000 during each *month* of pandemic response. The following estimates are based on actual monthly costs incurred from April – June 2020:

Hotels	$12,250	225 hotel overnights for quarantined victims (7-8 rooms/night/month)
Travel	$500	travel to/from hotels for service delivery (50 roundtrips/month)
Food	$2,725	meal service/food access for victims quarantined in hotels each month
Supplies	$2,000	cleaning supplies, masks, thermometers, etc. per month
Technology	$750	monthly secure video conferencing licenses for remote services delivery
Indirect	$1,823	10% de minimis rate/month

Although our agency has submitted requests to several local and state sources, no additional funding specific to our emergency shelter's pandemic response for the grant term beginning July 1, 2020 has been confirmed at the time of this update.

Green House17

Nurturing lives
harmed by intimate partner abuse.

ATTACHMENT 5.1.5
Other Shelter Funding Sources

A. **KENTUCKY COALITION AGAINST DOMESTIC VIOLENCE (KCADV)** – Subcontract received as state-designated primary domestic violence service provider in the Bluegrass Area Development District. Includes state support from the Kentucky General Fund and Kentucky Trust & Agency, as well as U.S. Department of Health and Human Services funding received via the Family Violence Prevention & Services Act (FVPSA) and Temporary Assistance for Needy Families (TANF).

B. **VICTIMS OF CRIME ACT (VOCA)** – Federal pass-thru funding received via annual competitive application to the Kentucky Justice and Public Safety Cabinet to support shelter personnel, travel, and operation.

C. **VIOLENCE AGAINST WOMEN ACT (VAWA) STOP Formula** Grant – Federal pass-thru funding received via annual competitive application to the Kentucky Justice and Public Safety Cabinet to support legal services for victims living in emergency shelter.

D. **OFFICE OF VIOLENCE AGAINST WOMEN (OVW) TRANSTIONAL HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE GRANT** – Federal funding to support delivery of supportive housing service for victims of domestic violence.

E. **EMERGENCY SOLUTIONS GRANT (ESG**) – Shelter Component – Federal pass-thru funding received via annual competitive application to LFUCG Special Grants and Programs Office to support shelter operations.

F. **UNITED WAY OF THE BLUEGRASS –** Funding supports shelter operations and integration of innovative nature-based healing programming with traditional services for victims of domestic violence.

G. **FARM SOCIAL ENTERPRISE –** Funding generated from sales of value-added products from the farm on the property that surrounds the emergency shelter supports nature-based healing and stability services, as well as a portion of shelter operations.

H. **DONATIONS AND FUNDRAISING –** Funding received from individuals, corporations, faith groups, foundations, and special events supports shelter personnel and operations.

I. **IN-KIND DONATIONS –** Estimated market value of non-perishable food and hygiene supplies collected during annual statewide donation drive for domestic violence shelters.

Attachments 5.1.5 – No fee documentation - Kentucky Coalition Against Domestic Violence, Member Program Service Standards, pg 43.

Emergency Shelter

Temporary lodging in a safe, secure facility for victims and their children. Situations may arise that require the placement of clients in alternative lodging.

A. Premise:

The volatile nature of intimate partner violence makes it imperative that victims have immediate access to a secure environment free from physical, emotional, and verbal abuse. Domestic violence programs provide an opportunity for victims and their children to gain information about the dynamics of domestic violence, explore their options in a violence-free atmosphere, and break the isolation and silence that accompanies an abusive relationship.

B. Criteria:

1. Domestic violence programs provide access, admittance and residence in temporary shelters for victims of domestic violence and their children free of charge, 24 hours a day, every day of the year.
2. On-site staff coverage is provided 24 hours a day, 7 days a week.
3. The first priority of the staff is to be responsive and accessible to a resident or crisis line caller.
4. Each domestic violence program shall establish a protocol ensuring that adequate staff is available during emergencies. A supervisor or designee shall be available in some manner of contact that allows for immediate response.
5. Each client has access to:
    - An emergency shelter that is structurally safe and accommodates the particular security concerns of domestic violence victims.
    - Emergency food, clothing, and hygiene items free of charge to clients and their dependent children. When medical services are needed the program helps clients access services.
6. Domestic violence shelters ensure that staff members: