



# Lexington-Fayette Urban County Government

## Request for Proposals

---

The Lexington-Fayette Urban County Government hereby requests proposals for **RFP #7-2022 ESR Overnight Shelter** to be provided in accordance with terms, conditions and specifications established herein.

Sealed proposals will be received through Ion Wave until **2:00 PM**, prevailing local time, on **March 7, 2022**. All forms and information requested in RFP must be included and attached in Response Attachments tab in Ion Wave.

Proposals received after the date and time set for opening proposals will not be accepted. It is the sole responsibility of the Proposer to assure that his/her proposal is submitted in Ion Wave before the date and time set for opening proposals.

Proposals, once submitted, may not be withdrawn for a period of one hundred twenty (120) calendar days.

The Lexington-Fayette Urban County Government reserves the right to reject any or all proposals, and to waive technicalities and informalities when such waiver is determined by the Lexington-Fayette Urban County Government to be in its best interest.

Signature of this proposal by the Proposer constitutes acceptance by the Proposer of terms, conditions and requirements set forth herein.

Minor exceptions may not eliminate the proposal. Any exceptions to the specifications established herein shall be listed in detail on a separate sheet and attached hereto. The Lexington-Fayette Urban County Government shall determine whether any exception is minor.

The Lexington-Fayette Urban County Government encourages the participation of minority- and women-owned businesses in Lexington-Fayette Urban County Government contracts. This proposal is subject to Affirmative Action requirements attached hereto.

***Please do not contact any LFUCG staff member or any other person involved in the selection process other than the designated contact person(s) regarding the project contemplated under this RFP while this RFP is open and a selection has not been finalized. Any attempt to do so may result in disqualification of the firm's submittal for consideration.***

## **Laws and Regulations**

All applicable state laws, municipal ordinances and regulations of all authorities having jurisdiction over the project shall apply to the contract, and shall be deemed to be incorporated herein by reference.

## **Equal Employment Opportunity**

The Entity (regardless of whether construction contractor, non-construction contractor or supplier) agrees to provide equal opportunity in employment for all qualified persons, to prohibit discrimination in employment because of race, color, religion, sex (including pregnancy, sexual orientation or gender identity), national origin, disability, age, genetic information, political affiliation, or veteran status, and to promote equal employment through a positive, continuing program from itself and each of its sub-contracting agents. This program of equal employment opportunity shall apply to every aspect of its employment policies and practices.

## **Kentucky Equal Employment Opportunity Act**

The Kentucky Equal Employment Opportunity Act of 1978 (KRS 45.560-45.640) requires that any "county, city, town, school district, water district, hospital district, or other political subdivision of the state shall include in directly or indirectly publicly funded contracts for supplies, materials, services, or equipment hereinafter entered into the following provisions:

"During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, or national origin;
- (2) The contractor will state in all solicitations or advertisements for employees placed by or on behalf of the contractors that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, or national origin;
- (3) The contractor will post notices in conspicuous places, available to employees and applicants for employment, setting forth the provision of the nondiscrimination clauses required by this section; and
- (4) The contractor will send a notice to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding advising the labor union or workers' representative of the contractor's commitments under the nondiscrimination clauses."

The Act further provides:

"KRS 45.610. Hiring minorities -- Information required

- (1) For the length of the contract, each contractor shall hire minorities from other sources within the drawing area, should the union with which he has collective bargaining agreements be unwilling to supply sufficient minorities to satisfy the agreed upon goals and timetables.

(2) Each contractor shall, for the length of the contract, furnish such information as required by KRS 45.560 to KRS 45.640 and by such rules, regulations and orders issued pursuant thereto and will permit access to all books and records pertaining to his employment practices and work sites by the contracting agency and the department for purposes of investigation to ascertain compliance with KRS 45.560 to 45.640 and such rules, regulations and orders issued pursuant thereto.

KRS 45.620. Action against contractor -- Hiring of minority contractor or subcontractor

(1) If any contractor is found by the department to have engaged in an unlawful practice under this chapter during the course of performing under a contract or subcontract covered under KRS 45.560 to 45.640, the department shall so certify to the contracting agency and such certification shall be binding upon the contracting agency unless it is reversed in the course of judicial review.

(2) If the contractor is found to have committed an unlawful practice under KRS 45.560 to 45.640, the contracting agency may cancel or terminate the contract, conditioned upon a program for future compliance approved by the contracting agency and the department. The contracting agency may declare such a contractor ineligible to bid on further contracts with that agency until such time as the contractor complies in full with the requirements of KRS 45.560 to 45.640.

(3) The equal employment provisions of KRS 45.560 to 45.640 may be met in part by a contractor by subcontracting to a minority contractor or subcontractor. For the provisions of KRS 45.560 to 45.640, a minority contractor or subcontractor shall mean a business that is owned and controlled by one or more persons disadvantaged by racial or ethnic circumstances.

KRS 45.630 Termination of existing employee not required, when

Any provision of KRS 45.560 to 45.640 notwithstanding, no contractor shall be required to terminate an existing employee upon proof that employee was employed prior to the date of the contract.

KRS 45.640 Minimum skills

Nothing in KRS 45.560 to 45.640 shall require a contractor to hire anyone who fails to demonstrate the minimum skills required to perform a particular job."

It is recommended that all of the provisions above quoted be included as special conditions in each contract. In the case of a contract exceeding \$250,000, the contractor is required to furnish evidence that his workforce in Kentucky is representative of the available work-force in the area from which he draws employees, or to supply an Affirmative Action plan which will achieve such representation during the life of the contract.

## **LFUCG Non-Appropriation Clause**

Contractor acknowledges that the LFUCG is a governmental entity, and the contract validity is based upon the availability of public funding under the authority of its statutory mandate.

In the event that public funds are unavailable and not appropriated for the performance of the LFUCG's obligations under this contract, then this contract shall automatically expire without penalty to the LFUCG thirty (30) days after written notice to Contractor of the unavailability and non-appropriation of public funds. It is expressly agreed that the LFUCG shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of this contract, but only as an emergency fiscal measure during a substantial fiscal crisis, which affects generally its governmental operations.

In the event of a change in the LFUCG's statutory authority, mandate and mandated functions, by state and federal legislative or regulatory action, which adversely affects the LFUCG's authority to continue its obligations under this contract, then this contract shall automatically terminate without penalty to the LFUCG upon written notice to Contractor of such limitation or change in the LFUCG's legal authority.

## **Contention Process**

Vendors who respond to this invitation have the right to file a notice of contention associated with the RFP process or to file a notice of appeal of the recommendation made by the Director of Central Purchasing resulting from this invitation.

Notice of contention with the RFP process must be filed within 3 business days of the bid/proposal opening by (1) sending a written notice, including sufficient documentation to support contention, to the Director of the Division of Central Purchasing or (2) submitting a written request for a meeting with the Director of Central Purchasing to explain his/her contention with the RFP process. After consulting with the Commissioner of Finance the Chief Administrative Officer and reviewing the documentation and/or hearing the vendor, the Director of Central Purchasing shall promptly respond in writing findings as to the compliance with RFP processes. If, based on this review, a RFP process irregularity is deemed to have occurred the Director of Central Purchasing will consult with the Commissioner of Finance, the Chief Administrative Officer and the Department of Law as to the appropriate remedy.

Notice of appeal of a RFP recommendation must be filed within 3 business days of the RFP recommendation by (1) sending a written notice, including sufficient documentation to support appeal, to the Director, Division of Central Purchasing or (2) submitting a written request for a meeting with the Director of Central Purchasing to explain his appeal. After reviewing the documentation and/or hearing the vendor and consulting with the Commissioner of Finance and the Chief Administrative Officer, the Director of Central Purchasing shall in writing, affirm or withdraw the recommendation.

**SELECTION CRITERIA:**

- |   |           |
|---|-----------|
| 1. General Shelter Information                      | 25 points |
| 2. Rapid Resolution/Housing Oriented                | 25 points |
| 3. Low Barrier                                      | 20 points |
| 4. Actual Results                                   | 20 points |
| 5. Budget Appropriateness and Feasibility of Budget | 10 points |

Proposals shall contain the appropriate information necessary to evaluate based on these criteria. A committee composed of government employees as well as representatives of relevant user groups will evaluate the proposals.

Questions shall be submitted via IonWave at: <https://lexingtonky.ionwave.net>

## Affirmative Action Plan

All vendors must submit as a part of the proposal package the following items to the Urban County Government:

1. Affirmative Action Plan for his/her firm;
2. Current Work Force Analysis Form;

Failure to submit these items as required may result in disqualification of the submitter from award of the contract. All submissions should be directed to:

Director, Division of Central Purchasing  
Lexington-Fayette Urban County Government  
200 East Main Street, 3rd Floor  
Lexington, Kentucky 40507

All questions regarding this proposal must be directed to the Division of Central Purchasing, (859)-258-3320.

**AFFIDAVIT**

Comes the Affiant, DARLENE THOMAS, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is DARLENE THOMAS and he/she is the individual submitting the proposal or is the authorized representative of GREENHOUSE17, the entity submitting the proposal (hereinafter referred to as "Proposer").

2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.

3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.

4. Proposer has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.

5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.

6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

**Continued on next page**

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

\_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was subscribed, sworn to and acknowledged before me

by \_\_\_\_\_ on this the \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE AT LARGE

**Per LFUCG Office of Purchasing, organization was advised to notarize this form after notification of award.**



# EQUAL OPPORTUNITY AGREEMENT

## Standard Title VI Assurance

The Lexington Fayette-Urban County Government, (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78Stat.252, 42 U.S.C. 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, (49 CFR, Part 21) Nondiscrimination in Federally Assisted Program of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, no person in the United States shall, on the grounds of race, color, national origin, sex, age (over 40), religion, sexual orientation, gender identity, veteran status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the U.S. Department of Transportation, including the Federal Highway Administration, and hereby gives assurance that will promptly take any necessary measures to effectuate this agreement. This assurance is required by subsection 21.7(a) (1) of the Regulations.

## The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:

*The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.*

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

*The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.*

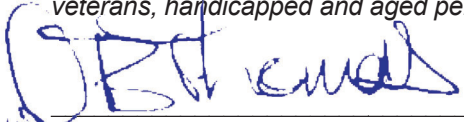
\*\*\*\*\*

The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

Bidders

*I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.*

  
Signature

GREENHOUSE17

Name of Business

**WORKFORCE ANALYSIS FORM**

**GREENHOUSE17**

Name of Organization: \_\_\_\_\_

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators	4	0	4														4
Professionals	36	1	31		1		2								1	1	35
Superintendents																	
Supervisors	5	2	3														2 3
Foremen																	
Technicians																	
Protective																	
Para-																	
Office/Clerical	3		3														3
Skilled Craft	2	1	1														1 1
Service/Maintena	1	1															1
<b>Total:</b>	<b>51</b>	<b>5</b>	<b>42</b>		<b>1</b>		<b>2</b>								<b>1</b>	<b>5</b>	<b>46</b>

CORISSA PHILLIPS,  
EXTERNAL RELATIONS DIRECTOR

Prepared by: \_\_\_\_\_ Date: 03 / 03 / 22



(Name and Title)

Revised 2015-Dec-15

**DIRECTOR, DIVISION OF CENTRAL PURCHASING  
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT  
200 EAST MAIN STREET  
LEXINGTON, KENTUCKY 40507**

**NOTICE OF REQUIREMENT FOR AFFIRMATIVE ACTION TO ENSURE EQUAL EMPLOYMENT OPPORTUNITIES AND DBE CONTRACT PARTICIPATION**

Notice of requirement for Affirmative Action to ensure Equal Employment Opportunities and Disadvantaged Business Enterprises (DBE) Contract participation. Disadvantaged Business Enterprises (DBE) consists of Minority-Owned Business Enterprises (MBE) and Woman-Owned Business Enterprises (WBE).

The Lexington-Fayette Urban County Government has set a goal that not less than ten percent (10%) of the total value of this Contract be subcontracted to Disadvantaged Business Enterprises, which is made up of MBEs and WBEs. The Lexington Fayette Urban County Government also has set a goal that not less than three percent (3%) of the total value of this Contract be subcontracted to Veteran-owned Small Businesses. The goal for the utilization of Disadvantaged Business Enterprises as well Veteran –owned Small Businesses as subcontractors is a recommended goal. Contractor(s) who fail to meet such goal will be expected to provide written explanations to the Director of the Division of Purchasing of efforts they have made to accomplish the recommended goal, and the extent to which they are successful in accomplishing the recommended goal will be a consideration in the procurement process. Depending on the funding source, other DBE goals may apply.

For assistance in locating Disadvantaged Business Enterprises Subcontractors contact:

Sherita Miller, MPA, Division of Central Purchasing  
Lexington-Fayette Urban County Government  
200 East Main Street, 3rd Floor, Room 338  
Lexington, Kentucky 40507  
[smiller@lexingtonky.gov](mailto:smiller@lexingtonky.gov)

Firm Submitting Proposal: GREENHOUSE17

Complete Address: 4400 Briar Hill Road, Lexington 40516  
Street City Zip

Contact Name: Darlene Thomas Title: Executive Director

Telephone Number: 859-519-1903 Fax Number: N/A

Email address: dthomas@greenhouse17.org

**Lexington-Fayette Urban County Government**  
**MWDBE PARTICIPATION GOALS**

A. GENERAL

- 1) The LFUCG request all potential contractors to make a concerted effort to include Minority-Owned (MBE), Woman-Owned (WBE), Disadvantaged (DBE) Business Enterprises and Veteran-Owned Small Businesses (VOSB) as subcontractors or suppliers in their bids.
- 2) Toward that end, the LFUCG has established 10% of total procurement costs as a Goal for participation of Minority-Owned, Woman-Owned and Disadvantaged Businesses on this contract.
- 3) **It is therefore a request of each Bidder to include in its bid, the same goal (10%) for MWDBE participation and other requirements as outlined in this section.**
- 4) The LFUCG has also established a 3% of total procurement costs as a Goal for participation for of Veteran-Owned Businesses.
- 5) **It is therefore a request of each Bidder to include in its bid, the same goal (3%) for Veteran-Owned participation and other requirements as outlined in this section.**

B. PROCEDURES

- 1) The successful bidder will be required to report to the LFUCG, the dollar amounts of all payments submitted to Minority-Owned, Woman-Owned or Veteran-Owned subcontractors and suppliers for work done or materials purchased for this contract. (See Subcontractor Monthly Payment Report)
- 2) Replacement of a Minority-Owned, Woman-Owned or Veteran-Owned subcontractor or supplier listed in the original submittal must be requested in writing and must be accompanied by documentation of Good Faith Efforts to replace the subcontractor / supplier with another MWDBE Firm; this is subject to approval by the LFUCG. (See LFUCG MWDBE Substitution Form)
- 3) For assistance in identifying qualified, certified businesses to solicit for potential contracting opportunities, bidders may contact:
  - a) The Lexington-Fayette Urban County Government, Division of Central Purchasing (859-258-3320)
- 4) The LFUCG will make every effort to notify interested MWDBE and Veteran-Owned subcontractors and suppliers of each Bid Package, including information on the scope of work, the pre-bid meeting time and location, the bid date, and all other pertinent information regarding the project.

C. DEFINITIONS

- 1) A Minority-Owned Business Enterprise (MBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by persons of African American, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native Heritage.
- 2) A Woman-Owned Business Enterprise (WBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by one or more women.

- 3) A Disadvantaged Business (DBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by a person(s) that are economically and socially disadvantaged.
- 4) A Veteran-Owned Small Business (VOSB) is defined as a business which is certified as being at least 51% owned, managed and controlled by a veteran and/or a service disabled veteran.
- 5) Good Faith Efforts are efforts that, given all relevant circumstances, a bidder or proposer actively and aggressively seeking to meet the goals, can reasonably be expected to make. In evaluating good faith efforts made toward achieving the goals, whether the bidder or proposer has performed the efforts outlined in the Obligations of Bidder for Good Faith Efforts outlined in this document will be considered, along with any other relevant factors.

#### D. OBLIGATION OF BIDDER FOR GOOD FAITH EFFORTS

- 1) **The bidder shall make a Good Faith Effort to achieve the Participation Goal for MWDBE and Veteran-Owned subcontractors/suppliers. The failure to meet the goal shall not necessarily be cause for disqualification of the bidder; however, bidders not meeting the goal are required to furnish with their bids written documentation of their Good Faith Efforts to do so.**
- 2) Award of Contract shall be conditioned upon satisfaction of the requirements set forth herein.
- 3) The Form of Proposal includes a section entitled "MWDBE Participation Form". The applicable information must be completed and submitted as outlined below.
- 4) **Failure to submit this information as requested may be cause for rejection of bid or delay in contract award.**

#### E. DOCUMENTATION REQUIRED FOR GOOD FAITH EFFORTS

- 1) Bidders reaching the Goal are required to submit only the MWDBE Participation Form." The form must be fully completed including names and telephone number of participating MWDBE firm(s); type of work to be performed; estimated value of the contract and value expressed as a percentage of the total Lump Sum Bid Price. The form must be signed and dated, and is to be submitted with the bid.
- 2) Bidders not reaching the Goal must submit the "MWDBE Participation Form", the "Quote Summary Form" and a written statement documenting their Good Faith Effort to do so. If bid includes no MWDBE and/or Veteran participation, bidder shall enter "None" on the subcontractor / supplier form). In addition, the bidder must submit written proof of their Good Faith Efforts to meet the Participation Goal:
  - a. Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.
  - b. Included documentation of advertising in the above publications with the bidders good faith efforts package

- c. Attended LFUCG Central Purchasing Economic Inclusion Outreach event
- d. Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned businesses of subcontracting opportunities
- e. Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses.
- f. Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).
- g. Contacted organizations that work with MWDBE companies for assistance in finding certified MWDBE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.
- d. Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs and/or Veteran-Owned businesses soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.
- e. Followed up initial solicitations by contacting MWDBEs and Veteran-Owned Businesses to determine their level of interest.
- j. Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.
- k. Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce
- l. Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.
- m. Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.
- n. Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.



o. Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

p. Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

q. Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

**Note: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to review by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.**



Sherita Miller, MPA  
Minority Business Enterprise Liaison  
Division of Central Purchasing  
Lexington-Fayette Urban County Government  
200 East Main Street  
Lexington, KY 40507  
[smiller@lexingtonky.gov](mailto:smiller@lexingtonky.gov)  
859-258-3323

**OUR MISSION:** The mission of the Minority Business Enterprise Program is to facilitate the full participation of minority and women owned businesses in the procurement process and to promote economic inclusion as a business imperative essential to the long term economic viability of Lexington-Fayette Urban County Government.

To that end the city council adopted and implemented Resolution 484-2017 – A Certified Minority, Women and Disadvantaged Business Enterprise ten percent (10%) minimum goal and a three (3%) minimum goal for Certified Veteran-Owned Small Businesses and Certified Service Disabled Veteran – Owned Businesses for government contracts.

The resolution states the following definitions shall be used for the purposes of reaching these goals (a full copy is available in Central Purchasing):

***Certified Disadvantaged Business Enterprise (DBE)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a person(s) who is socially and economically disadvantaged as defined by 49 CFR subpart 26.

***Certified Minority Business Enterprise (MBE)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by an ethnic minority (i.e. African American, Asian American/Pacific Islander, Hispanic Islander, Native American/Native Alaskan Indian) as defined in federal law or regulation as it may be amended from time-to-time.

***Certified Women Business Enterprise (WBE)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a woman.

***Certified Veteran-Owned Small Business (VOSB)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

***Certified Service Disabled Veteran Owned Small Business (SDVOSB)*** – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a disabled veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

The term “Certified” shall mean the business is appropriately certified, licensed, verified, or validated by an organization or entity recognized by the Division of Purchasing as having the appropriate credentials to make a determination as to the status of the business.

We have compiled the list below to help you locate certified MBE, WBE and DBE certified businesses. Below is a listing of contacts for LFUCG Certified MWDBEs and Veteran-Owned Small Businesses in (<https://lexingtonky.ionwave.net>)

<b>Business</b>	<b>Contact</b>	<b>Email Address</b>	<b>Phone</b>
<b>LFUCG</b>	Sherita Miller	<a href="mailto:smiller@lexingtonky.gov">smiller@lexingtonky.gov</a>	859-258-3323
<b>Commerce Lexington – Minority Business Development</b>	Tyrone Tyra	<a href="mailto:ttyra@commercelexington.com">ttyra@commercelexington.com</a>	859-226-1625
<b>Tri-State Minority Supplier Diversity Council</b>	Susan Marston	<a href="mailto:smarston@tsmsdc.com">smarston@tsmsdc.com</a>	502-365-9762
<b>Small Business Development Council</b>	Shawn Rogers UK SBDC	<a href="mailto:shawn.rogers@uky.edu">shawn.rogers@uky.edu</a>	859-257-7666
<b>Community Ventures Corporation</b>	Phyllis Alcorn	<a href="mailto:palcorn@cvky.org">palcorn@cvky.org</a>	859-231-0054
<b>KY Transportation Cabinet (KYTC)</b>	Melvin Bynes	<a href="mailto:Melvin.bynes2@ky.gov">Melvin.bynes2@ky.gov</a>	502-564-3601
<b>KYTC Pre-Qualification</b>	Shella Eagle	<a href="mailto:Shella.Eagle@ky.gov">Shella.Eagle@ky.gov</a>	502-782-4815
<b>Ohio River Valley Women’s Business Council (WBENC)</b>	Sheila Mixon	<a href="mailto:smixon@orvwbc.org">smixon@orvwbc.org</a>	513-487-6537
<b>Kentucky MWBE Certification Program</b>	Yvette Smith, Kentucky Finance Cabinet	<a href="mailto:Yvette.Smith@ky.gov">Yvette.Smith@ky.gov</a>	502-564-8099
<b>National Women Business Owner’s Council (NWBOC)</b>	Janet Harris-Lange	<a href="mailto:janet@nwvoc.org">janet@nwvoc.org</a>	800-675-5066
<b>Small Business Administration</b>	Robert Coffey	<a href="mailto:robertcoffey@sba.gov">robertcoffey@sba.gov</a>	502-582-5971
<b>LaVoz de Kentucky</b>	Andres Cruz	<a href="mailto:lavozdeky@yahoo.com">lavozdeky@yahoo.com</a>	859-621-2106
<b>The Key News Journal</b>	Patrice Muhammad	<a href="mailto:production@keynewsjournal.com">production@keynewsjournal.com</a>	859-685-8488




Bid/RFP/Quote Reference # Pkg 7 - 2022

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. **Failure to submit a completed form may cause rejection of the bid.**

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
<b>PROJECT SCOPE DOES NOT INCLUDE CONTRACTING</b>				
1.				
2.				
3.				
4.				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

GREENHOUSE17  
 Company  
03/04/2022  
 Date

Darlene Thomas   
 Company Representative  
Executive Director  
 Title



Bid/RFP/Quote Reference # Pkg 7 - 2022

The substituted MWDBE and/or veteran subcontractors listed below have agreed to participate on this Bid/RFP/Quote. These substitutions were made prior to or after the job was in progress. These substitutions were made for reasons stated below and are now being submitted to Central Purchasing for approval. By the authorized signature of a representative of our company, we understand that this information will be entered into our file for this project.

SUBSTITUTED MWDBE Company Name, Address, Phone, Email	MWDBE Formally Contracted/ Name, Address, Phone, Email	Work to Be Performed	Reason for the Substitution	Total Dollar Value of the Work	% Value of Total Contract
1.					
<b>PROJECT SCOPE DOES NOT INCLUDE CONTRACTING</b>					
2.					
3.					
4.					

The undersigned acknowledges that any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

GREENHOUSE17  
Company

03/04/2022

Date

Darlene Thomas  
Company Representative

Executive Director

Title



Bid/RFP/Quote Reference # Pkg 7 - 2022

The undersigned acknowledges that the minority and/or veteran subcontractors listed on this form did submit a quote to participate on this project. Failure to submit this form may cause rejection of the bid.

Company Name GREENHOUSE17	Contact Person Darlene Thomas
Address/Phone/Email PO Box 55190; Lexington, KY 40555	Bid Package / Bid Date Pkg 7 - 2022

MWDBE Company Address	Contact Person	Contact Information (work phone, Email, cell)	Date Contacted	Services to be performed	Method of Communication (email, phone meeting, ad, event etc)	Total dollars \$\$ Do Not Leave Blank (Attach Documentation)	MBE * AA HA AS NA Female	Veteran
<b>PROJECT SCOPE DOES NOT INCLUDE CONTRACTING</b>								

(MBE designation / AA=African American / HA= Hispanic American/AS = Asian American/Pacific Islander/ NA= Native American)

The undersigned acknowledges that all information is accurate. Any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

GREENHOUSE17  
Company  
03/04/2022  
Date

Darlene Thomas  
Company Representative  
Executive Director  
Title



The LFUCG has a 10% goal plan adopted by city council to increase the participation of minority and women owned businesses in the procurement process. The LFUCG also has a 3% goal plan adopted by cited council to increase the participation of veteran owned businesses in the procurement process. In order to measure that goal LFUCG will track spending with MWDBE and Veteran contractors on a monthly basis. By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentation may result in termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims. Please submit this form monthly to the Division of Central Purchasing/ 200 East Main Street / Room 338 / Lexington, KY 40507.

**Bid/RFP/Quote #** Pkg 7 - 2022

**Total Contract Amount Awarded to Prime Contractor for this Project** TBD

<b>Project Name/ Contract #</b> Emergency Shelter	<b>Work Period/ From:</b> 7/1/22 - 6/30/22 <b>To:</b>
<b>Company Name:</b> GREENHOUSE17	<b>Address:</b> 4400 Briar Hill Rd, Lexington 40516
<b>Federal Tax ID:</b> 20-1965942	<b>Contact Person:</b> Darlene Thomas

Subcontractor Vendor ID (name, address, phone, email)	Description of Work	Total Subcontract Amount	% of Total Contract Awarded to Prime for this Project	Total Amount Paid for this Period	Purchase Order number for subcontractor work (please attach PO)	Scheduled Project Start Date	Scheduled Project End Date
<b>PROJECT SCOPE DOES NOT INCLUDE CONTRACTING</b>							

By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentations may result in the termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

GREENHOUSE17

**Company**

03/03/2022

**Date**

Darlene Thomas

**Company Representative**

Executive Director

**Title**

## LFUCG STATEMENT OF GOOD FAITH EFFORTS

Bid/RFP/Quote # Pkg 7 - 2022

By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation.

\_\_\_\_\_ Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.

\_\_\_\_\_ Included documentation of advertising in the above publications with the bidders good faith efforts package

\_\_\_\_\_ Attended LFUCG Central Purchasing Economic Inclusion Outreach event

\_\_\_\_\_ Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities

\_\_\_\_\_ Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses

\_\_\_\_\_ Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).

\_\_\_\_\_ Contacted organizations that work with MWDBE companies for assistance in finding certified MWDBE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.

\_\_\_\_\_ Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.

\_\_\_\_\_ Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest.

\_\_\_\_\_ Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.

\_\_\_\_\_ Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items



into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce

\_\_\_\_ Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.

\_\_\_\_ Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

\_\_\_\_ Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

\_\_\_\_ Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal


\_\_\_\_ Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

  x   Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

**NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.**

The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

GREENHOUSE17  
\_\_\_\_\_  
Company  
03/04/22  
\_\_\_\_\_  
Date

Darlene Thomas   
\_\_\_\_\_  
Company Representative  
Executive Director  
\_\_\_\_\_  
Title

**PROJECT SCOPE DOES NOT INCLUDE CONTRACTING**

## GENERAL PROVISIONS

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, *29 U.S.C. 650 et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
3. Addenda: All addenda and IonWave Q&A, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.
5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.
6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.
8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.

9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,
10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.
11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least thirty (30) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

#### A. Termination for Cause

- (1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties
- (2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination if the contractor fails to cure the deficiencies within the specified time.
- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
  - (a) Failure to perform the contract according to its terms, conditions and specifications;
  - (b) Failure to make delivery within the time specified or according

- to a delivery schedule fixed by the contract;
- (c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;
  - (d) Failure to diligently advance the work under a contract for construction services;
  - (e) The filing of a bankruptcy petition by or against the contractor; or
  - (f) Actions that endanger the health, safety or welfare of the LFUCG or its citizens.

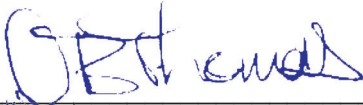
#### B. At Will Termination

Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing thirty (30) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. **Assignment of Contract:** The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.
14. **No Waiver:** No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.
15. **Authority to do Business:** The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must

be signed by a duly authorized officer, agent or employee of the Respondent.

16. **Governing Law:** This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.
17. **Ability to Meet Obligations:** Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.
19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.
20. Contractor [or Vendor or Vendor's Employees] will not appropriate or make use of the Lexington-Fayette Urban County Government (LFUCG) name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of the government. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Contractor agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.

  
\_\_\_\_\_  
Signature

03/04/22  
\_\_\_\_\_  
Date



**LEXINGTON**  
*Homelessness Prevention  
& Intervention*

**Background**

The Lexington-Fayette Urban County Government has established the Extended Social Resource Program to provide funds to various non-profits that provide important social services to the community. This Program supplements and supports the work of the Council by fulfilling an important and vital public purpose. The Council separates the emergency overnight shelter priority area from the ESR Program to create two distinct components: a Community Based Initiatives program, administered by the Department of Social Services and an overnight emergency shelter program administered by the Office of Homelessness Prevention and Intervention.

The administration and management of the overnight emergency shelter program is more efficiently performed by the Office of Homelessness Prevention and Intervention, which was created for the purpose of coordinating Lexington's efforts to end homelessness. The Lexington-Fayette Urban County Government's Homelessness Prevention and Intervention Board identifies non-profits in the community that provide overnight emergency shelter for those experiencing homelessness and that qualify for funding in accordance with the Lexington-Fayette County Continuum of Care.

The Council established a funding goal for each grant year of at least one percent (1%) of general fund revenues collected from the last full fiscal year. Of that, Council sets that forty percent (40%) of the total amount shall be allocated for the overnight shelter component. This 40% will include funding for all emergency shelters in Fayette County, even those previously funded outside of the ESR program.

Emergency overnight shelter contracts will be awarded to eligible applicants to assist in operating an emergency shelter in alignment with the goals of the Lexington-Fayette County Continuum of Care, the Office of Homelessness Prevention and Intervention and the LFUCG Homelessness Prevention & Intervention Board. This is a purchase service agreement with terms set by LFUCG. LFUCG intends to fund any organization which operates a rapid-resolution, housing oriented emergency shelter that assists individuals and families to exit into permanent housing quickly.

**Instructions**

Please submit all required narrative and attachments no later than the deadline indicated below:

**Proposal Deadline – 2 P.M. ON MARCH 7, 2022**

**Proposals received after this deadline or incomplete proposals will not be considered.**



# **LEXINGTON**

*Homelessness Prevention  
& Intervention*

## **1.0 GENERAL PROVISIONS**

### **1.1 Funding**

The funding period is for length of the analysis and completed recommendations, not to exceed two (2) years. Second year funding is contingent on budget allocations as adopted by the LFUCG Council.

LFUCG will make awards to multiple agencies with varying amounts based on scoring.

### **1.2 Proposal Submission**

In order to be considered, proposals must be received by the March 7, 2022, deadline. The proposal must contain the required documents and respond to each of the required narrative questions to be complete.

Proposals containing significant omissions of required information will be considered non-responsive and will be removed from the funding process. Significant missing responses to narrative questions constitute an incomplete proposal.

The final decision regarding proposal completeness and penalties will be determined by the Director of the Office of Homelessness Prevention & Intervention.

### **1.3 Acceptance/Rejection of Applications**

The LFUCG reserves the right to reject any proposals which may be considered irregular, show serious omission, contain unauthorized alteration of form, or are incomplete.

The LFUCG reserves the right to accept or reject any or all applications in whole or in part, with or without cause, to waive technicalities, to implement scoring penalties, or to accept applications or portions thereof which, in the Urban County Government's judgement, best serve the interests of Urban County Government.

### **1.4 Requests for Clarification**

The LFUCG reserves the right to request clarification of information submitted and to request additional information (to clarify the information submitted) of the applicant either orally or in writing. This may include negotiation of funding amounts, outcomes, and other adjustments prior to the execution of a funding award.

### **1.5 Timeline**

This Request for Proposals is being released on January 28, 2022, and is made available to the public and all potentially eligible applicants.

Completed proposals are due no later than 2 p.m. on March 7, 2022, and late or incomplete proposals will not be accepted or evaluated.





# **LEXINGTON**

*Homelessness Prevention  
& Intervention*

The LFUCG intends to conduct proposal evaluation immediately following the proposal due date and intends to make funding announcements no later than April 29, 2022. This timeline is subject to change without notice.

No funds may be expended prior to the execution of a funding agreement and grantees will not be reimbursed for pre-award costs.

## **1.6 Evaluation**

Proposals will be evaluated by a neutral panel, the Program Performance & Evaluation Committee of the LFUCG Homelessness Prevention & Intervention/Continuum of Care Board, all of whom have some expertise in the field of human services but no affiliation with any applicant.

Scoring criteria are outlined in Section 4.0 Evaluation.

## **1.7 Selection**

The highest scoring proposal as determined by the panel will be recommended for funding and contacted to negotiate a funding agreement. Should no agreement be reached, the second highest scoring applicant will be contacted.

## **1.8 Reporting**

The funded project will be required to submit quarterly financial and project timeline reports. Failure to submit complete reports on time will delay processing of grant payments and affect the grantee's competitiveness for any future funding opportunities with LFUCG.





# LEXINGTON

*Homelessness Prevention  
& Intervention*

## 2.0 PROPOSAL FORMAT

The Proposer must submit the proposal via the LFUCG's Procurement Software at <https://lexingtonky.ionwave.net/Login.aspx>. Adherence to the proposal format by all proposers will ensure a fair evaluation regarding the needs of the CoC. Proposers not following the prescribed format will be deemed non-responsive.

A complete proposal contains each of the following components:

- One Page Cover Sheet containing:
  - Organization or Lead Applicant Name and Authorized Representative
  - Organization or Lead Applicant Address, Phone Number and E-mail
  - Title of proposed project
  - Brief summary of proposed project (250 words or less)
- Project Narrative responding to each of the evaluation criteria described in Section 3.0 and utilizing format described below (15 pages or less)
  - Double spaced
  - Single sided
  - Times New Roman 12-point font with 1-inch margins
  - Page numbers in bottom right corner of complete submission

## 3.0 MINIMUM ELIGIBILITY CRITERIA/REQUIREMENTS

Applicants for emergency overnight shelter funding must meet or agree to implement the following items. Submission of a proposal constitutes agreement to these terms:

- All shelter guests must be entered into the Kentucky Homeless Management Information System (KYHMIS) database. If the organization is a victim service provider, the requirement for a comparable database must be fulfilled. All emergency overnight shelter program specific data elements and timeliness must comply with the LFUCG Homelessness Prevention and Intervention Board's Data Quality Plan.
  - Shelters must participate fully in the Lexington's Coordinated Entry System. For shelters this means conducting the VI-SPDAT assessment for guests who have reached an appropriate length of stay<sup>1</sup>, entering those guests into the Coordinated Entry project in KYHMIS, and meeting all responsibilities outlined in Lexington Coordinated Entry Policies & Procedures adopted by the LFUCG Homelessness Prevention & Intervention Board.
-



# LEXINGTON

*Homelessness Prevention  
& Intervention*

- Shelters must comply with LFUCG Homelessness Prevention and Intervention’s Board Anti-Discrimination Policies to ensure that they do not contribute to unlawful gaps in access based on race, ethnicity, gender identity, sexuality, or other demographics, as defined by federal, state, and local laws and ordinances. Shelters will have a culture that exhibits cultural competency and responsiveness.

## 4.0 EVALUATION

### 4.1 General Shelter Information

25 points

The following information is required in order to evaluate capacity and scope of programming and ensure a balance of shelter options for various sub-populations of people experiencing homelessness. While the overall narrative score is a major factor in funding recommendations, LFUCG will also consider factors such as ensuring availability of critical services and an adequate number of emergency shelter beds for vulnerable populations.

- ⇒ Provide a description of the shelter including;
  - shelter operating hours,
  - population served included special populations served,
  - shelter rules and procedures (**submit documentation**)
  - how basic needs are met such as meals and personal care,
  - operating hours outside of nighttime shelter, i.e. are staff operating during the day
  - general staffing description for the emergency shelter
- ⇒ Does your emergency shelter consistently implement practices to meet people where they are, and provide person-centered care that focuses on personal strengths? (**submit documentation**)
- ⇒ What policies or value statements convey clear expectations that guests will be treated with dignity and respect, and how does the shelter monitor adherence to these expectations? (**submit documentation**)
- ⇒ Are expectations of guests clearly communicated and easily accessible for review by guests? (**submit documentation of communication process**)
- ⇒ What specific practices help ensure that the shelter exhibits cultural competency and provides appropriate protections for shelter seekers across demographic differences?
- ⇒ Does the shelter involve guests in governance and operations? (**submit documentation**)

### 4.2 Rapid Resolution, Housing Oriented

25 points

Up to 25 points will be awarded to applicants demonstrating a shelter project that is rapid resolution and housing oriented. This means a plan is presented for how the organization works with guests to develop and implement a housing plan including diversion techniques and how quickly people move to permanent housing.



# LEXINGTON

*Homelessness Prevention  
& Intervention*

Narrative for this section should address all of the following prompts:

- ⇒ Does your emergency shelter's process for accessing shelter assess options for diverting from shelter?
- ⇒ Does your emergency shelter's diversion approach include, when needed, financial assistance, mediation, housing location, legal assistance, or other supports?
- ⇒ What role do mainstream programs play in supporting shelter seekers and diversion efforts?
- ⇒ How does your emergency shelter provide immediate assistance and link guests with housing options within the first 14 days of a shelter stay?
- ⇒ How does your emergency shelter use data routinely to detect trends, identify frequent users, and monitor housing success and other performance measures?
- ⇒ How your emergency shelter coordinate with the broader homelessness service and housing systems in system-level planning?
- ⇒ Does your emergency shelter assess and address the safety risks for people fleeing domestic violence?
- ⇒ Describe how shelter guests are assigned case management and detail how case management is provided in your emergency shelter. How often do case managers discuss housing options with guests? How and when do the conversations about obtaining housing begin? Do case managers utilize best practices when working with clients such as trauma informed care?
- ⇒ How will shelter staff members or volunteers help shelter guests access documents needed for housing (birth certificates, Social Security cards, etc.) when needed?

### 4.3 Low-Barrier

**20 points**

Up to 10 points will be awarded to applicants based on an evaluation of the shelter's commitment to a housing first, low-barrier model. Low-barrier shelter is a critical piece in the homeless assistance approach that prioritizes providing people experiencing homelessness with shelter as quickly as possible – and then providing voluntary supportive services as needed. A low-barrier shelter is one which has only the least restrictive entry criteria necessary to ensure health and safety in the facility.

Narrative for this section should address all of the following prompts:

- ⇒ Does the shelter set only minimal and reasonable requirements for guests, and does the shelter enforce these requirements in a fair and transparent way? **(submit documentation)**
- ⇒ Does your emergency shelter have minimal expectations or requirements of people seeking shelter? **(submit documentation)**
- ⇒ Does your shelter welcome self-defined family and kinship groups to seek shelter together?
- ⇒ Can your emergency shelter identify financial resources that can support the adoption of low-barrier policies and practices and support extended or flexible hours and adapted service-delivery models?
- ⇒ Does your shelter accommodate pets and belongings?



# LEXINGTON

*Homelessness Prevention  
& Intervention*

- ⇒ Does the shelter make accommodations to store belongings and if so, how?
- ⇒ Do your shelter intake process and housing navigation services coordinate closely with community-based outreach services and coordinated entry?
- ⇒ Does your shelter create flexible and predictable access for people seeking shelter?
- ⇒ Are guests required or requested to contribute funds or labor to remain in the shelter? **(submit documentation of any program fees or volunteer time required)**
- ⇒ Are guests required to participate in classes or programs as a condition of remaining in the shelter? If yes, describe the process followed to determine whether someone is admitted or removed from the shelter and appeals available to those denied access. Applicants should include with their proposal a copy of written operation procedures for denial of services. This includes drug testing.
- ⇒ How many participants were restricted, denied access, or banned in the past 12 months for reasons described above?

#### **4.4 Actual Results**

**20 Points**

Applicants will be evaluated based on actual results from the previous year. LFUCG will utilize access to KYHMIS or a VSP comparable database for organizations with prior year participation. ONLY non-participating first-time applicants should provide a narrative describing outcome targets and actual results for relevant existing shelter. If the organization has not operated an overnight emergency shelter in the past year, the organization may submit performance reports for any transitional housing, rapid rehousing, or permanent supportive housing program.

The OHPI reserves the right to negotiate final targets. Results will be evaluated based on reports from the KYHMIS or VSP comparable database, not agency records.

- ⇒ Submit reports from January 1, 2021 to December 31, 2021
  - CoC APR and
  - CoC CAPER

#### **4.5 Budget, Appropriateness and Feasibility of Budget**

**10 points**

Every community, including Lexington, faces the challenge of ensuring that shelter capacity is scaled to meet local need and that it is financed accordingly. This does assume that we should expand emergency shelter for those in the community that are currently experiencing unsheltered homelessness.

In making decisions regarding necessary capacity, LFUCG will consider how a broad range of changes and improvements within their crisis response systems will impact need and demand for emergency shelter, including: increased emphasis on diversion strategies and services; reductions in the length of time it takes for guests to move from shelter to permanent housing, including through expanded rapid resolution interventions; removal of barriers to entry; and increased emphasis on long-term or frequent users of emergency shelter.



**LEXINGTON**  
*Homelessness Prevention  
 & Intervention*

Complete this table by indicating the total in the column to the right, then respond to the narrative prompts below:	Total
***Number of individual beds available:	42
***Number of units available for families, if applicable:	--
Funds requested from LFUCG:	190,000
Average nightly census for individuals based on KYHMIS data:	34.5
Average nightly census for families based on KYHMIS data:	--
Total annual budget for shelter (all funding sources):	1,562,545
% LFUCG investment (LFUCG Request/Total Budget * 100):	12%

- ⇒ \*\*\*Total beds above not reflect any overflow capacity such as mats on the floor, sleeping in lobbies, dining room chairs or overflow into other buildings owned by partners such as churches or other non-profits. Also exclude beds reserved for/supported by Department of Corrections, Veterans Administration, Department of Community Based Services, or other funding sources.
- ⇒ Please describe all funding sources other than LFUCG that are included in your total emergency shelter budget.

Proposals should include a separate line item budget and budget narrative on the included forms and will be evaluated based on reasonableness of expenses and overall feasibility. Budgets should reflect all projected program revenue and expenses of the project.

For each category identify the amount requested and the amount to be leveraged through other programs or organizations (if applicable). The budget narrative should also clearly indicate whether expanded supportive services will be provided by the proposing organization or a third party contractor and the amount of LFUCG grant money anticipated to be used for these services.

*Staff Salaries* – Identify each position allocated for the shelter, role in the shelter and percentage of FTE allocated.

*Staff Fringe Benefits* – Include the organization’s fringe benefit rate or show how fringe benefit costs were calculated for the proposed personnel expenses.

*Consultant Services* – Describe any expenses associated with providing expanded supportive services or other services for which the organization intends to contract with another entity. Any of these expenses to be provided by the proposing organization should be included in other line items.

*Space/Facilities* – Describe the basis of the allocation of rental costs, utilities, janitorial costs, and any other facility costs to the Total Program Budget. Identify any office or program space in an LFUCG owned building, and describe in detail, including building address, approximate square footage utilized by your agency, rent/lease fees charged by LFUCG, and any other costs (monthly utilities, etc.) reimbursed to LFUCG.



## **LEXINGTON**

### *Homelessness Prevention & Intervention*

*Scholarships/Stipends*—List the type of scholarships or stipends, and include the number of people or organizations to receive funds, the maximum amount per recipient, and show the basis for computation.

*Operating Expenses* – Break down costs associated with expenses, supplies, utilities, and any other expense associated directly with the operation of the project. For each item identify the category, such as “rent,” and a brief justification of the amount requested.

## COVER SHEET

**Organization:** GreenHouse17

**Authorized Representative:** Darlene Thomas, Executive Director

**Contact Information:**

Mailing Address: PO Box 55190; Lexington, KY 40555-5190

Street Address: 4400 Briar Hill Road; Lexington, KY 40516

Phone: 859-519-1903 office; 800-544-2022 24-hour hotline

Email: [dthomas@greenhouse17.org](mailto:dthomas@greenhouse17.org); [grants@greenhouse17.org](mailto:grants@greenhouse17.org)

**Project Title:** Emergency Shelter for Victims of Domestic Violence

**Project Summary:** Lexington's Consolidated Plan identifies high priority need for emergency shelter, public services, and affordable housing to serve victims of domestic violence. GreenHouse17 is the state-designated primary provider of these services in Fayette County. The organization operates the only emergency shelter program in Lexington that provides homeless victims of domestic violence with comprehensive best-practice services meeting standards of the Kentucky Coalition Against Domestic Violence. Access to crisis intervention and emergency shelter is provided 24-hours a day, every day of the year. Services are trauma-informed and committed to low-barrier access. Shelter diversion and early integration of housing services assure rapid stability solutions, while participation in community consortia promotes systemic coordination of care. During the previous 12-month term, 316 adults and children fleeing domestic violence found safety, healing, and stability at the 42-bed facility. Request for LFUCG investment equals 12% of the annual shelter program budget

## I. GENERAL SHELTER INFORMATION

The National Network to End Domestic Violence estimates one in three women and up to one in six men will be the victim of domestic violence in their lifetimes. Kentucky Court of Justice Records indicate 1,877 domestic violence and interpersonal protections cases were filed in Fayette County last year. Victims must navigate complex barriers to flee abuse and establish safety—and the pandemic has made escape even more difficult. A recent study published by the National Commission on COVID-19 and Criminal Justice estimates domestic violence has increased by 8.1% since the start of the pandemic emergency. Fleeing and attempting to flee domestic violence is the most dangerous time. Twelve domestic homicides already have been reported during the first quarter of this year. The youngest victim was 10 years old.

### *Population Served, Operating Hours, Basic Needs*

Lexington's Consolidated Plan identifies high priority need for emergency shelter, public services, and affordable housing to serve victims of domestic violence. GreenHouse17 is the state-designated primary provider of these services in Fayette County. The organization operates the only emergency shelter program in Lexington that provides homeless victims of domestic violence with comprehensive best-practice services meeting standards of the Kentucky Coalition Against Domestic Violence. Although domestic and dating violence occur at similar rates across demographics, most victims who enter shelter are parenting adult women between the ages of 25-45 with little to no income or support systems.

The shelter is operated 24-hours a day, every day of the year. Intake is self-initiated by victims, typically by calls to the organization's hotline or during court-based advocacy. Immediate basic needs—including clothes, bedding, hygiene, etc.—are provided upon intake from an inventory of supplies stored in the emergency shelter's basement. Daily meals and snacks are



prepared with integration of fresh produce grown on the small farm that surrounds the emergency shelter. Services provided in the immediate days following shelter intake include safety planning, assistance with obtaining emergency order of protection, and medical advocacy to stabilize the acute crisis.

### ***Shelter Staff***

Shelter operation is maintained by 31 employees who provide 20.3 full-time equivalent (FTE) contribution to the program. The majority of shelter staff (18.3 FTE) are focused on direct delivery of shelter-based services, maintenance of facilities, preparation of daily meals, and management matters. Additional staff fulfill administrative functions necessary for shelter operation, such as statistical tracking, contractual compliance, and fiscal management.

Daily schedules assure adequate 24-hour coverage across day, evening, and overnight shifts. Per KCADV regulations, direct service staff must complete 40 hours of training during first year of employment to become a Certified Domestic Violence Advocate. At least 12 hours of continuing education is required each year to maintain certification. Nearly 90% of staff providing direct services at the shelter hold a degree from a college or university, typically in areas of study associated with social work or sociology, with many having earned graduate degrees.

A four-person leadership team brings more than 75 years of combined experience to oversight of shelter programming, funding compliance, and community engagement. The organization's Board of Directors represents diverse professional specialties, including finance, legal, social, fundraising, marketing, and healthcare sectors.

### ***Shelter Operation***

Given the very real risks to safety caused by domestic violence, residents are never required to leave the facility during daytime hours and no limit on the duration of shelter stay is imposed.

Services are provided from a 17,000 sq ft, 42-bed facility in rural Fayette County. Renovation of the shelter was completed a few weeks before the pandemic emergency response to expand bed capacity, increase safety for residents, and improve use of common space.

- Five bedrooms with four beds + 11 bedrooms with two beds;
- One fully accessible bedroom with two beds and shower;
- Two half-baths + six full baths that provide 7 shower stalls and two tubs with showers;
- Commercial kitchen for meal preparation and spacious dining room;
- Small and large support group rooms;
- Community spaces, including an art room, sewing room, age-specific children's playrooms; and a family-style living room;
- Individual and shared office spaces;
- Unfinished basement used for storage of supplies.

A fenced outdoor children's playground is accessible from the shelter's dining room, and a beautiful 40-acre property surrounds the shelter facility. The organization farms a portion of this land to grow vegetables and herbs for use in shelter meal preparation and to provide nature-based healing opportunities for victims living at the shelter. Three retired show horses and several farm cats also call the property home. The property is secured by coded-gate entry and more than 15 external security cameras.

### ***Program Model***

Shelter programming is designed to echo common needs and experiences of victims. This approach builds a foundation for long-term stability in the weeks, months, and years after surviving abuse. Victims and dependents are supported by a self-determined advocacy team with one or more staff specializing in services related to each of the following phases:

- Crisis intervention (intake & safety planning)
- Welcoming (basic needs & continued safety planning)
- Safety & Healing (legal and personal advocacy, counseling, support groups)
- Transitioning (housing advocacy/assistance, economic justice, and job readiness)
- Stability (permanent housing, job placement, and follow-up support)

After immediate risks to safety have been mitigated, victims begin to focus on matters related to emotional healing after abuse. Morning, afternoon, and evening support groups for adult residents encourage peer-based support; identify the dynamics of domestic and dating violence; and offer parenting support, if applicable. While participating in these healing services, adult shelter residents develop a housing and stability plan to identify opportunities and address barriers when it becomes safe enough for departure from the shelter program. (See further discussion in the Rapid Resolution/Housing Oriented section of this proposal.)

At any given time, approximately a third of shelter residents are dependent children of adult victims. An advocate with focus on children's services facilitates daily age-specific play activities that respond to the healing needs of young victims who have witnessed or been exposed to the abuse. Children typically are enrolled in schools near the shelter, and safe busses operated by the school corporation provide pickup and drop-off at the facility. Advocacy and collaboration with school resource centers encourage children's safety, while regular after-school homework help at the shelter promotes grade-level performance.

### ***Person-centered & Culturally Competent Care***

Policies informing shelter operation honor the link between domestic violence and other forms of oppression, while adhering to all federal, state, and local rules of non-discrimination.

Rights to services, requirements of confidentiality, and community living guidelines are provided to shelter residents upon intake.

Expectations for dignity and respect also are reviewed and provided to victims during the shelter intake process. Consider, for example, this excerpt from a document in the shelter welcome packet of information: “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...” This also addresses the expectation for grace in all interactions with staff and other residents because “we have all been hurt by people who claim to have loved us.”

Shelter services are always trauma-informed. This best practice model recognizes the widespread impact of trauma in the lives of victims and avoids practices that would cause re-traumatization. Dignity, autonomy, and self-determination are prioritized through a strengths-based approach, rather than deficit-oriented methods, to encourage healthy coping mechanisms, expand resiliency, and focus on future goals. Individualized safety, healing, and stability plans are developed with each shelter resident to address unique barriers, challenges, and goals.

Certified Domestic Violence Advocate training completed by every shelter staff includes modules specific to cultural competency, while partnerships maintained by the organization offer on-going professional training to assure shelter services acknowledge and respond to demographic differences. Examples of these partnerships include Global Lex, Kentucky Refugee Ministries, and Pride Community Services Organization.

Intake forms and documents often used during the course of service delivery have been translated to Spanish, while contracts for translation and interpretation assure 24-hour access to more than a hundred languages—including American Sign Language—by video, phone, and/or in person. One shelter staff is bilingual Spanish, while several other staff speak conversational

Spanish. Digital and printed outreach brochures have been translated to Spanish, French, and Arabic languages. Publications specific to abuse in LGBTQIA+ relationships and an annually renewed listing in the Kentucky Pink Pages provide further outreach.

The organization's 24-hour crisis hotline is equipped to support communication with individuals who are deaf and hearing-impaired, while its website is compatible with assistive reading software for individuals with visual impairment. The facility's parking, walkways, entrances, and corridors are handicapped accessible and meet ADA Accessibility Guidelines for Buildings and Facilities. Recent renovation of the emergency shelter created a fully accessible bedroom with attached bath for victims and dependents with specific health or other needs.

Additionally, staff employed by the organization are diverse in age, race, ethnicity, marital status, gender, sexual identity, body size, and educational background. Many employees of the organization and governing board identify as survivors of abuse.

### ***Engagement in Operations & Governance***

Shelter residents are empowered during the welcoming phase of service delivery to identify their preferred team of advocacy staff. Weekly "house" meetings engage residents in current operation matters of the shelter and identify gaps in services. A suggestion box in a common space at the shelter allows for anonymous feedback and suggestions. Surveys are conducted with adult residents upon exit from shelter to gauge effectiveness of services; inform service improvements; and determine improvements in safety and community support networks. The process to initiate and file a grievance is provided to all shelter residents upon intake. The organization also identifies former shelter residents for representation on Kentucky's Office of the Attorney General Survivor's Council, an advisory group that informs statewide awareness initiatives, training efforts, and legislative initiatives.

## II. RAPID RESOLUTION, HOUSING ORIENTED

The physical safety of victims and their dependents must be the primary consideration for shelter intake; however, practice proves victims fair better when not forced to leave behind their home, possessions, jobs, schools, faith spaces, and network to establish safety. For this reason, intake to emergency shelter is reserved for the most complicated and threatening situations. Consider, for example, that 93% of persons who accessed services provided by GreenHouse17 last year never entered emergency shelter.

Early discussions during calls to our 24-hour hotline and community-based services make every attempt to divert shelter entry through various approaches. Relocation assistance; homelessness prevention, including emergency financial assistance and/or referral to community-based services for payment of utilities and rent; and safe temporary stays with family and friends are common. When diversion from shelter is possible, victims are connected with an outreach advocate and encouraged to access non-residential services for on-going safety, legal, housing, case management, and other advocacy needs.

When threats to safety and/or lack of support systems necessitate shelter entry, the average stay is 39 bed nights before departure. During the past 12-month period, the vast majority of households departed to permanent housing destinations (51%) or temporary tenures with family and friends (41%). During the first week of shelter entry, often sooner, discussions with shelter advocates encourage residents to re-imagine possibilities for the future. Within 14 days of shelter intake, residents meet with a housing advocate to begin developing a stability and housing plan. Housing services include but are not limited to the following:

- Obtaining ID and other documentation (license, birth certificate, social security card, etc.);
- Applying for SNAP, WIC, health, disability, and/or other benefits;
- Identifying housing options; completing applications;

- Providing financial assistance with outstanding rental and utilities balances;
- Paying fees associated with identification document or housing applications;
- Conducting personal advocacy with landlords and utilities companies;
- Providing transportation to related meetings and appointments;
- Assisting with payment of rental and utilities deposits;
- Moving assistance in partnership with area moving companies;
- Purchasing basic furniture and small appliance via financial assistance or vouchers; and/or
- Making full or partial payment of rent and utilities for established period of time.

Lexington Housing Authority reserves 24 permanent vouchers for domestic violence survivors who transition to KCADV Homes, a scattered-site housing launched six years ago with federal, state, and local support. Twelve of these units are located on the backside of the shelter's 40-acre property, while the other 12 are located across two existing apartment complexes in downtown Lexington near public transportation. Additional federal grant funding from the Office of Violence Against Women Transitional Housing for Victims of Domestic Violence and HUD Domestic Violence Bonus Grant, administered via subcontract with Community Action Council, supports services and financial assistance for victims transitioning to housing.

Partnerships with Jubilee Jobs and other job readiness organizations help victims to consider career options, identify employment opportunities, and submit work applications. Adult victims may also choose to participate in six weeks of nature-based programming facilitated on the farm that surrounds the emergency shelter. These experiences encourage collaborative work in a supportive environment; develop transferrable skills related to agricultural and manufacturing sectors; and establish current work history while residing in shelter or supportive housing. Victims earn a stipend for up to 10 hours of weekly participation.

Policies and procedures for housing services comply with the Lexington Coordinated Entry Policies and Procedures adopted by the LFUCG Homelessness Prevention & Intervention Board. Use of the Vi-SPDAT assessment, Lexington’s preferred screening tool, informs specific housing-focused assistance.

### ***Systems Planning & Community Partnerships***

Shelter staff, management, and leadership team are dedicated to forging informal and formal community partnerships to address systemic intersections, reduce barriers to service, and avoid duplication of efforts. Examples of the organization’s participation in community consortia include the LFUCG Homelessness Prevention & Intervention/CoC Board, Lexington Domestic and Sexual Violence Prevention Coalition, and Lexington-Fayette Strangulation Task Force. Additionally, numerous reciprocal service referral agreements are maintained with medical, social, legal, governmental, sobriety/substance abuse, and mental health organizations to assure sheltered victims are connected to community-based resources. An abbreviated list includes Legal Aid of the Bluegrass, Ampersand, Global Lex, Hope Center Recovery Program for Women, The Nest Center for Women and Children, Lexington Housing Authority, Lexington Police Department, and Lexington Humane Society. Additionally, shelter staff and leadership facilitate dozens of professional training events each year to foster understanding and support for victim needs.

### **III. LOW-BARRIER ACCESS**

Shelter services are informed by a low-barrier and voluntary services philosophy that exceeds KCADV Member Service Standards. Upon shelter intake, residents agree to do no harm to themselves or others; maintain confidentiality of other residents; and abide by community living expectations, such as keep windows locked, enter through front door, and only smoke in designated outdoor area. The following low-barrier access guidelines also inform shelter access:



- Self-defined families housed together.
- Program participation or labor is *not* required as condition for service.
- No requirement to leave the facility is imposed during daytime hours.
- Storage is provided at shelter, other spaces on the property, or temporary facilities.
- Service animals are welcome, and outdoor kennels house family pets onsite. A network of fosters is available to care for family pets during shelter stays, if victim prefers.
- Weapons are prohibited on the property.
- Although alcohol and illegal drugs are prohibited at the shelter or on the property, drug testing is *not* required at intake or during course of shelter stay.

Staff are required to make repeated attempts to counsel residents not abiding by these guidelines and develop/document mutually agreed expectations moving forward. For example, residents with substance abuse are not exited from shelter if signs of alcohol or drug use are discovered on the premises. Advocacy and referrals for residential treatment often offer solutions, while a partnership with KCADV provides a specially trained peer counselor to provide sobriety support from the safety of the shelter facility.

Given the dangers of domestic violence and the organization's commitment to trauma-informed care, involuntary exit for noncompliance is rare. Only six adults (less than 2% of total residents) were involuntarily exited from the shelter during the past 12-month period. Each of these exits was necessary to maintain the physical safety of other shelter residents. Program policies required temporary financial assistance for hotel stays and basic needs until alternate solutions were identified; and assistance with intake to residential drug counseling centers, if applicable. Victims exited from the shelter are encouraged to initiate non-residential services and remain

eligible for housing assistance. Program leadership may allow re-entry to the shelter following conversations and agreements that clearly establish expectations.

All residents are informed of the grievance process upon intake, departure, and exit. Should resolution not meet expectation, a victim may escalate the grievance for review by service experts representing KCADV member programs.

#### **IV. ACTUAL RESULTS**

Per requirements, CoC APR and CAPER reports from January 1 to December 31, 2021 have been uploaded as attachments to this proposal. Data contained in these HUD reports—and data prepared for several additional federal, state, and local funders—is routinely reviewed to detect trends, identify program successes, and inform program improvements. Per confidentiality requirements set forth in the Violence Against Women Act for Victim Service Providers, GreenHouse17 uses a comparable HMIS database that is locally hosted. This system meets data requirements of various federal housing funders and LFUCG Homelessness Prevention and Intervention Board’s Data Quality Plan.

#### **V. CAPACITY, COST EFFECTIVENESS & BUDGET**

***Number of individual beds available:	<b>42</b>
***Number of units available for families, if applicable:	---
Funds requested from LFUCG:	<b>\$190,000</b>
Average nightly census for individuals based on KYHMIS data:	<b>34.5</b>
Average nightly census for families based on KYHMIS data:	---
Total annual budget for shelter (all funding sources):	<b>\$1,562,545</b>
% LFUCG investment (LFUCG Request/Total Budget * 100):	<b>12%</b>

### ***Capacity***

Although emergency shelter typically operates near or at the 42-bed capacity, social distancing during the pandemic (especially during the first two quarters of the previous calendar year) caused temporary reduction to the number of persons who could be housed at the facility. More than a dozen safe confidential hotel rooms were made available to sheltered residents if/when positive test for COVID-19 was confirmed and in situations of health complications that could worsen if exposed to the virus. Swift housing solutions during the pandemic, made possible with temporary additional funding during the emergency response, also contributed to reduced nightly census counts (especially at the start and end of months.) As vaccination rates increased and positivity rates lowered, the nightly census has returned to more typical counts. Current practice and data prior to the pandemic indicate the shelter will return to near capacity operation during the grant term beginning July 1, 2022.

### ***Cost Effectiveness***

LFUCG investment of approximately \$12.40 per bed per day will support 12% of total costs associated with 24-hour operation of emergency shelter and concomitant services for victims of domestic violence and their dependent children. A diverse funding model supports the remaining shelter operation expenses. The organization's subcontract with the Kentucky Coalitions Against Domestic Violence (KCADV), comprised of federal and state sources, funds 26% of expenses. Direct and sub-recipient federal awards from the U.S. Department of Justice Office of Victims, Office of Violence Against Women, and Department of Housing and Urban Development fund approximately 46% of expenses. Local funding inclusive of United Way support, private donations, foundation grants, special event revenue, and sales from value-added products manufactured on the organization's farm funds the remaining 17% of shelter program expenses.

*Program Budget (one-year)*

CATEGORY/SOURCE	KCADV	OTHER FEDERAL	OTHER LOCAL	LFUCG ESR	TOTAL	% ESR
<b>Personnel</b>						
- Base	137,660	456,730	76,516	<b>141,133</b>	812,039	17%
- Taxes	17,584	59,190	9,933	<b>18,469</b>	105,176	18%
- Benefits	15,240	113,880	11,362	<b>30,398</b>	170,880	18%
<b>SUBTOTAL</b>	<b>170,484</b>	<b>629,800</b>	<b>97,811</b>	<b>190,000</b>	<b>1,088,095</b>	<b>17%</b>
<b>Space</b>						
- Mortgage	7,892	41,728	-	-	49,620	-
- Electric	36,497	9,504	2,000	-	48,001	-
- Gas, Water & Sewer	16,000	-	4,500	-	20,500	-
- Garbage Collection	1,447	-	1,053	-	2,500	-
<b>SUBTOTAL</b>	<b>61,836</b>	<b>51,232</b>	<b>7,553</b>	<b>0</b>	<b>120,621</b>	<b>-</b>
<b>Consulting Contracts</b>						
- IT Management	-	-	36,000	-	36,000	-
- Website Hosting	-	-	1,250	-	1,250	-
- Translation/Interpretation	-	7,500	-	-	7,500	-
<b>SUBTOTAL</b>	<b>-</b>	<b>7,500</b>	<b>37,250</b>	<b>0</b>	<b>44,750</b>	<b>-</b>
<b>Operating</b>						
- Travel & Training	7,148	1,603	1,250	-	10,001	-
- Communications	7,456	11,076	1,768	-	20,300	-
- Office & Maintenance	60,926	-	55,949	-	116,875	-
- Programming	91,574	8,900	45,276	-	145,750	-
- Professional Fees	-	2,039	8,575	-	10,614	-
- Printing, Postage, Misc.	169	-	5,370	-	5,539	-
<b>SUBTOTAL</b>	<b>167,273</b>	<b>23,618</b>	<b>118,188</b>	<b>0</b>	<b>309,079</b>	<b>-</b>
<b>TOTAL PROGRAM</b>	<b>399,593</b>	<b>712,150</b>	<b>260,802</b>	<b>190,000</b>	<b>1,562,545</b>	<b>12%</b>

***Shelter Personnel - \$1,088,095***

- \$812,039 base salaries (20.3 FTE x avg salary of \$19.23 per hour x 2080 hours per year)
- \$105,176 employer taxes (\$812,039 base x 7.65% FICA x 2.82% unemployment insurance + approximately 2.48% workers comp)
- \$170,880 cafeteria health benefits (\$800 monthly x 12 months x 28 eligible positions x 25% - 100% per activities allocated to shelter operation)
- A complete list of shelter staff is attached to this proposal; however, LFUCG funding will be applied directly to personnel costs associated with these five positions:
  - 1) Laura Arnsdorf, Family Advocate (Crisis Intervention) contributes 100% FTE focus on shelter services. Ms. Arnsdorf brings six years of experience to the role and holds a master's degree in sociology.
  - 2) Toinesha Lowe, Family Advocate (Welcoming) contributes 100% FTE focus on shelter services. Ms. Lowe brings holds a degree in sociology and brings 8 years of experience to the role.
  - 3) Chelsea Burke, Family Advocate (Healing & Stability) contributes 100% FTE focus on shelter services. Ms. Burke brings four years of experience to the role.
  - 4) Sheena Adams, Family Advocate (Welcoming) contributes 50% FTE focus on shelter services. Ms. Adams brings five years residential overnight experience to the role.
  - 5) Bekah Fulcher, Family Advocate (Healing & Stability) contributes 33% FTE focus on shelter services. Ms. Fulcher holds a sociology degree and brings 18 years of experience to the role.

***Shelter Space/Facilities - \$120,621***

*(No LFUCG ESR funding is requested to support this category)*

- \$49,620 shelter mortgage (\$4135 monthly x 12 months x 100% shelter)
- \$48,001 electric (\$4000 monthly x 12 months x 100% shelter)
- \$20,500 gas, water, and sewer (\$1708 monthly x 12 months x 100% shelter)
- \$2500 garbage collection (\$208 monthly x 12 months x 100% shelter)

***Shelter Consulting – \$44,750***

*(No LFUCG ESR funding is requested to support this category)*

- \$36,000 IT Management (\$4000 monthly x 12 months x 75% shelter)
- \$1250 Website Hosting (\$2,500 annually x 50% shelter)
- \$7500 Translation & Interpretation (\$833.33 monthly x 12 months x 75% shelter)

***Shelter Operating – \$309,079***

*(No LFUCG ESR funding is requested to support this category)*

- \$10,001 staff travel (2,840 miles per month x .44 cents mile x 12 months x 67% shelter)
- \$20,300 for hotline, internet access, and advocate cells phones (\$3,383 monthly x 12 months x approximately 50% shelter)
- \$116,875 office, facility, and property maintenance (\$10,591 monthly x 12 months x approximately 92% shelter)
- \$145,750 programming and assistance to clients (\$32,674 monthly x 12 months x approximately 37% shelter)
- \$10,614 professional fees (\$16,986 monthly x 12 months x approximately 5.25% shelter)
- \$5,539 postage, printing, misc. (\$3475 monthly x 12 months x approximately 13% shelter.)

**ATTACHMENTS**

These documents have been submitted as attachments per requirements of the RFP:

- 1) GreenHouse17 Policies & Procedures (*guidelines, person-centered & cultural competence*)
- 2) KCADV Service Standards (*rules, person-centered, cultural competence, governance*)
- 3) Resident Welcome/Intake Packet (*minimal expectations, dignity & respect, grievance, etc.*)
- 4) Resident Departure/Exit Survey (*dignity & respect, governance, performance, grievance*)
- 5) HUD Shelter APR (01-01-2021 to 12-31-2021)
- 6) HUD Shelter CAPER (01-01-2021 to 12-31-2021)
- 7) Emergency Shelter Staff List

# Green House17

**Nurturing lives**

harmed by intimate partner abuse.

## **Procedure Manual**

09/17/2020

# GreenHouse17 PROCEDURE MANUAL

## Table of Contents

### 1.0 Advocacy Office

- 1.1 Crisis Call Documentation
- 1.2 Suicide Assessment
- 1.3 Mandatory Education and Mandatory Child Abuse Reporting
- 1.4 Request for Shelter/Admissions
- 1.5 Special Needs and Circumstances
- 1.6 Request for Shelter When Shelter is at Capacity
- 1.7 Referrals From Other Staff
- 1.8 Intake Procedure
- 1.9 Keys
- 1.10 Exit Procedure
- 1.11 Involuntary Exit Procedure
- 1.12 Resident Counseling Notes
- 1.13 Walk In Procedure
- 1.14 Cell Phones
- 1.15 Photographs
- 1.16 Monthly Reports
- 1.17 VINE Procedure
- 1.18 Visitors

### 2.0 Files/Forms

- 2.1 Contents of Files
- 2.2 Location of Files
- 2.3 Purging of Files
- 2.4 Location of Forms

### 3.0 Shelter

- 3.1 Housekeeping
- 3.2 Provisions for Food



- 3.3 TV/VCR
- 3.4 Clothing Room
- 3.5 Purchase Requisitions

#### **4.0 Health**

- 4.1 Bloodborne Pathogens
- 4.2 Narcan
- 4.3 First Aid Supplies and Client Medication
- 4.4 Emergency Medical/MIW
- 4.5 Resident Medical Services
- 4.6 Accident/Incident Reports

#### **5.0 Emergency Evacuation**

- 5.1 Shelter Emergency Evacuation
- 5.2 Fire Emergency
- 5.3 Storm/Tornado Emergency
- 5.4 Flood Emergency

#### **6.0 Safety**

- 6.1 Threat Assessment
- 6.2 Security Gate and Doors
- 6.3 Security Cameras
- 6.4 Intercoms

#### **7.0 Resident Services**

- 7.1 Assignment of Family Advocate
- 7.2 Residential Groups
- 7.3 Mail-residential and Staff
- 7.4 Personal Care Items
- 7.5 Transportation
- 7.6 Emergency Funds

#### **8.0 Children in Shelter**

- 8.1 Supervision
- 8.2 School Procedures
- 8.3 Children's Programming
- 8.4 Discipline
- 8.5 Areas Available to Children
- 8.6 Teenagers
- 8.7 Quiet Time

#### **9.0 Shelter Operations**

- 9.1 Phone Equipment/Operation
- 9.2 Incoming/Outgoing Calls
- 9.3 Use of Cellular Phone
- 9.4 Phone Numbers

#### **10.0 Legal Issues**

- 10.1 Threats of Harm
- 10.2 Subpoenas/Summons
- 10.3 Search and Arrest Warrants
- 10.4 Civil Law Enforcement Documents
- 10.5 Confidentiality Regarding Deceased Persons
- 10.6 E.P.O.
- 10.7 Court Advocacy

#### **11.0 Donations**

- 11.1 Monetary Gifts
- 11.2 In-Kind Gifts
- 11.3 Clothing/Items
- 11.4 Holiday Donations
- 11.5 Adopt-A-Family

#### **12.0 Services for Non-English Speaking Clients**

- 12.1 Implementing Services
- 12.2 Access to Services

# 1.0 Advocacy Office

## 1.1 Intimate Partner Violence Related Call / Documentation

A Intimate Partner Violence related call is any call that requires the worker to assist the caller with problem solving skills.

Some general counseling techniques are:

- 1) Move the caller from general information to specific information.
- 2) Attempt to build trust quickly by validating feelings.
- 3) Listen and allow silence. Make sure you completely understand the situation.
- 4) Be warm, empathetic, and genuine.
- 5) Allow the caller the opportunity to vent.
- 6) Reassure the caller but never offer false reassurance.
- 7) Ask for clarification. Never Assume.
- 8) Offer referrals and options.

All Intimate Partner Violence related calls are documented on the Intimate Partner Violence Program "Record of Service" (ROS) form. The forms are kept on the desk in the crisis office next to the phone. The comment section of the form should:

- **clearly state** the problem as stated by the caller.
- **document options** explored with the caller,
- **document the outcome(s)** of the call including what the caller decided.
- **ROS must include** caller demographics, income and sources of financial support.

Place the ROS in "accepted to shelter" folder or **general Intimate Partner Violence call** folder.

Information and Referral (I/R) calls shall be documented on the staff's personal call log and report on their monthly statistic reports.

\* All Staff must complete a minimum of 16 hours of supervision before working the crisis line.

\*\* For non-English speaking callers, Pacific Interpreters **shall** be accessed. See section 12.0 for procedure.

\*\*\* Interpreters will be provided for deaf and hard of hearing clients. The 711 relay will be accessed to communicate with deaf and hard of hearing callers.

\*\*\*\*\* If a professional, or third party, calls on behalf of a victim of intimate partner violence (IPV) generalized information may be given about IPV and program services and requirements, but the staff person or volunteer should attempt to speak directly with the victim regarding a personalized safety plan, danger/lethality assessment and shelter, or other services, and eligibility.

## 1.2 Suicide Assessment

If you suspect a caller may be suicidal, do not be afraid to ask specific questions.

Always ask:

- Are you safe right now?
- Are you going to harm yourself?
- Ask what would keep them from harming themselves?
- Have you attempted suicide in the past?
- Do you have a plan and a means to carry out the plan?
- Are you alone?

Other considerations when talking to the caller:

- Ask for a verbal commitment/contract to wait a specific amount of time before harming themselves.
- Attempt to get permission to call a family member, a friend or emergency medical services.
- Tell the caller that you care for them and are glad that they called and that you do not want them to die.
- Try to get the address and phone number of the caller
- Dial 911 for assistance if warranted.
- Document all information on the ROS Form.
- **Do Not Use \*69 to access caller's phone number.**

### **1.3 Mandatory Education for Survivors/Child Abuse Reporting**

**Kentucky law requires that survivors of all known or suspected intimate partner violence be educated regarding support services, local shelter programs and how to access Emergency Protective Orders and/or Interpersonal Protective Orders.**

**It is the policy of GreenHouse17 to report any and all suspected child abuse - Residential and Non Residential. Child Protective Services (CPS) 1-800-752-6200**

*It is the role of GreenHouse17 staff to discuss safety issues regarding reporting incidents of suspected child abuse to DCBS. The parent does not have the right to refuse DCBS interventions in cases involving suspected child abuse and neglect.*

## 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.

## **1.5 Special Needs and Circumstances**

- ◆ GreenHouse17 does not withhold services to persons using alcohol/drugs and/or history of mental health or suspected mental health. (see non-discrimination policy and statement of inclusiveness).
- ◆ Individuals requiring assisted living may have residential services provided through coordinated efforts among Intimate Partner Violence staff and other service providers.

The following steps should be taken when a request for Shelter has been made.

Remember to use the counseling techniques outlined in section 1.1.

1. Counsel the caller/individual regarding safety planning.
2. Call 911 if the caller/individual is in imminent danger.
3. Review caller's/individual's resources; friends and family.
4. Place the ROS sheet in the "accepted to shelter" file.
5. Insure that space is available for the caller/individual and her family. If space is not available at GreenHouse17, staff shall locate temporary shelter through sister shelter network or local homeless shelters until space becomes available.

**When a victim identifying as male is requesting shelter, the following should be done:**

1. Explore safe housing options with family or friends. If this is not a safe option...
2. Refer to area homeless shelters and local YMCA. If this is not a safe option...
3. Follow our emergency hotel procedure

**Eligible male victims seeking advocacy services will be assessed through the crisis line. Male's and their dependent children accepted to GreenHouse17 programming will have access to all services that GreenHouse17 offers.**



All out of state requests for shelter must be approved by the Director or Associate Director.

### **1.6 Request for Shelter when Shelter is at capacity.**

The following steps should be taken when an individual has been screened appropriate for shelter and no space is available at GreenHouse17.

1. Review other safe resources with the individual.
2. Refer to local shelters if safe, i.e., homeless shelters or Sister Shelter Programs. Contact should be made with these programs with an explanation of the individual's shelter needs for temporary placement until GreenHouse17 has space.
3. The original ROS sheet shall be placed in the 'accepted to shelter' file.
4. If the individual is currently with family or friends ask the individual to call GreenHouse17 daily to inquire about available space. If in a local shelter program, an individual may call daily until space is available (individual shall be made aware of non-residential services available to them while waiting on residential space).
5. Greyhound Bus transportation may be utilized if space is found outside of Lexington.
6. Hotel space may be an option if no safe space can be located, with the explanation to the individual: that hotel space is on a day to day basis and that they will be relocated as soon as space is found. This may include outside GreenHouse17 and Lexington area. Hotel residents shall be checked in under the name Diane Fleet and residents should be informed not to have visitors per hotel/GreenHouse17 agreement.

**If shelter is at capacity and unable to house a victim and their family, it is the policy of GreenHouse17 to locate shelter for the survivor and family. It will be the responsibility of the advocate to locate housing at other area shelters or to other Intimate Partner Violence sister shelters. If immediate safety is of concern the victim and family shall be brought to the GreenHouse17 until arrangements are made. GreenHouse17 is responsible for arranging transportation for victims in our ADD (Bluegrass Area Development District) to come to shelter and/or to relocate to other sister shelters in the state.**

7. Refer to Associate Director or Director for hotel approval. Hotel Procedure:

- Contact an identified hotel to see if they have a room available.
- Inform the hotel that you need a room for Diane Fleet.
- If space is available, an intake must be completed with the resident at GreenHouse17.
- Hotel information needs to be logged in the admissions book and logbook.
- **Hotel residents must be transported back to the shelter daily for meals and counseling services.**
- Hotel residents are to be placed in the next available shelter space.
- All residents in hotels should be checked on daily and documented in advocacy notes.

## 1.7 Referrals From Other Staff

Any staff member from the Residential or Non-residential Program may screen individuals to determine if they are appropriate for shelter services and programs.

Outreach staff must complete ROS sheets and fax to the shelter if they have a individual/family who needs safe shelter.

Staff should place the ROS in the "accepted to shelter" file. Shelter staff will inform outreach worker of any available space, and present other options if space is not available.

Advocate, working with the survivor, shall assist locating alternative shelter space if GreenHouse17 is currently full.

## 1.8 Intake Procedure

Prior to beginning an intake, check in rolodex/Osnum Data Base to see if the individual has been in shelter before.

1. Immediately assess new resident for signs of stress or injury. If intake can continue, make resident (and her children) as comfortable as possible, offer food and drink and conduct intake in quiet, private space. If this is not possible, conduct short intake procedure and complete orientation and paperwork at a later time.
2. Pull the old resident file and/or take a new intake packet from the current resident file.
3. If new resident has children, place blank children files in child advocates mailbox with parent's name and file # attached.
4. Describe the abusive incident including the date of the last incident and specifics of what occurred.
5. Complete all forms for intake in the file. Give the resident a copy of the Grievance Procedure and along with a residential packet. Explain that the packet contains a schedule of groups and other general information regarding shelter and basic Intimate Partner Violence materials. Ask the new resident to read and sign the following forms:
  - Confidentiality of Services and Exceptions to Confidentiality
  - Medical Consent
  - Transportation Consent
  - Residential Agreement
  - Resident and Staff Expectations
  - Release of Information
6. Ask the individual about medical conditions and use of prescriptions for self and children.
7. Ask the individual to give staff any weapons or prescribed drugs they may have in their possession. Store weapons in safe with the clients name attached. The safe is located in the Advocacy Office. Inform the new resident that weapons will be returned upon exit from the shelter.
8. The password to safe is located in the communication log and the override key to safe is located in shelter key box.

9. Explain the program expectations to the individual and children if applicable.
10. Give the resident a tour of the shelter, including the kitchen, children's playroom, and a walk-through of the emergency response (fire, severe weather, and intruder) drill and appropriate exit doors.
11. Assign the residents and family to available bed spaces and write the resident's and her children's name on the shelter board in the advocate office.
12. Place prescribed or over-the-counter medications in resident's medication box, and document on the medication log sheet if the new resident requests their medications to be logged.
13. Set up lock for the resident's medication box, assign the box a number and document on the medication form in the Communication Log.
14. Make sure that the individual/family has all basic needs, such as food, linens, towels, pillows, toiletries etc.
15. Write the residents' name in the Admission/ Departure logbook, Osnium and assign the resident a file number if the case has not already been assigned one. The case file numbers are located inside of the Admission / Departure Logbook. Complete demographic sheet.
16. Create and complete an Advocacy Note Page in binder front office.
17. Create resident message board and mailbox
18. Offer a locker space and lock for personal items to be stored safely. Locks are provided by House Manager who tracks assignments.

## 1.9 Keys

Employees of the shelter are provided with common key and front office and file room key. Keys to common areas are kept in Advocacy Office key box.

Employees are responsible for keeping keys secured.

\* Vehicle keys, safe, freezer, file cabinets, mailbox (PO Box and gate), and commercial kitchen keys are located in the key box.

\*Note: If new keys need to be made, inform the Director and Associate Director.

## 1.10 Exit Procedure

If the resident is available at the time of exit, counsel the resident and children on safety issues and assist them in obtaining basic items if moving into their own apartment/permanent housing. This process should be started at least 72 hours prior to scheduled exit.

Complete the following paper work.

- Return any medications that are in the file cabinet
- Return any items that might be in the safe
  - Fill out the Admission / Departure logbook.
  - Have individual complete Program Evaluation Form.
  - Have individual fill out anonymous "service" survey if they are willing
  - Have or help children complete exit interview for children.
  - Complete Departure closing summary.
  - Complete Exit Procedure Checklist.
  - Update Osniium with resident departure.
  - Complete a closing statement in the advocacy notes and place in file along with all the advocacy notes.
  - Update GreenHouse17 computer rolodex.
  - Remove any releases of information from "Release binder" and put in individuals file.
  - Take the resident off the resident board and remove their mailbox
  - Follow the "closing documentation" placement procedures located in each file under the launching phase paperwork
  - Place file in file cabinet in AO 2 room.

If the individual departs GreenHouse17 under unusual circumstances, Staff Team Leaders will bring the case up at the following weeks case review for discussion. Intention of 'special circumstances review' is to learn from the experience, gather resources and be better prepared for the next family that may seek services from GreenHouse17

## 1.11 Involuntary Exit Procedure

Every effort must be made to counsel residents who are having difficulty following shelter expectations. An explanation of communal living/self-determined programming expectations are to be explained during the intake and again with advocate throughout a resident's stay. Any concerns shall be addressed individually, based on the circumstances and the capacity of the resident. **Any worker may counsel a resident and determine if the behavior warrants an involuntary exit.**

1. **Program Agreements:** A Written Contract or Program Participation agreement is an agreement by the resident and the staff member(s) to address behavior(s) that are inconsistent with GreenHouse17's intake agreement and reflects a repeated pattern that has been addressed throughout the counseling/advocacy process. All contracts are specific to the individual and the specific behavior. The contract must state the behavior as well as the consequences should the behavior re-occur. The contract should contain the advocate's responsibilities and actions needed to be taken to support the survivor. Contracts should be time limited when possible.
2. **Notification of Departure:** A Notification of Departure means that a resident is informed of the reason for limiting their stay. Reasons for limiting length of stay should be shared with the resident in sufficient time for other arrangements to be made.
3. **Immediate Departure:** The following violations may result in an immediate departure from the program. If the resident has a safety issue, staff must find alternative safe housing or place in a hotel until safe housing is arranged. Documentation should state clearly and without judgment the incident that resulted in immediate exit.
  - Physical violence or threat of physical violence,
  - Possession of weapon(s).
  - Drugs and/or Alcohol on GreenHouse17 premises.



- Violation of confidentiality that jeopardizes the safety of another resident.
- Upon departure, staff will assist individual in accessing advocacy and counseling services on a non-residential basis.

**As part of GreenHouse17 policy, all cases, particularly those cases consisting of unusual circumstances may be reviewed for future training and procedure recommendations.**

**\*If assistance is needed, contact Associate Director or Director.**

## **1.12 Resident Advocacy Notes**

All staff shall keep advocacy notes on residential families in the "advocacy notes" binder / Osnium. Documentation should include information regarding progress and correspondence with other service providers related to the client's case.

**\*Note: All documents are subject to subpoena; therefore, all information should be factual statements regarding behavior, not opinions or personal judgments.**

## 1.13 Walk-In Procedure

A counseling session is held with anyone coming to GreenHouse17 requesting to see an Advocate.  
(Remember to use Counseling Techniques outlined in Section 1.1.)

. The program will, at a minimum, assess initial contact for:

- Immediate safety
- Abusive partner's potential for lethality
- Assessment for support and intervention services
- Immediate medical and physical needs
- Abusive partner's dynamics to assure that the person requesting services is the victim rather than the abuser.
- 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).

\*\*\*Couples counseling in any form or family counseling that includes the presence of a batterer is not provided or supported by the GreenHouse17. Mediation services are also not provided, supported or accommodated by the GreenHouse17. Batterer Intervention services are not allowed to take place on the premises of the GreenHouse17. Individual staff is not allowed to work with victims and perpetrators, and job descriptions for program staff working with victims and their dependents do not include work with the abusers. Staff whose responsibility it is to provide direct services or supervise direct programs may not lead batterer intervention groups.

Services and documentation are survivor-centered, non-judgmental, and culturally sensitive and strive to empower persons served

Complete both sides of ROS A walk-in survivor has the right to refuse to give any information. Advocate shall sign full name and date the bottom of the ROS form.

**\* A safety plan should be done with every caller/individual seeking services.**

## **1.14 Cell Phone Procedure**

### **911 Cell phones are available through the Fayette County Sheriff's Office**

Phones (911 cell phones) may be provided to Intimate Partner Violence victims who are assessed by staff as having a safety issue that warrants the need of a 911 emergency cell phone. Assessment is based on current situation, history of abuse, any sudden change in batterer's behavior, involvement of legal justice system, etc... that may jeopardize a victim's and their children's safety.

Staff shall explain the limitations of the use of cell phones such as: unexplained signal loss, areas of our service area that don't have cell phone service towers, must be conscious and aware of location because most cell phones cannot detect where a person is located.

**No Intimate Partner Violence victim should receive a phone without a safety plan. These phones do not address the full extent of a victim's potential danger. Thorough assessment of the situation and safety planning are required.**

## 1.15 Monthly/Quarterly Reports

Each staff person who has direct service contact with survivors and/their children must complete daily stats forms and turn them into Data personnel either daily or weekly. Staff responsible for monthly reports should have them submitted by the 5<sup>th</sup> business day of each month for the previous month.

The report consists of several forms:

- 1) Daily Phone Log: List all calls that resulted in assisting the caller. Categories for calls are located in the left corner of the form.
- 2) Contact Sheet: List all face to face contact with residential and non-residential families. Make sure that the number of minutes is recorded.
- 3) Training/Presentations and Media sheet includes activities performed by staff for the community.
- 4) Monthly Statistics Cover Sheet: This form is to be used to compile the information from the other statistical forms documented.
  - a) Add up all Intimate Partner Violence related calls and the number of I & R calls.
  - b) Phone calls for other advocacy, follow-up etc. should be placed in the appropriate section of the form.
  - c) List in the shelter section of the form, all work done with residential clients. Make sure to list the number of groups/sessions together in the appropriate box. Also list at the bottom the number of men, women and children that GreenHouse17 was unable to shelter.
  - d) The non-residential section is for individuals/families who received services but not in shelter. This includes phone calls.
- 5) Advocates who are funded by federal, foundation, and state grants may be responsible for completing quarterly and annual reports, as well as monthly statistics.
- 6) Trainings attended form

## 1.16 VINE and VINE Protective Order Procedure

When residents choose to register with VINE, they are encouraged to use the code number 7589 when using shelter phone numbers to activate the VINE system.

If the survivor cannot be located, the staff person should contact the VINE system to explain that the survivor has not been notified.

### VINE

### Phone #

State Wide

1-800 - 511 - 1670

For VINE Protective Order, a client has the ability to register to be notified of EPO/EIPO service, DVO/IPO expiration and all accompanying court dates connected to the E(I)PO/D(I)VO Process. The survivor must have a valid protective order case number to register. Residents are also encouraged to use the code number 4400 when using shelter phone numbers to activate the VINE Protective Order system.

VINE website is [www.vinelink.com](http://www.vinelink.com)

Steps to sign up on-line

1. click on Kentucky on the map,
2. click on the search and register link,
3. click on the protective order link

## **1.17 Visitors**

### **Visitors for Residents**

Residents should inform staff of any visitors they are expecting to come to shelter. Each resident will have a visitor list located in the "release of information" binder in the advocate office.

- **Visiting hours are from 9:00am to 9:00pm.**
- Staff will ask visitors for identification and make a copy of identification to confirm identity.
- Should a visitor come to the facility unannounced, shelter staff shall check with the resident (without breaking confidentiality) to determine comfort level of resident with having visitors and assess whether any safety concerns exist.
- Any persons listed as the abusive partner who may attempt to visit shall not be permitted onto the property under any circumstances.
- Advocates reserve the right to limit or deny visitations within this facility or on shelter property based on assessed safety or security concerns that may develop.

All visitors shall remain in the common areas of GreenHouse17. This includes front lobby, dining hall, playground, front porch and garden areas. Visitors are not to be beyond east and west double doors without a staff escort.

### **Visitors for Non-Residents**

- Non-residents who have visitor's bring them to appointment's will be permitted to remain in the lobby area of the facility until the individual is ready to leave or asks for the visitor to leave.
- Staff should request the name of visitors that will be providing transportation.
- Staff shall communicate the arrival time of expected visitors to staff covering breaks or shift changes.
- Should the visitor be disruptive they will be asked to leave the building and wait outside.

## 2.0 Files / Forms

### 2.1 Content and Confidentiality of Files

- Confidential, written records of services provided by staff members, and /or volunteers are maintained. These records indicate
- the types of services provided;
- the individual or family to whom services were provided,
- the dates of service provision, the content and outcome of the interaction(s);
- the staff and/or volunteer providing the service(s); and
- the provisions for future or on-going services.
- Information, both written and verbal, received by Intimate Partner Violence programs about survivors and their children are confidential.
- Records on survivors are kept in secure file cabinets. Records are also kept on a secured Osnium database.
- In an effort to protect client confidentiality and maintain file integrity, GreenHouse17 employees will be assigned a unique computer, email and Osnium (client database) password. **Staff shall not share their password and shall always log out and close their computer when no longer in use.**
- NetGain is GreenHouse17 IT provider. All concerns of corrupted files, computer viruses or compromised information should be immediately brought to the attention of GreenHouse17 Administration. Staff shall also only use identified and approved computers for work that includes survivor's information.



- GreenHouse17 contracts with NetGain to maintain the protection of employee information and Osnium database. Virus protection, firewalls and secured servers are utilized as well as documented agreements with our IT providers that will maintain the confidentiality of our individuals/families.
- Employees and volunteers are prohibited from disclosing survivors' information in the absence of signed client release of information, **except for circumstances regarding Duty to Warn (Sect 10) or a possible danger to self or others (Sect.10).**

## **2.2 Location of Files**

- Intake files are located in front office. Family Advocates are responsible for organizing intake files with the appropriate forms and resident/non-resident and children's information packet. The information packet is also located in the file. Current resident files are kept in Front Office, files dating seven years back are located in the Staff Resource/Copy Room.
- Non-residential files are kept at both outreach offices. Danville and Cross Keys location.

## **2.3 Purging of Files**

Survivor's hard copy files and ROS records will be destroyed after seven years. Intake and Departure log book information will be maintained permanently. Osnium computerized records are permanent. Associate Director is responsible for assigning staff and overseeing the file destruction on a fiscal year basis.

## **2.4 Location of Forms**

Master survivor related forms are located on the "G" drive file.

## Shelter

### 3.1 Housekeeping

House meetings are held as needed. Chores and any issues regarding community living will be addressed at this time or individually. Chores process may adapt and change with different groups of shelter residents based on their participation and ideas as to how to keep the house in order.

\*Chores are expected to be completed as listed on chore sheet by the time specified.

\*All trash bags should be tied and taken to the dumpster.

\*Mop water is expected to be emptied after each use, and the mop rinsed.

**\*Staff shall check each chore after it has been completed, and checked and initialed on the Resident Chore Sheet.**

Adult residents are expected to clean and maintain their rooms. Cleaning supplies are located in the front office and cabinets located in each residential area and the kitchen. Room checks will be made weekly at a minimum by advocates and reviewed at case conference. Smoking is not allowed anywhere within the building or front porch.

Older Children are encouraged to participate in daily housekeeping responsibilities when moms approve.

Room Searches are held weekly with random room numbers being drawn by staff.

### **3.2 Food Provisions/Kitchen**

Nutritious food is available for residents of *GreenHouse17*. Breakfast meals are prepared individually by the residents. During the week staff prepare lunch and dinner meals in coordination when possible with the residents.

A weekly menu is posted in the dining area.

*GreenHouse17* is not responsible for food brought into the shelter by residents and staff should make residents aware of this policy.

Staff are invited to partake in eating meals at *GreenHouse17* after all residents and their children have eaten. Staff should eat meals in the dining area with residents as part of support and relationship building when possible.

Kitchen should be locked every evening following dinner cleanup. Residents may request to utilize the kitchen as needed, staff shall monitor kitchen activities and cleanliness.

Staff should direct adult residents and their children to please consume meals in the dining area.

### **3.3 TV / VCR**

*GreenHouse17* is a non-violent atmosphere. We do not promote or condone any acts of violence or suggestive acts through entertainment media and technology in order to produce a more constructive and nurturing environment.

\*R (restricted) films are not permitted to be viewed on televisions in public areas.

X (Adult) rated programs or videos or pictures are not allowed on *GreenHouse17* televisions or computers or on residents' personal computers or televisions in common areas.

### **3.4 Emergency Clothing**

Limited clothing is located in the basement for emergency needs of women and children. For non-emergency long term clothing needs, GreenHouse17 provides vouchers to survivors that are usable at area Goodwill's when this service is funded and available. Referrals, at no cost to families, can also be made to Salvation Army with a letter from GreenHouse17.

Residents are restricted from the basement unless escorted by staff.

### **3.5 Purchase Requisitions and Fleet Cards**

A Purchase Requisition must be completed for payment of invoices, cash and travel reimbursement and emergency funds. A receipt must accompany every Purchase Requisition and it must be submitted to the direct supervisor. **All purchases must be pre-approved by Associate Director or Director. Verbal approval may be given and reflected on purchase requisition with corresponding date and time and authorized personnel.**

**\*\*Purchases that are not authorized or submitted without receipts, will not be reimbursed and will become the responsibility of the staff member who purchased the item in question.**

#### **Requesting Reimbursement for personal expenditures**

A purchase requisition or mileage form must be submitted no later than the 5<sup>th</sup> business day of the month for any expenditures incurred the previous month.

#### **GreenHouse17 vehicles**



Fuel for vehicles shall be purchased with Fleet One GreenHouse17 cards. It is the responsibility of staff to keep vans fueled. Maintenance schedule for vehicles is facilitated by assigned staff. All repair needs, accidents, and maintenance concerns regarding GreenHouse17 vehicles must be reported to Finance Director immediately.

## **4.0 Health**

### **4.1 Bloodborne Pathogens**

All biohazard materials should be handled according to health and safety procedures. Treat all blood and other bodily fluids as if they are contaminated. Wear protective gloves, put needles, blood waste materials (band-aids, etc.) in the biohazards container marked "Hazardous Waste", located in the Advocacy Office. For Universal Precautions procedure, see Appendix B.

Staff training regarding Bloodborne Pathogens will be provided annually.

### **4.2 Narcan**

GreenHouse17 understands that substance abuse is a disease that often impacts survivors living in shelter. Although we encourage and refer residents to services and treatment for addiction we also believe in Harm Reduction practices. Should someone accidentally overdose on drugs while in the facility, GreenHouse17, has Narcan available for staff who feel comfortable to use the nose spray as a life saving measure. Several Narcan nasal sprays are located in the front office.

### **4.3 First Aid Supplies and Over-the-Counter Medications**

The First Aid Kit for the shelter is located in the front office.

When GreenHouse17 has supplies of over-the-counter medications (aspirin, cough syrup etc.) they are located in the file cabinet in the front office.

Residents may keep inhalers with them but everything else must be kept in the front office file cabinet.

Staff will be provided staff with first aid training every two years and all staff shall abide by the Universal Precautions (See Appendix B)

Naloxone nasal spray is located in front office in case of suspected drug overdose.

## **4.4 Client Medication**

*GreenHouse17* does not dispense medication; it is the responsibility of the resident to follow recommended dosages of any and all medications that they or their children are taking.

All adult residents are provided a box with a lock at intake for their medications. Residents set their own lock combination. *GreenHouse17* does suggest that residents log their medication usage in cases of emergency where paramedics may benefit having knowledge of what medications a person is taking. However it is up to the resident to determine whether they will keep a log of medication usage. Medication logs will be kept in residents' personal medication boxes.

*GreenHouse17* tries not to purchase prescription medication for individuals but will assist them in identifying community resources that do offer medical assistance. If it is a matter of urgency and the client's advocacy team believes temporary financial assistance is necessary, it is *GreenHouse17* policy for the team to seek financial approval from Supervisory/Administrative Staff for partial prescription until other resources are identified.

## **4.5 Emergency Medical/ MHW/ Release if Information**

GreenHouse17 is a non-medical facility.

Upon resident request or medical situation, staff will assist in attaining appropriate transportation to a medical emergency facility including 911 services when warranted.

If an injury or medical concern occurs and the resident does not want medical services, staff should document refusal and continue to check in frequently with resident to see if condition has changed. Should staff observe that medical attention is warranted than staff shall contact emergency personnel despite resident wishes.

### **Mental Health**

If a resident's behavior presents as a danger to themselves or others and/or who are displaying deterioration of mental health, suicidal or violent/homicidal behavior GreenHouse17 staff will contact paramedics or law enforcement for assistance and assessment for further action.

### **Release of Information in cases of Medical Emergency**

In the event a resident is not able to authorize a release or cannot be found in a timely manner, staff or volunteers may release confidential information in the following manner:

- Present current observed conditions
- Release a copy of medical history form
- Release of all medications stored including a medication log (if resident kept a log)
- Document medication box number in relation to resident in the front of communication log upon entry.

## **4.6 Accident / Incident Reports**

### **Accident Reports**

Accident reports must be completed on anyone injured on GreenHouse17 property, including staff. The residential accident report and employee accident report is located in the front office and the G Drive. All accident reports must be submitted to the Executive Director and a copy of staff accident reports must also be given to Associate Director. In case of serious injury or death the Executive Director shall be notified immediately.

### **Incident Reports**

The incident report is to be used whenever an extraordinary incident occurs in shelter (fighting, floods, fire, etc.) The incident report is kept in the in the front office and G Drive. All incident reports must be submitted to the Executive Director. In situations that pose serious concerns the Executive Director shall be contacted.

The Director will notify The Kentucky Coalition Against Intimate Partner Violence of any serious or unusual incidents involving clients or their dependents.

In the situation where a resident or staff member were to suffer a serious illness or injury on GreenHouse17 premises, immediately contact the Director or Associate Director.

## **5.0 Emergency Protocol / Evacuation**

**5.1 In case of emergency,** staff is to immediately contact the Executive Director or Associate Director. **\*\*If Alarm, Equipment failure (gate, cameras, appliances etc), Act of Nature or vehicle damage occurs.**

GreenHouse17 has an emergency mobile cell phone in cases of emergency, evacuation or phone service disruption. Please contact Director for transfer of phones. Emergency phone is located in the front office safe.

Currently the Executive Director and Associate Director are provided a GreenHouse17 cell phone and are on-call 24/7 unless scheduled otherwise. If neither the Executive Director nor Associate Director can be reached please contact another administrator and senior staff for guidance.

## **5.2 Shelter Emergency Evacuation**

In the event of any major structural damage or unhealthy living conditions in the shelter, all residents should be evacuated to sister shelters and local homeless shelters. If residents have a safe place to stay, they may do so during this time.

Please follow *Cooperative Agreement Procedure* (see Appendix C).

Make a list of every resident and indicate which ones are being transported to the evacuation site and which ones are signed out of shelter. Inform residents to bring only essential things. Gather all residents in the lobby or safe space and take a roll call. At least 2 staff persons should accompany the residents to the evacuation sites.

The crisis lines may be forwarded to sister shelter upon approval.

The residents may return to shelter once it has been restored to suitable living standards.

## 5.3 Fire Emergency:

1. DO NOT DISARM THE ALARM
2. If it is not an emergency call the fire department and let them know. The number is located on the simplex box in the crisis counselor office.
3. Staff should also call 911 to confirm emergency in case of fire.
4. Front office staff and/or crisis counselors will initiate *GreenHouse17* fire response by first announcing over intercom that all residents and their dependent children exit the building by their nearest exit and meet in the front field. All staff will exit the building and meet at the front sidewalk to assist crisis counselor. Crisis counselor will quickly triage with staff to fulfill remaining fire emergency plan which includes the following tasks.
  - Open the gate for Fire/Emergency Personnel
  - Open the front door for Emergency Personnel
  - Assist any remaining residents with exiting the building through their designated areas. Document any resident who refuses to leave the building.
  - Staff shall assist physically challenged individuals.
  - Make room checks quickly and conduct head count.
  - Take the, portable phone, intake/departure log, communication log and sign out book with you.
  - Proceed to front lawn or **safest outside space** and conduct a roll call.



5. Allow residents to return to their rooms only after the authorities have given an "all clear" to enter the building.
6. If the building has not been cleared by authorities, move residents to the commercial kitchen as a temporary site until further notice.

**If a fire emergency exists, information that would otherwise be confidential may be disclosed to fire fighting personnel if such disclosure is necessary to preserve the health and safety of victims, employees or volunteers of the GreenHouse17. Any such disclosure is subject to the limitations described: Any information released must be limited to the fire emergency and Information may only be released to emergency fire and safety personnel treating the adult victim or minor child.**

7. Fire department has gate and front codes in cases of extreme emergency.

## 5.4 Storm/Tornado Emergency:

1. Staff shall monitor weather radio located in front office and listen for tornado warning information and siren.
2. In times of tornado 'watches' staff shall keep residents apprised of information and request that residents stay close to the building.
3. Staff shall check and be prepared to take GreenHouse17 cell/mobile phone, flashlights, first aid kits and radio to basement.
4. During extreme lightning storms, computers should be turned off and gate opened.
5. At the sound of tornado siren or announcement of tornado warning **in the GreenHouse17 area:**
  - Everyone in the building should proceed to the basement of the facility, main inner hallway, or bathrooms.
  - Make room checks quickly.
  - Take the admission book and sign out sheet with you.
  - Conduct a roll call to confirm all residents are in the basement. Document any residents refusing to follow procedure.
  - Everyone will remain in the designated area(s) **until the tornado warning for our area is lifted.**
6. Flash lights and first kits are located in the "OOPS" bag in the front office.

## **5.5 Flood Emergency:**

In the event of flooding, all staff and residents should report to the dining area. This facility is well above flood levels.

## 6.0 Security

### 6.1 Security Breach of Facility

- Call 911
- Immediately notify residents through the intercom system to go to their rooms and block their doors by repeatedly calling out Code Red
- Code Red notifies residents outside to not enter building and seek safety in woods and back barn.
- Staff secure themselves in an office and stay on phone with 911

## 6.2 Security Gate and Doors

A gate, call box and security cameras are installed at the front driveway entrance. Staff is provided an access code for entrance. GreenHouse17 randomly changes codes for security purposes. Staff shall not share code with residents, guests or other agencies unless it has been cleared by the Director or Associate Director. Staff shall not allow someone on property unless they have been cleared or if a resident has signed a release of information document giving GreenHouse17 permission for a specific visitor. GreenHouse17 staff **always** reserves the right to deny a person from coming on property if

- staff assess that this person may be a danger to staff and/or residents.
- staff are uncertain if the person at gate should be on property for a shelter resident or permanent housing resident in the apartments.
- law enforcement is requesting entrance onto the property to serve legal documents or has an arrest warrant for an alleged resident without.

If a code needs to be changed for security reasons, staff shall contact a supervisor immediately to change the code.

GreenHouse17 has also installed a magnetized front door lock and key pad and an inner lobby door lock and keypad. Staff will be given access code for entrance. Staff shall not share code with residents, guests or agencies unless it has been cleared by

the Director or Associate Director. If a code needs to be changed for security reasons, staff shall contact a supervisor immediately to change the code.

GreenHouse17 has installed alarms on East and West Wing exit doors and laundry room exit doors. This is an internal alarm system. Residents and Staff are prohibited from using these doors as an exit unless it is an emergency. If doors are open, staff shall document date and time and respond in person or via cameras to ascertain who has entered or left the building. If it is an unauthorized person, staff shall conduct a safety assessment and respond according to policy and procedure.

Evening and overnight staff should walk the facility hourly to check windows, doors and back gate to ensure they are locked and closed.

## 6.3 Security Cameras

External security cameras are located on the parking lot side of facility, front and back of facility, playground area, front door, front gate, and transitional housing units. GreenHouse17 also has cameras in residential hallways.

A monitor is located at the front desk, which allows the staff to view and/or review facility. A back-up system is located in the west wing electrical room. If power is down and security system needs to be rebooted:

- turn the main security computer off by holding down the power button 10 to 20 seconds,
- leave it off for 30 seconds and reboot.
- go to advocacy office to get back online. Name "admin" and password "GreenHouse1717".
- make it a LAN system, push OK.

If problem persists contact Finance Director.

GreenHouse17 has 12 apartment units that have security cameras for each door that can be monitored in front office. It is not the responsibility of shelter staff to monitor the apartments as part of their shelter duties. If any concerns are viewed on apartment camera's staff will alert Executive Director and/or housing specialists.

## **6.3 Intercoms**

GreenHouse17 has an internal intercom system for announcements or to be able to page residents. The system is only located in the hallways so repeating an announcement may be helpful for residents to fully hear and grasp what was announced. Intercom can be accessed through phone system by using the intercom button or \*10.



## **7.0 Resident/Non-Resident Services**

### **7.1 Assignment of Family Advocate/ Family Advocate responsibilities**

Each resident will be assigned to a team of advocates immediately upon entering the shelter.

- Family Advocates will make daily contact with the resident, and is responsible for assisting the resident with formulating a case plan and providing counseling services.
- Advocates will make daily contact with children.
- Case plans should be done on each family member within 72 hours of the client entering shelter.
- Advocates will assist with formulating children's case plans in conjunction with the mother and children.
- Client Histories should be started within 72 hours of the client entering shelter.
- Safety plans should be completed on every resident as part of their case plan and to fulfill reporting requirements
- Safety plans must be documented in Admission Log.
- Individual sessions will be offered to residential clients for a minimum of two times a week.

## **7.2 Support Groups**

Residential groups are held several times a day throughout the work week. The resident information packet contains a group schedule. The Family Advocate and the resident will assess which of the groups would be most beneficial, although residents may participate in any and all groups offered by the GreenHouse17.

Children and Family Support Groups and Activities are also held weekly at the GreenHouse17. Children support groups are often scheduled at the same time as Adult support groups to support group attendance.

**Non Residential Support Groups** are available regionally within the Bluegrass Area Development District - the 17 counties served by the GreenHouse17. Individuals who are assessed through the crisis line or who meet directly with the outreach advocate will be referred to all outreach services including available support groups. Upon referral to support group, individual advocacy or case management appointments, staff shall safety plan with the survivor and assess safe transportation and child care needs.

It is the group facilitator's responsibility to find coverage for groups rather than cancelling groups. Advocates shall work with Program Coordinator and/or Associate Director to create coverage plans for groups when on vacations etc.

### **7.3 Mail – Residential and Non-Residential**

- Residential Mail: All resident mail is sorted in the front office. Resident's will receive "you've got mail" notices in their mailboxes.
- Residents will sign a release of information regarding having mail forwarded to GreenHouse17 shelter facility.
- Former Resident and Non-Resident Mail: All non-resident mail is placed into the "authorization to hold mail in the front office. Upon departure, residents are encouraged to complete change of address forms at the post office. GreenHouse17 holds non-residential mail for 30 days. Unclaimed mail is 'returned to sender' weekly by the staff.

## **7.4 Personal Care Items**

Personal care packets (soap, shampoo, diapers, etc.) are available to all new residents. All Advocates can assist families in obtaining personal care items. Families just entering into shelter should be given a welcome packet which includes personal care items. These items are kept in the basement.

After initial personal care items are given, residents can sign up for items on the needs list which is filled weekly unless there is an emergency.

Non-residents may also receive personal care items upon departure from shelter and as part of ongoing case management.

## 7.5 Transportation

Explore all client resources and other resources for transportation prior to agency funded transportation.

1) **Agency Vehicles:** Only those staff who have submitted their license for approval can use the agency vehicles. Staff must sign out vehicles for transportation beyond the shuttle services on front board in the Advocate Office.

Staff shall show proof of insurance and valid driver's license to their supervisor at the beginning of each calendar year for insurance purposes.

2) **Bus Tokens:** Tokens are available to clients while in shelter. Staff should inquire the need for the tokens before giving them. The bus schedules are located in the crisis counselor office. Once a client has had a source of income the need for continued transportation should be assessed. Residents may be required to provide for their own transportation needs, such as purchasing their own bus tokens as a part of case management goals.

3) **Taxi Cabs:** **Cabs are available to clients in emergency situations only and when it is not possible to utilize the shuttle system.** An example would be bringing a client into safe shelter, medical emergencies and scheduled appointments when staff are not available to transport.

4) Residents without their own means of transportation are to follow shuttle times in and out of town.

5) Residents who work are expected to use our shuttle system; this may mean they have to leave a little early or wait for pick up times. Bus tokens will also be provided to meet their transportation needs.

- 6) Residents who work and have their own transportation are invited and encouraged to use our shuttle system. If they chose not to use our shuttle system they are responsible for their own fuel needs.
- 7) Residents who work shifts that do not concur with our shuttle, must meet with their primary advocate to work out a transportation plan. The plan may include temporary or emergency use of gas cards. Residents may be expected to reimburse GreenHouse17 for additional transportation costs as part of the transportation plan.
- 8) Gas cards and/or bus tokens/tickets may be used for assisting in the transportation of women relocating to another shelter because our shelter did not have space. GreenHouse17 staff will always assess for needs and alternate options as a first step.
- 9) Residents are expected to utilize the school bus for child transportation to school. GreenHouse17 cannot provide cabs for an existing service. Families may choose to utilize their own transportation or pay for cab service.

**These are the guidelines for transportation, special circumstances or requests for extraordinary situations should be approved by a supervisor.**

Non-residential participants, specifically those living in GreenHouse17 permanent housing, are expected to provide their own transportation unless otherwise determined by staff for case management purposes. Non-residential callers or former residents may receive limited bus token support based on case plan.

- 10) Lextran's "Ride to Shelter" program will provide transportation in cases of extreme emergency to shelter if a survivor is able to get on a Lextran Bus. Lextran will notify GreenHouse17 that they are bringing us a survivor.

## 7.6 Emergency Funds

A request for emergency funds are made on behalf of an individual **who has exhausted all other resources**. Emergency funds can be requested for the following reasons: education, employment, medical, transportation, housing, utilities and personal safety needs. The form is kept in the file cabinet in the front office or "G" drive. The form must be filled out completely and must be signed by the Associate Director and/or Executive Director. The form must also be accompanied by a Purchase Requisition which must be signed or verbally approved by the Executive Director and/or Associate Director. Emergency Fund form and Purchase Requisition shall not be signed by the same person.

After purchase via verbal approval the receipt and purchase requisition must be placed in Associate Director's or Executive Director's mailbox for signature.

It may be part of the agreement between the survivor and GreenHouse17 that some or all of the emergency funds requested be paid back by the survivor.

## **7.7 Residential Case Conferencing**

GreenHouse17 holds case review to monitor and assess the progress of each individual/family served. Direct service shelter staff are required to provide information for case conference on a weekly basis.

**If resident departs GreenHouse17 under unusual circumstances, Staff Team Leaders will bring the case up at the following week's case review for discussion. Intention of 'special circumstances review' is to learn from the experience, gather resources and be better prepared for the next family that may seek services from GreenHouse17.**



## 8.0 Children In Shelter

### 8.1 Supervision

Children living in shelter should always have adult supervision. Supervision is defined as an awareness of their children's whereabouts by mom or designated adult. Mothers choosing to leave the building without their children must complete a babysitting form, which is kept in the crisis counselor office. Both the mother and the sitter must sign the form, and the sitter must have no more than 4 children total, including her own. **GreenHouse17 does not assume custodial responsibility under any circumstances for children.**

If children pose a threat to other residents and the mother is not taking any action or able to correct the behavior, the mother and child(ren) may be departed based on departure procedure. See involuntary departure procedure.

If any children are left in Shelter without a supervising adult (mother or babysitter), staff should first make every effort to locate the mother and if not successful, they should call the emergency contact listed in the file for assistance in locating the mother. Children cannot be released to another adult other than the emergency contact. If the emergency contact cannot assist, staff will contact CPS for assistance with placement of children.

Residents may not baby sit non-residential children without prior approval from their family advocate. All attempts should be made to do this outside of shelter.

**Reminder: Children are our residents too and entitled to the same respect and access to GreenHouse17 services**

## **8.2 School Procedures**

All school age children are required to go to school unless the child is being home schooled. If the child is being home schooled, appropriate documentation must be made available to the *GreenHouse17* for verification. If the child is attending public school, a child advocate shall discuss safety issues with the mother, child and the school and make arrangements with the school to protect the safety and confidentiality of the child(ren). A child advocate must also contact the Superintendent of Schools or *LFUCG* to arrange bus transportation if the child is attending school out of district.

## 8.3 Children's Programming

Advocates are to work with children in the following ways:

- a) To welcome children to shelter, speak directly to the child(ren) during intake or during mother's sessions regarding children's needs.
- b) Individual counseling sessions are available for the child to discuss issues that the child may have, provide education on forms of abuse, safety planning, and appropriate expressions of feelings, and to validate feelings and experiences .
- c) Residential groups for children are available and often coincide with scheduled adult group times. Children 0-4 and children 5+ are often divided into groups to allow for age appropriate activities. Groups provide a place for children to play, explore safely, learn boundaries, social skills and coping mechanisms and to gain self-esteem. Mothers should pick up their children directly after group.

## **8.4 Discipline**

The use of corporal punishment is prohibited while a resident. Mothers should utilize alternative methods of discipline, (i.e., timeout, 123 Magic...). Advocates are responsible for providing mother's materials, counseling and support around discipline and parenting strategies.

## **8.5 Child Friendly Areas and Expectations.**

- A) Playroom: The playroom and children's play areas are available to residents anytime.
- B) Playground: The playground is available for residents and children. Children must be supervised at all times while on the playground; children should be fully dressed.
- C) Co-op room: Co-op is for children 4 and under. Children are not to be in the Co-op room, unless supervised by a staff member or parent.

Staff are to insure that all utilized rooms where there are structured children's activities are clean before and after activities and are ready for further use. Children are encouraged to keep outside toys outside.

## **8.6 Teenagers**

The *GreenHouse17* accepts any dependent child of a victim seeking shelter no matter the age or gender of the child. *GreenHouse17* acknowledges the difficulties of community living expectations on teenagers. *GreenHouse17* staff will work with moms to develop age appropriate activities and case plans for children that have been exposed to battering or who may have also been a primary victim of Intimate Partner Violence and/or Sexual Abuse.

## **8.7 Quiet Time**

Quiet time for all residents of *GreenHouse17* is 9:00pm. It is the responsibility of mom's to ensure children are respectful of quiet time hours.

TV's and Music should be turned down.

Families should be respectful of quiet time with roommates.

Mom's should check on children left in rooms or request baby monitors so that a crying or waking child does not disturb others.

*GreenHouse17* encourages roommates to determine their own 'room rules' regarding lights out, noise, etc but staff will be available to mediate roommate disputes between adults and families.

## **9.0 Shelter Operations**

### **9.1 Phone Equipment / Operation (See phone operations manual)**

Five phone lines operate on the shelter phone system. All lines roll over to available lines when some of the lines are busy or unanswered. All phones are coded with "Blocked ID".

#### **Long Distance Calls:**

Phones are blocked from calling long distance without a long distance code. Resident's needing to make a long distance phone call must be assisted by a staff person.

To place a long distance phone call dial 9-1 and then the number. Wait for the tone and then put 0704.

All direct staff lines can be accessed outside of GreenHouse17 with a prefix of 519 and then the parties' extension.

Staff may check their voicemails externally.

It is prohibited and against VSS for GreenHouse17 to use commercial or mechanical answering services.

TTY equipment is located in Front Office if needed/requested.



## **9.2 Incoming Calls:**

Staff answering the phone should greet callers with "GreenHouse17 Crisis Line this is (first name only) how may I help you? "  
Staff should accept collect calls that come into the shelter.

Staff is never to disclose any information regarding a survivor including information about residency or non-residency unless we have received a specified release of information.

If the caller is looking for a resident or former resident staff should respond with "I am sorry but I cannot disclose who is or is not working with GreenHouse17, but I would be happy to take a message and if that person is here they can chose to return your call.

### **\*Crisis Call:**

Best practice is to be fully present for callers, however, there may be times when you may have to place a caller on hold. In that case, try to complete initial assessment as to safety, lethality before placing the caller on hold and then return to the call within a minute.

### **9.3 Use of Cellular Phones**

Advocates working in satellite offices or outreach counties are provided a work cell phone. **Work phones are to be use for work purposes only.** The advocate must notify the caller about confidentiality and make arrangements to meet face to face or utilize a landline phone is safety concerns require a landline. Advocates shall have a voice mail directing callers who call after hours to GreenHouse17 crisis line or 911.

## **9.4 Phone Numbers**

Staff telephone numbers are located in the front office in the key cabinet. Staffs private phone numbers should not be given out without permission of the staff member. Calls coming into staff should be directed to their *GreenHouse17* voice mail.

## **10.0 Legal Issues**

### **10.1 Threats of Harm**

If a victim poses a risk of harm to self, or if a victim makes an actual threat of physical violence against an identifiable victim, or if a victim makes an actual threat of some specific violent act, shelter staff will assess whether the disclosure of this information is appropriate and necessary. If appropriate and necessary, information directly pertinent to the threatening situation may be disclosed to:

- Licensed medical or mental health personnel or facilities
- Law enforcement personnel
- The identified, intended victim(s)
- The parent(s) of a minor child making the threat

## 10.2 Subpoenas / Summons

- If a process server attempts to serve a subpoena for the program, an employee, a former employee, or a volunteer, the Director or Associate Director should be notified immediately. If the subpoena is for a named employee or volunteer, that person should be summoned to receive the subpoena if they are present. If they are not present a staff member should tell the process server that the named individual is not present and no one else is authorized to accept the subpoena. Information should be taken so that the Director or Associate Director can follow up with any pending legal matters.
- If the subpoena is for the program itself, only the Director or the Associate Director is authorized to accept the subpoena. If they are not present at the time of attempted service, the process server should be notified that no one else is authorized to accept the subpoena. Program staff should not reveal any other information to the process server including whether or not the location or name is correct and whether the named person is a client or employee.
- Regardless of what type of subpoena and regardless of whether the subpoena is for an appearance for a deposition or for an appearance at court, the Director or the Associate Director should advise whoever issued the subpoena of the provisions of the Counselor-Client Privilege, Kentucky Rule of Evidence 506, which is Kentucky's privileged communications provision for counselors, therapists, and victim advocates.
- If a process server attempts to serve a survivor who is residing in the shelter and who has not given written permission for the program staff or volunteers to acknowledge that she is in fact a resident, the person shall advise the process server that the identity of shelter residents are confidential. In attempts to be helpful to facilitate possible service **staff shall notify the resident of outstanding legal issue and make arrangements for them to be served if this is their choice.**

## 10.3 Search And Arrest Warrants (Mental Health)

Intimate Partner Violence program employees and volunteers may release otherwise confidential information subject to the described limitations and specific circumstances described below:

- When law enforcement personnel present a search warrant, program staff should notify the Director or the Associate Director immediately and should review the warrant **outside the front doors of the facility** to determine if it:
  - specifies the individual or the object of the search.
  - alleges that the individual or object of the search is located at the program or its street address.
  - is properly dated and signed by a judge.
- If all these criteria are met, program staff may reveal whether or not an individual named in the warrant is a shelter resident and whether or not she is present at this time. Staff may also permit the officer(s) to enter the lobby area. Staff must allow the officer(s) to enter to conduct the search, but should explain the exceptional and confidential aspects of the shelter and ask that they wait to conduct the search until the shelter's Executive Director and/or KCADV attorney can be present. If the officers refuse, staff should tell the officer(s) they do not consent to the search, but they will not obstruct or prevent the officer from conducting the search. Staff should note the areas to be searched and the object of the search as described in the warrant. Two staff members should accompany the officer(s) during the search and take notes regarding what the officer(s) does, with particular attention to where the officer looks for the objects to be seized.
- If the staff reviews the warrant and the above criteria are not met, staff should contact the KCADV attorney and/or the issuing judge immediately to try to prevent the search and should inform the officer(s) the warrant is not valid. If the officer(s) insist on conducting the search anyway, staff should not obstruct the search and should follow the same procedures described above for a valid search warrant.

- When law enforcement personnel present a criminal arrest warrant (not a criminal search warrant) which names an individual and alleges that the individual is located at the program or its street address, program staff should inform the officers that they cannot confirm or deny that the named individual is a resident at the program and that only the program Director or Associate Director is authorized to respond to arrest warrants. Staff should notify the Director or Associate Director immediately.
- If a law enforcement officer telephones the program and states that he or she has an arrest or search warrant and requests information, staff shall inform the officer that they cannot reveal any information due to confidentiality requirements.

## 10.4 Civil Law Enforcement Documents

- These documents do not in and of themselves present grounds for violation of victim confidentiality. If any such documents are accompanied by an arrest or search warrant, the procedures set forth in section 10.2 should be followed. In the event any legal documents such as these are presented to the staff by a process server without a warrant, the staff should advise the process server that the identity of shelter residents is confidential, but should attempt to learn the type of document being served and to whom it is directed. The staff member should notify the Director or Associate Director as soon as possible. **Staff members shall not accept service of legal documents for victims or other staff members.**
- The statutorily protected privilege of confidentiality belongs to survivors, who have a right to know if legal documents have been issued that are addressed to or about them. Staff does not reveal that a survivor is in shelter or otherwise receiving program services. In the event of the attempted enforcement of a civil involuntary commitment order, staff, while maintaining privilege, makes every attempt to identify the name of the person trying to serve the order and any other relevant information. Staff then notifies the named survivor, when possible, of the order and the additional information.



## **10.5 Confidentiality Regarding Deceased Persons**

- Intimate Partner Violence programs maintain confidentiality of records after the person is deceased. Records of the deceased person belong to the Intimate Partner Violence program and are under no legal authority to release records unless ordered by a judge, if the deceased person signed a release prior to their death, or the deceased person's legal representative has signed a release.

## **10.6 EPO/EIPO or DVO (Intimate Partner Violence Order)/IPO (Interpersonal Protective Order)**

An EPO/IPO (Emergency Protective Order) may be filed by a victim and then issued by a court when a victim alleges Intimate Partner Violence, sexual assault, stalking, or are in fear abuse and an/or there is immediate and present danger of violence. Residents can file a Intimate Partner Violence petition seeking an EPO/EIPO at the courthouse in Fayette County or in the county they previously resided. A complete listing of where to file for an EPO/EIPO in the Bluegrass ADD is in the resource book.

The order may:

- 1) Restrain the Respondent from any contact or communication with the Petitioner.
- 2) Restrain the Respondent from committing any further acts of Intimate Partner Violence and abuse.
- 3) Direct the Respondent to vacate the residence.
- 4) Grant temporary custody of the children.
- 5) Provide other reliefs as directed by a judge

An EPO/IPO is effective once law enforcement has served the papers on the Respondent. Once served, the EPO/EIPO is immediately effective for a period of up to 14 days. An EPO/EIPO can be reissued for 6 months if the Respondent has not been served. Once a Respondent is served with the EIPO a hearing is scheduled within 14 days. The county clerk's office is responsible to notify a Petitioner once the Respondent is served.

At the hearing, the Petitioner will present their case to the judge and attempt to prove through a preponderance of the evidence that an act of violence and or threatening behavior has occurred and may occur again. It is important for the Petitioner to be aware that the Respondent has a right to be present at the hearing. If the Petitioner successfully proves that an act or threat of violence has occurred, the court may issue a DVO/IPO for a period up to three (3) years.

## **10.7 Court Advocacy**

Individuals who are victims of intimate partner violence may have a Family Advocate present with them during their civil protective order hearings and during any relevant civil or criminal proceedings when advocates can be available. Also, many counties have prosecutor based advocates that can assist with criminal court proceedings.

GreenHouse17 has non-residential court advocates that are present for Protective Order hearings and other non-residential GreenHouse17 services for all 17 counties. It is best practice for staff assisting survivors in court to stand (or sit) with the survivor during protective order hearings. Kentucky statute permits advocates to be able to provide support throughout court processes both civil and criminal. Report any cases of concern where advocacy is not permitted to Director or Associate Director.

Advocates shall assess safety needs of individuals, including safety planning regarding their attendance of court hearings and other civil and criminal proceedings.

## **11.0 Donations**

### **11.1 Monetary Gifts**

All monetary gifts are to be submitted immediately to the Director. Checks and cash are to be placed in an envelope and put in Director's mailbox. The envelope should include any pertinent information that the donor wished to share, sealed envelope with a signature across the seal. Staff should also contact Director to inform that cash or a check has been received.

For cash donations staff will collect name, address, and telephone number of donor

Staff should inform donors who give checks or cash that they will receive a tax letter via mail to confirm their donation.

If a caller wants to make a financial contribution, get their name and phone number and transfer them to the Director. If Director is unavailable, obtain contact information and give message to Director.

## **11.2 In-Kind Gifts**

All large in-kind gifts must go through the Director. In-kind gifts include tickets to events, parties, attractions, large donations etc. General donations such as clothing, diapers, toiletries etc. can be accepted by any staff person.

Donation forms are kept in the Advocacy Office and are to be given to donors upon receipt of the gift. A copy of the donation form is given to the Financial Officer.

### **11.3 Clothing / Items**

Donations of clothing or other physical items can be received at *GreenHouse17* but the preferable procedure is for donors to take items to any area *Goodwill* or *Habitat for Humanity Restore*. Staff when possible shall notify donors to give items in the name of *GreenHouse17* so that we get financial credit/vouchers that benefits our families.

Staff may determine that some donations are needed in shelter and ask the donor to deliver. If a donor has large furniture, housewares etc. staff shall secure the donors contact information and put in Associate Directors mailbox to determine how to direct the donations.

Donors that do bring donations to the facility will be given a donor form by staff. Donations should be placed in outside storage units where they will then be separated and organized in the basement area. If donor takes items to *Goodwill* or *Habitat* they should donate items in *GreenHouse17* name and receive a receipt. It is suggested that donors mail receipt to *GreenHouse17* if possible.

Professional clothing donations can be directed to *Dressed for Success*.

## **11.4 Holiday Donations**

The procedure for handling holiday donations is updated annually, and will be distributed each year to each staff person with the onset of the holiday season.

## **11.5 Thank you acknowledgements to donors, volunteer groups, special events.**

It is extremely important for staff to greet, respect and assist all volunteers and donors who gives their time and care to the families and programs of *GreenHouse17*.

When a staff member sets up a special event and is the primary contact to the volunteer donor they are responsible to write a formal thank you to their contact.

Staff shall copy the thank you note and along with donor contact information place in Director's mailbox.

Director is responsible to ensure that check and cash donations receive the appropriate thanks and acknowledgement.



## 12.0 Services for Limited and Non-English Speaking Clients and the Hard of Hearing Community

### 12.1 Implementing Services

The GreenHouse17 will employ and provide services to all qualified individuals regardless of race, color, national origin, gender, sexual orientation, gender identity, immigration status, religion, age or disability.

GreenHouse17 commits to providing meaningful access to its services for all persons regardless of language/English proficiency or disability. "Limited English proficiency" is defined as the inability to speak, read, write, or understand the English language at a level that permits individuals to interact effectively with staff.

To ensure meaningful access, all GreenHouse17 staff should abide by the following procedures:

- 1) Notice shall be provided to all hearing impaired and LEP persons of the right to access services and the right to an interpreter
  - All persons requesting services at the GreenHouse17 shall be advised of their right to an interpreter.
  - The language of the person shall be noted on intake forms and whether the person is requesting an interpreter.
- 2) Competent interpreters shall be provided for persons with disabilities and/or LEP persons  
"Competent interpreter" is defined as a person with proficiency in both English and the language of the client who has a commitment to confidentiality, ethics, and an understanding of the boundaries of the role of the interpreter. All efforts shall be made to provide a confidential, competent interpreter who has no other relationships with the client. Family members, friends, children, or other clients should not be used as interpreters. Survivors are not be responsible for providing interpreters.

This applies to all GreenHouse17 services, including but not limited to crisis line services, walk-in services, residential and non-residential counseling, legal advocacy and all required/optional group meetings offered by GreenHouse17.

- 3) All documents requiring the signature of the survivor regarding expectations, rights, and responsibilities shall be interpreted in full detail unless a translated version is available.

GreenHouse17 staff shall adhere to the following procedure to comply with its policy of language accessibility to persons with disabilities and /or LEP persons:

A. Crisis call:

1. For incoming calls in which the caller is speaking another language, the Pacific Interpreters (language line) shall be immediately accessed. If the caller speaks limited English, notify them of their right to an interpreter. If there is difficulty communicating, the language line shall be accessed.
2. Documentation: Language of the caller and need for an interpreter shall be noted on the intake sheet and file.

B. In-person services: Including shelter, legal advocacy; non-residential services.

1. Inform survivor of right to interpreter and ask if they need one
2. Identify language needs and record on intake
3. Safety shall be assessed and the survivor advised of all legal and shelter options, as well as all services offered by GreenHouse17.

4. All interpreters provided by GreenHouse17 shall sign a confidentiality statement.

C. Residential services

1. The above procedures for in-person services shall be followed.
2. At the time of intake, the incoming resident will be informed (through an interpreter if necessary) of all rights and responsibilities as a resident, grievance procedures, and of all required and optional individual and group services.
3. When a person is required to sign a document that document shall be interpreted fully to a person if no written translation is available.
4. Interpreters should be scheduled for all individual meetings with family advocate, and any group meetings which the client may wish to attend.
5. It is each shifts responsibility to check in with all persons with disabilities and / or LEP residents (adult and children). Inquiry should include but not be limited to any needs, concerns or requests that they may have. Staff should utilize the language line, bi-lingual staff or an approved interpreter for these sessions.

**GreenHouse17 requires the use of the Language Line App for daily check-ins or when an in person interpreter is not available.**

## 12.2 Procedure regarding access of services

### 1) **Equal Access**

*GreenHouse17 shall provide equal access to all of its services, regardless of immigration status.*

### 2) **Confidentiality**

*GreenHouse17 shall keep all information about undocumented individuals confidential and shall not report the immigration status of an individual to any government agency without the individual's permission. Staff are not to document in the file the status of the immigrant resident.*

### 3) **Non-cooperation with INS**

*The GreenHouse17 will not contact INS with regard to a resident or their abusive partner. GreenHouse17 will not cooperate with the INS in instituting removal (deportation) proceedings of the abuser. This does not mean that staff will not cooperate with the prosecution of the abuser, if the survivor chooses this path.*

### 4) **Notice**

*GreenHouse17 shall provide notice to all clients that its' services are provided regardless of immigration status, that a individual does not need to disclose the immigration status or social security number and that GreenHouse17 does not report any information about the survivor to INS.*





Kentucky Coalition  
Against Domestic Violence

**KCADV**

# **Member Program**

# **Service Standards**

Revised July 2017

# Forward

- In order to simplify the standards and their applications to a diverse group of domestic violence programs, the following language has been used:
- For purposes of Member Program Service Standards, Domestic Violence is defined as a pattern of coercive, controlling behavior that can include physical abuse, emotional or psychological abuse, sexual abuse or financial (resources) abuse within an intimate partner relationship. Therefore, the terms Domestic Violence (DV) and Intimate Partner Violence (IPV) can be used synonymously. DV/IPV encompasses violence against victims within both heterosexual and same-sex relationships and includes married, formerly married, cohabitating, child in common and dating couples.
- Since the vast majority of domestic violence victims (85%) are women, the feminine gender is used to refer to both female and male victims throughout this document. However, all services provided by Kentucky's domestic violence programs are available to both female and male victims.
- This document uses the term "director" to refer to the domestic violence program's chief staff person even though some centers use another designation, such as, executive director, president, program director, or manager.
- The term "advocate" is used throughout this document to refer to domestic violence program staff even though domestic violence programs use a variety of staff titles.
- The term "client" is used throughout this document to refer to victim/survivors who are shelter residents or are receiving nonresidential services. Client was selected to be consistent with the Kentucky Administrative Regulations (KARs).

- Underlined text throughout the document indicates language taken from the Kentucky Administrative Regulations applying to domestic violence programs.

# Table of Contents

<b>Forward</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>I. Introduction</b> .....	<b>4</b>
<b>II. Statement of Mission, Principles, Affirmations and Goals</b> .....	<b>5</b>
<b>III. Program Administration</b> .....	<b>7</b>
Program Governance .....	<b>7</b>
Staff Management .....	<b>9</b>
Volunteer Management .....	<b>12</b>
General Administration .....	<b>12</b>
Documentation .....	<b>15</b>



Financial Management .....	17
Contract Requirements .....	18
Facility Safety and Security .....	21
<b>IV. Program Policy Issues .....</b>	<b>23</b>
Eligibility .....	23
<i>Guidelines for Transferring and Accepting Clients.....</i>	<i>24</i>
Ethics .....	26
Confidentiality .....	27
Religious Activities .....	33
<b>V. Service Components.....</b>	<b>34</b>
Crisis Line Services .....	35
Emergency Shelter .....	37
Intervention Services .....	38
<i>Advocacy Services.....</i>	<i>40</i>
<i>Counseling Services.....</i>	<i>41</i>
<i>Case Management.....</i>	<i>43</i>
Children's Services .....	44
<b>VI. Systems Advocacy: Public Education, Community Awareness, and Professional Training .....</b>	<b>47</b>

**VII. Appendices**

Appendix A	Affirmative Action: Policy and Model Procedure
Appendix B	Policy for Providing Services to Non-English Speaking Persons
Appendix C	KRS 209 and 209A

Appendix D	922 KAR 5:040 and 5:050 related to standards and funding for shelters
Appendix E	Guidelines for Transferring and Accepting Clients between KCADV Domestic Violence Programs
Appendix F	KCADV Code of Ethics
Appendix G	Client Confidentiality Memo Regarding Communications Between Programs – April 20, 2010
Appendix H	Confidentiality of Deceased Client Records Memo – July 19, 2010
Appendix I	Client Confidentiality Memo Regarding Execution of Arrest Warrants – April 20, 2010
Appendix J	Model Release of Information Form
Appendix K	Model Grievance Procedures for Client Complaints
Appendix L	Model Incident Report Form
Appendix M	VAWA 2005
Appendix N	FVPSA 2010 – Summary and Sections 301- 314 of Law
Appendix O	Model Personal Information Security Breach Policies and KRS 61.931 to 61.933 (Updated 07/2017)

## I. Introduction

Kentucky’s fifteen state-funded regional domestic violence programs contract with the Cabinet for Health and Family Services (Cabinet) to provide services to victims of domestic violence and their children. These services include:

- 24-hour, staffed crisis line;
- Emergency shelter;
- Residential and nonresidential advocacy, counseling, and case management services;
- Children’s services;
- Public and professional education;

- Community involvement; and
- Prevention and awareness efforts.

In 1993, at the request of the Cabinet for Health and Family Services, the Kentucky Coalition Against Domestic Violence developed standards for providing services to victims of domestic violence through Kentucky's state-funded regional domestic violence programs. Today, all fifteen KCADV member programs abide by these standards to ensure that Kentucky's victims and their children receive quality services.

In addition to establishing minimum service standards, this revised and expanded document provides guidance on program administration including program governance, staff and volunteer management, general administration, documentation, financial management, contract requirements, and facility safety and security. It also covers program policy issues such as eligibility for services, provider ethics, and client confidentiality.

KCADV believes that these standards are a living document that will continue to grow and change as our knowledge and understanding of the needs of victims of domestic violence becomes more complete.

## **II. Statement of Mission, Principles, Affirmations and Goals**

### **A. Mission:**

The Kentucky Coalition Against Domestic Violence mobilizes and supports member programs and allies to end intimate partner violence.

### **B. Vision:**

Inspired by the voices of survivors, KCADV creates social change to:

**Ensure** the safety of survivors and their access to and choice of services.

**Address** root causes of intimate partner violence.

**Hold** abusers accountable.

**Encourage** the development of trauma-informed laws, policies, and procedures across all systems.

**Prevent** future acts of intimate partner violence.

### **C. Principles:**

The Kentucky Coalition Against Domestic Violence holds that:

- Abusive behavior is the misuse of power and control in a relationship. This behavior may take many forms including, but not limited to, physical, sexual, emotional, psychological, environmental, or verbal abuse.
- Abusive behavior is unconscionable and must be stopped.
- Domestic violence is a crime and must be recognized as such by all sectors of society.
- Domestic violence affects children.
- Violence is a learned behavior that may be passed on from one generation to the next.
- Appropriate and effective prevention and intervention can break the generational cycle of violence.
- The community has a responsibility to support the rights of victims of domestic violence while simultaneously holding perpetrators accountable for their use of violence.
- Victims of domestic violence have the right to be treated with dignity and respect by all service providers and systems within our society.

### **D. Affirmations:**

The Kentucky Coalition Against Domestic Violence affirms that:

1. Political, economic, social, religious, environmental and cultural equality is an inherent right.
2. Victims have a right to:
  - Self determination;
  - Live in a safe, secure environment where the basic needs of life are met;
  - Be free from re-victimization;
  - Dignity and respect;
  - Be treated as valuable members of society; and

- Rear their children in violence-free homes.

### **E. Goals:**

1. To provide safe refuge and support for victims of domestic violence and their children.
2. To expand services to clients to include assistance with housing, financial education and asset management, employment, childcare, and transportation.
3. To impact and change public policy and practices affecting victims of domestic violence and their children.
4. To implement statewide prevention efforts with the ultimate outcome of changing the way society, the community and individuals respond to intimate partner violence.
5. To ensure that there are competent, trained advocates providing client-centered, client-directed services.

## **III. Program Administration**

### **Program Governance**

#### **A. Premise:**

A clear governance structure is critical to an effective, organized, responsive program. It lays the foundation for the way policy is established, needs are identified, and goals are achieved. The governing board establishes the policy; and the staff, at the direction of the program director, implements the policies. The staff does not govern and the governing body does not administer the day-to-day activities of the program.

#### **B. Criteria:**

1. The mission of the program is clearly stated and compatible with that of the Cabinet for Health and Family Services and the Kentucky Coalition Against Domestic Violence.
2. The program functions in accordance with its stated purpose.
3. The program has a designated agency governing board that is a legally constituted group of individuals whose function is to oversee operations of an agency providing domestic violence shelter.

4. The governing board is accountable for the program. It ensures the program's continuing compliance with its bylaws, the subcontract, administrative regulation and other relevant federal, state and local law.
5. Members of the governing board are selected in a manner that assures a broad base of knowledge, community participation in the governance of the program and its activities; and diversity representative of the community in which the program is located.
6. A domestic violence shelter shall create an advisory board for the purpose of studying and recommending functions to the governing board if the governing board provides no direct oversight to the domestic violence shelter. The governing board shall not delegate to the advisory board, but shall retain responsibility for final approval, responsibility, accountability, or direction of agency policy.
7. The agency's governing board shall appoint one (1) staff person as a domestic violence shelter (program) director and shall delegate sufficient authority to this person to manage the program. The director shall:
  - Have responsibility for supervision of the duties and activities of staff and volunteers;
  - Coordinate domestic violence shelter and related services;
  - Fulfill the duties as required by the governing board and advisory board;  
and
  - Report directly to the board on domestic violence program activities.
8. The governing board establishes policies for the efficient and effective operation of the program. If the agency is a subsidiary of a larger entity, governing board responsibilities shall apply to the larger entity.

The governing board shall:

  - a. Develop written personnel policy and procedures including:
    - Job classifications;
    - Specifications (job descriptions);
    - A compensation plan;
    - Attendance and leave policies;
    - Fringe benefits;
    - Affirmative action;
    - Sexual harassment policy;

- Personnel grievance procedures; and
- Hiring and firing practices including lay-off and disciplinary procedures.
- Whistle Blower Policy

b. Adopt written bylaws including:

- Purpose of the agency;
- Number of board members;
- Qualifications for board members;
- Composition;
- Method of selecting members;
- Terms of members;
- Officers and duties;
- Method of electing officers and chairpersons;
- Standing committees;
- Provision for approval of programs and budgets;
- Frequency of board meetings and attendance requirements; and
- Provision for official record of meetings and action taken.

c. Be responsible for ensuring that all reports, records, or information deemed necessary to determine fiscal, administrative and programmatic effectiveness are submitted to the Cabinet or its designee.

d. Conduct board meetings in compliance with the most current version of "Roberts Rules of Order".

e. Make a copy of personnel policy and procedures available to staff, volunteers, and KCADV. Require employees to sign and date a statement indicating that they have read and understand the personnel policies and procedures.

9. The program takes a leadership role in identifying and addressing needs of domestic violence victims and their children.

10. The program sets goals and objectives for its management; residential and non-residential service delivery, fund development and systems advocacy functions; and develops plans to achieve them.
11. The program evaluates the effectiveness and efficiency of its management, residential and non-residential service delivery, fund development and systems advocacy functions.
12. The program has documentation of its authority to operate under State law. There shall be articles of incorporation as well as bylaws.
13. The program has written minutes of formal meetings of the governing board and bylaws specifying the frequency of meetings and quorum requirements.
14. The governing board and advisory board, if appropriate, shall forward the official minutes of each meeting within thirty (30) days of approval to each member of the board and to KCADV.
15. The program informs KCADV, in writing and/or by electronic mail, prior to initiating any substantial changes in the program, services or facilities/campus that would impact the program's ability to provide services (i.e., changing the number of beds, closing an outreach office, or temporarily closing the shelter).
16. The governing board shall develop and implement a conflict of interest policy related to entering into a transaction or arrangement that might benefit the private interest of an officer, director, staff person or immediate family member of an officer, director or staff person of the agency.

## **Staff Management**

### **A. Premise:**

The cornerstone for excellent service delivery is the strength of its staff. Solid education and experience, strong professional values and conscientious ethics are necessary qualities each program's personnel and management must possess.

### **B. Criteria:**

1. Policies for the management of staff are comprehensive and practical.
2. Relevant goals, objectives and plans are established for staff administration.
3. The administration of staff is in accordance with applicable professional, ethical and legal principles.



4. The program employs sufficient staff and delegates sufficient authority to ensure the responsibilities the program undertakes are adequately carried out. The agency shall submit to KCADV a staffing pattern indicating areas of responsibility and lines of authority and supervision.
5. The program shall maintain and assure the provision of competent staff to provide services. Performance evaluations are conducted, at least annually, to measure the efficiency and effectiveness of staff management.
6. A comprehensive manual containing all personnel policies is maintained, kept current, and made available to all staff and KCADV.
7. The personnel policies provide for hours, leave and benefits that are designed to attract and retain qualified staff.
8. The program establishes written qualifications for all positions. It maintains and assures the provision of competent staff to provide services. Staff shall:
  - Be at least eighteen (18) years of age;
  - Have education, training or experience to perform their particular job;
  - Have a willingness to work with others, including clients coping with multiple issues;
  - Be knowledgeable in domestic violence and abuse issues; and
  - Be knowledgeable in dating violence issues.
9. Acceptable practices are followed for recruiting, hiring and assigning staff. The Director or Agency designee is responsible for hiring and firing.
10. The program shall implement a system to ensure compliance with affirmative action standards and equal opportunity employment standards.<sup>1</sup>
11. The program complies with all federal and state laws and regulations relating to employment practices for private employers and agencies receiving federal financial assistance or grants.
12. The program provides a system for hearing and resolving grievances of staff and provides staff with a written employee grievance policy.

---

<sup>1</sup>While neither State nor Federal law prohibits discrimination based on sexual orientation or gender identity, KCADV encourages member programs to implement hiring and termination policies based on an applicant or employee's abilities and qualifications without regard to sexual orientation or gender identity.

13. The program shall conduct a criminal background check on all employees prior to hiring. Anyone who works with children directly or supervises someone who works with children directly is required to have a Child Abuse/Neglect (CAN) Central Registry Check.
14. The program should attempt to recruit a staff reflective of the community by posting the position on widely read job sites.
15. Acceptable practices are followed in supervising and evaluating staff. Clear lines of supervision and reporting are established.
16. Acceptable practices are followed in terminating employment of staff. Responsibility for terminating employment is clearly defined.
17. Current job descriptions are available for all staff positions.
18. A confidential personnel record is maintained for each staff member.
19. Staff providing direct services are provided opportunities for debriefing in an on-going forum, such as weekly staffing, maintenance or supervision meeting to prevent burnout.

### *Training*

20. The program provides and maintains a record of orientation and in-service training for staff responsible for service delivery.
21. The program provides Cabinet-approved training (KRS 194A.550) to all full and part-time staff having direct contact with clients.
22. Full-time staff having direct contact with victims must complete the KCADV Level I Certification Program. The contents of Level I Certification shall be determined by the KCADV Board of Directors.
23. In order to maintain certification, all Level I certified staff must complete twelve (12) continuing education units annually.
24. Part-time staff having direct contact with victims must complete at least twenty (20) hours of initial domestic violence instruction, mentoring and/or supervision and complete 12 hours of continuing education courses at least once every two (2) years.
25. All programs have a current training plan for full and part-time staff having direct contact with victims on file with KCADV. Plan changes are to be submitted annually to the KCADV Certification Committee.

26. The program shall maintain Level I Accreditation within the KCADV Certification Program.

## **Volunteer Management**

### **A. Premise:**

The program determines the need for volunteer services and utilizes the services of volunteers in accordance with local needs and resources.

### **B. Criteria:**

1. Each program shall establish a plan for the utilization of volunteers. The plan shall address recordkeeping, training, confidentiality agreements, job descriptions, and a system for hearing and resolving grievances.
2. Acceptable screening practices for volunteers that serve to protect the program and its clients are clearly defined and followed. Direct Service volunteers who work with residents or nonresidents on a regular basis should have a criminal background check. Anyone who works with children is required to have a Child Abuse/Neglect (CAN) Central Registry Check.
3. Volunteers shall be under the control and direction of the director or designee even though they are not considered paid staff.
4. The program provides Cabinet-approved training (KRS 194A.550) to all volunteers having direct contact with clients.
5. Training for all direct service volunteers shall consist of at least twenty (20) hours of initial domestic violence instruction, mentoring and/or supervision. Training for volunteers having direct contact with victims will also include continuing education courses to be completed at least once every two (2) years.
6. The program maintains a record of orientation and in-service training for volunteers responsible for service delivery.

## **General Administration**

### **A. Premise:**

The program maintains an internal structure for efficient and effective administration.

## **B. Criteria:**

1. The director exercises full responsibility for the day-to-day management of the program and is responsible for implementing policies.
2. The service delivery plan fulfills the program's mission.
3. The program measures the efficiency and effectiveness of its management function (i.e. director's evaluation, annual monitoring, peer review, audit).
4. Program activities are conducted in accordance with applicable professional, ethical and legal principles.
5. Programs maintain service statistics in accordance with the CHFS contract and other funding source requirements.
6. The program identifies the area and population it serves in its brochures and reports. All publications produced by the program, whether or not they are paid for with CHFS funds, must include the following language: "Domestic violence services are funded, in whole or in part, from federal and state funds provided by the Cabinet for Health and Family Services through a contract with KCADV."
7. Relevant goals, objectives and plans are established for management of service delivery.
8. The program shall maintain and provide services on a continuing basis and for as many hours as are necessary to meet the needs of eligible persons.
9. The program conducts intake services in accordance with acceptable practices.
10. The program designs communal living policies that stress non-violence. The policies are trauma-informed, fair and non-punitive.
11. The program shall have and enforce a policy that prohibits possession of weapons, alcohol or non-prescribed drugs while in shelter.
12. The program shall provide a locked cabinet for client medication storage. Domestic violence shelter staff shall not dispense nor administer medication, but shall allow each client to take their own medication as prescribed.
13. The program establishes written procedures to be given to each client upon initial contact describing the services to be rendered and a method for handling client complaints. The procedures shall include, but are not limited to:
  - Procedures to follow in the event a client believes she has been denied services.
  - Procedures to follow in the event a client is dissatisfied with the quality of services.

- Procedures to follow in the event a client is dissatisfied with behaviors of a staff person.

The complaint procedure includes an opportunity for the client to have access to KCADV's and the Cabinet's grievance procedures. KCADV and the Cabinet have access to client records in the possession of the program for review upon the filing of a service complaint by a client.

There are three ways for clients to seek resolution to a complaint. The first is a “formal” grievance process that begins at the program level. The second is an “informal” grievance process that comes directly to KCADV (and has severely limited appeal rights attached). The third bypasses both the program and KCADV and goes straight to the CHFS/DCBS Ombudsman's office. Although there is some latitude for programs to designate who within the program may address the complaint, the following are mandatory components of the client grievance process:

- All clients must be given the grievance procedure in writing.
- The grievance procedure must inform the client that Kentucky regulations require the complaint to be submitted in writing within thirty (30) calendar days of when the incident occurred in order to be eligible for a final appeals process through the Commissioner of the Department for Community Based Services.
- The steps the program establishes for accepting and processing a client's complaint must not take longer than fifteen (15) calendar days.
- The steps for appealing to KCADV, and subsequently CHFS/DCBS if necessary, must be provided in writing and as exactly worded as per the *“Grievance Procedures for Client Complaints.”*

14. The program assures that services are available to clients in the area development district in which the agency is located. The program shall accept referrals on a statewide basis, if space is available. The program will cooperate with other domestic violence agencies on a statewide basis, and in other states, as appropriate to meet the safety and security needs of clients.
15. The program develops and implements procedures for emergency and temporary domestic violence shelter closure.
16. The program provides a written policy regarding reportable incidents, and maintains a record of reportable incidents involving a client and forwards a copy of the incident report to KCADV, as designee of the cabinet. (KCADV shall make reports available to

the Cabinet.) Incident reports will be written for any injuries, accidents, unusual events or circumstances involving staff, volunteers, visitors, vendors, or victims. Staff is informed regarding what would constitute each. Provisions are made for evaluation of severity of the incident and any follow-up actions needed. “Reportable incident” means an occurrence that would require the director of the domestic violence shelter to make a report of the incident to the program’s governing board for liability reasons.

17. The program shall provide the following trauma-informed service components which are detailed later in Section V:

- 24 hour crisis intervention by phone or face-to-face;
- Emergency shelter;
- Non-residential services;
- Advocacy services;
- Counseling services;
- Case management services;
- Children’s services; and
- Systems advocacy through public education, community awareness, professional training, and prevention efforts.

## **Documentation**

### **A. Premise:**

The program maintains an internal structure for efficient and effective documentation that maximizes safety for clients.

### **B. Criteria:**

1. The program shall obtain and record in a client case record the following minimal information from a client entering shelter or if a client is receiving a domestic violence-related non-residential service (case files are not required for non-residents receiving one-time court advocacy services only):
  - Name, date of birth, gender, address, marital status;
  - Name and date of birth of any accompanying dependents; and
  - Identification of reason for intake.
  - And, if observed or needed:

- Identification of physical injury;
  - Medical attention provided; and
  - Identification of physical condition or ailment that may impact upon services to be offered to the client.
2. Immediately following the gathering of the above information, the program shall report the information to the offices of the Cabinet located within the county where the domestic violence shelter exists [KRS 620.030(2) and 209.030 (2) and 209A.030 (3) and (4)].
  3. Case records shall be maintained on each client served by the domestic violence shelter during the time that the client is receiving services. The Cabinet requires that all client case records be maintained for a minimum of six years after the last day of service.
  4. Residential case records shall include documentation of the following:
    - History of abuse;
    - Safety plan; (This is documentation that a plan was completed with the resident. Safety plans should not be kept in the case files.)
    - Description of the abuser;
    - Individualized service plan;
    - Children's service plan;
    - Notification of exceptions to confidentiality;
    - Release of liability form;
    - Informed consent to release confidential information forms; and
    - Exit interview. (The process of speaking with an exiting client to review/revise safety planning, determine where the client will go after departing shelter, what follow-up services will be needed, what resources will the client need, etc.)
  5. Client evaluations should be received anonymously and maintained in a file designated for client evaluations. Evaluations should be kept for a minimum of three (3) years.
  6. Documentation for advocacy contains at least:
    - Demographic data and appropriate releases of information as needed;
    - Types of services provided;
    - The individual or family to whom services were provided;
    - The dates of service provision;

- The content and outcome of the interaction(s);
- The staff and/or volunteer providing the service(s); and
- Provisions for future or on-going services.

7. Documentation for case notes:

- Are entered in chronological order (If a note is entered out of chronological order, staff should in some way indicate entry's appropriate place in chronology); +
- Have full signature of advocate/counselor; +
- Show that entries are made within 24 hours of client contact;
- Do not use white-out;
- Record only necessary facts;
- Do not contain any diagnosis or clinical assessments unless conducted by a qualified clinician;
- On one client do not include other clients' names; and
- Shall have any errors corrected by drawing one line through the error, writing "error" and initialing, and then continuing with the note. +

+ *Indicates exceptions for case notes prepared and electronically.*

8. Each program shall develop a service plan for each client entering shelter setting forth a summary of services needed by the client and available within the domestic violence shelter and community. Non-residential service plans shall be completed for non-residential clients, including those receiving one-time services other than court advocacy.

Service plans shall:

- Outline a client's goals (based on the client's personally-voiced aspirations);
- List concrete objectives that will help achieve the outlined goals;
- Designate both staff and resident responsibilities for completing/facilitating completion of goals/objectives; and
- Include a mechanism (meetings/on-going reviews) for modifying objectives/goals as needed.

9. Programs shall document and maintain any referral of the client for services outside the domestic violence shelter in the client's case record. Service coordination with other agencies shall also be documented in the client's case record.



10. In the event of the use of computer-generated case notes or client records, it is the responsibility of each domestic violence program to assure confidentiality of information. Each program must maintain a written policy and accompanying procedures that reflect security measures.

## **Financial Management**

### **A. Premise:**

The foundation for prudent management of capital, endowment and operating income and expenses are Generally Accepted Accounting Principles (GAAP) with regular internal and external reports and audits.

### **B. Criteria:**

1. Policies for financial management are comprehensive and practical.
2. Relevant goals, objectives and plans are established for financial management and long-term financial stability.
3. Financial management is conducted in accordance with applicable professional, ethical and legal principles.
4. The program uses or contracts with designated and appropriately qualified personnel to implement its policies and procedures for financial management.
5. The program provides bonding of staff responsible for financial resources. It is recommended that the program provide and maintain adequate liability coverage for the governing board.
6. The program prepares financial statements that clearly and fairly present the organization's financial position.
7. The governing board adopts and the director implements budgets in accordance with acceptable practices.
8. The governing board continuously reviews and analyzes its financial position.
9. The governing board adopts and regularly reviews salary range schedules and adheres to applicable federal and state wage laws.
10. The program prudently manages its operating, restricted, and capital funds.

11. The program maintains sufficient cash flow to meet its operating needs and strives to maintain adequate cash reserves.
12. The program does not enter into any agreement (including procurement contracts) written or otherwise, where public funds are paid, or committed to be paid, for services or goods, to any member of the governing board, staff, or members of the immediate family of said governing board or staff, or to any entity in which the foregoing have any direct or indirect financial interest, or in which any of the foregoing serve as an officer or employee, unless the services or goods are provided at a competitive cost or under terms favorable to the program. The program maintains written disclosures of any and all transactions in which a member of the governing board, staff, or their immediate family is involved.
13. The program follows all federal and state administration and financial regulations in regard to funds awarded via a grant, contract or cooperative agreement.
14. The governing board actively supports long and short-range fund development efforts.
15. The program conducts a fund development plan that secures sufficient funds to cover its operating and capital needs.
16. The program evaluates community relations and fund development programs to measure efficiency and effectiveness.

## **Contract Requirements**

### **A. Premise:**

The Cabinet contracts with KCADV to provide domestic violence services to Kentucky residents by subcontracting with the service provider within each area development district, designated by the cabinet or its designee as the focal point of service delivery for domestic violence shelter and related services. The Cabinet or its designee shall annually allocate appropriated general funds to Cabinet-approved service providers for the operation of domestic violence shelter and related services. In addition to state general funds, service providers receive trust and agency funds and federal money from TANF and the Family Violence Prevention and Services Grants. The contract references state and federal laws and regulations; financial and programmatic contractual obligations; and member program service standards.

### **B. Criteria:**

1. One service provider for each area development district shall be approved to receive an allocation of general funds in accordance with KRS 209.160(2).
2. The approval shall be in effect unless rescinded following a review of the agency's performance and its annual plan and budget proposal for the upcoming year.
3. The agency shall be selected as the service provider by the cabinet or its designee after a determination that the service provider meets the standards set forth in 922 KAR 5:040.
4. A service provider shall be designated by the Cabinet or its designee to receive trust and agency funds from the account created in KRS 209.160(1).
5. Each selected agency shall submit a properly executed annual plan and budget proposal which shall indicate each agency's capacity to provide domestic violence shelter and other related services for a client. The proposal shall:
  - Specify the type and kind of services the provider proposes to perform, either as a provider or under subcontract;
  - Detail fiscal considerations;
  - Assure that the agency and subcontractors shall comply with applicable federal and state laws, including KRS Chapters 209, 209A, and 45 C.F.R. Parts 74 and 92, where applicable; and
  - Include a commitment to provide outreach services in counties of the area development district in which it is located.
6. The service provider (program) is legally authorized to contract.
7. The program provides the services required by the contract and proposed in the program's application for funding.
8. The program maintains records sufficient to identify the results of the service provided and for use in evaluating the effectiveness of the total program.
9. The program services comply with the KARs relating to domestic violence shelters, the KCADV mission statement, bylaws and Member Program Service Standards.
10. The program provides services free of charge to eligible participants.
11. The program imposes no income eligibility standards on individuals receiving assistance.
12. The program adheres to the approved budget and revision process; matching requirements; procurement and inventory processes; travel policies; and applicable federal regulations and circulars.

13. The program maintains a financial management system that provides for accurate, current and complete disclosure of the financial results of the services performed under the contract.
14. The program submits accurate and timely programmatic and financial reports.
15. The program obtains an annual audit as specified by the terms of the contract.
16. The program retains books, records, or other documents relevant to their contract for at least three (3) years after final payment on the contract's fiscal year term. (Client case records must be maintained for six (6) years.)
17. The program agrees to abide by the federal and state laws and regulations as cited in the contract and as mandated by the government for private employers and agencies receiving federal financial assistance or grants.
18. The program acknowledges the appropriate source of funds, including, but not limited to, identifying whether the funding is in whole or in part from federal, Cabinet or other state funding, for notices, information pamphlets, research reports, and similar public notices prepared and released using contract funds.
19. The program complies with KCADV's Standard's Review Process and all contract/program review/evaluation processes.
20. The program informs applicants or recipients of service of their right to file a complaint in the event of denial, reduction, or termination of a service; the program's failure to act upon a request for service within a reasonable period of time; or a grievous action arising from service rendered. The program shall provide a right to appeal to the Board of KCADV and the Cabinet. (See Client Grievance Procedure in General Administration Section.)
21. The program restricts the use or disclosure of information concerning services, applicants or recipients obtained in connection with the performance of the contract to purposes that provide a benefit to clients (to the extent allowed by law). The client is informed of any request for information and signs a voluntary consent before the information is made available.
22. The program has procedures in place to ensure confidentiality of records. Client case records in the possession of the program shall be maintained as strictly confidential and shared only in accordance with KRS 209A.070, the confidentiality provisions as specified in the Violence Against Women and Department of Justice Reauthorization Act of 2005, and the FVPSA confidentiality statute. (See Appendices M and N). Likewise, records belonging to the Cabinet and in the program's possession are

strictly confidential and shall be shared with other individuals or organizations only as provided in KRS 209.140, 194A.060, and 620.050 and with the prior written permission of the Cabinet.

23. KCADV/Cabinet has access to the program's property and to records of services provided, including, but not limited to, agency financial and client case records for the purpose of auditing and monitoring. Client case records are subject to confidentiality requirements as per federal law and regulations cited above.
24. In accordance with KRS 61.931-934, programs shall implement, maintain, and update security procedures and practices, including taking any appropriate corrective action, to protect and safeguard against security breaches. Policies must address the prevention of, response to (investigation and mitigation), and notification of any data breach involving personal information as defined by KRS 61.931. (Updated 07/2017)

## **Facility Safety and Security**

### **A. Premise:**

The facility and grounds owned or rented by the program are appropriately accessible, functional, attractive, safe and secure for the persons served, visitors, employees and volunteers. The program meets legal requirements regarding access, safety and health as well as acceptable standards of cleanliness and functionality.

### **B. Criteria:**

1. The domestic violence shelter shall be of sound construction and suitable for residential use.
2. The shelter and grounds shall be well maintained.
3. The shelter shall provide residents with adequate space and fully equipped kitchen and laundry facilities.
4. The shelter shall provide adequately equipped, age-appropriate play area(s) for children.
5. Whenever possible, shelters shall provide families with a private room or area.

6. The shelter program provides clients with three (3) meals per day, each including foods from at least three (3) of the following five basic food groups: grains, vegetables, fruits, dairy products and meat and beans.
7. Programs shall maintain a Bloodborne Pathogens Exposure Control Plan that meets the criteria outlined in 803 KAR 2:320 and 29 CFR 1910.1030. Programs shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident, in accordance with 803 KAR 2:320 and 29 CFR 1910.1030. Programs shall provide staff with training on blood-borne pathogens annually as provided by the Kentucky Occupational Safety and Health Program and 29 CFR 1910.1030 (g)(2). Programs shall also provide first aid training every three years. All staff shall abide by Universal Precautions.
8. All facilities must meet applicable ADA standards.
9. The program complies with all applicable local, state and federal building, fire, safety and health codes related to construction, sanitation, and building maintenance.
10. The shelter shall:
  - Be dry;
  - Be adequately heated, ventilated and lighted;
  - Have windows, doors, stoves, heaters, furnaces, pipes, and ventilating fans protected;
  - Have screening provided for windows and doors unless air-conditioned;
  - Have floors free from splinters and easily cleaned; and
  - Have gas heaters and stoves properly ventilated.
11. The shelter shall provide a recreation area with comfortable furnishings in sufficient quantity to accommodate the number of children and adults receiving services.
12. The shelter bedrooms shall:
  - Be equipped with a bed for each client, of adequate size, and with suitable springs, mattress, pillow, and bedding; and
  - Have adequate closet space and individual drawer space.
13. The program shall maintain a security system to provide for the physical safety of the client. The requirements for a security system include at a minimum adequate outdoor lighting, intercom, fire/intruder alarms, panic/emergency buttons, and cameras.
14. Policies for the management of facilities are comprehensive and practical.

15. The program uses designated personnel to implement its policies and procedures relative to facility, safety and health.
16. If Certified Food Handler's permits are available in the county where the shelter is located, at least one staff person shall obtain and maintain a permit if staff prepare and/or serve food.
17. Evaluations are conducted on a regular basis to measure the efficiency and effectiveness of the operations and maintenance of buildings and grounds, safety and health.
18. The program shall perform, and document, quarterly emergency evacuation drills (fire, tornado, etc.).

## **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.

#### **F. Unable to Shelter/Ineligible for Shelter:**

1. In the event the program cannot admit new clients due to capacity, every effort is made to secure and facilitate admission to safe alternate accommodations. This placement may include, but is not limited to, hotel/motels, KCADV sister shelters, homeless shelters, or other facilities which can be safely and confidentially provided.
2. If a person is determined to be inappropriate for shelter services because she/he is not a victim of domestic violence, information and referrals are made for other appropriate services.

#### **G. Guidelines for Transferring and Accepting Clients**

1. All domestic violence program staff shall be familiar with guidelines for facilitating the transfer and referral of clients to and from their programs.
2. Appropriate transfers:
  - Involve the safety of the client.
  - Are required because of the transferring program's inability to take new residents due to overcrowding.

- Involve medical and /or legal reasons.

### *Transfer Procedures*

1. Transfers shall be made between the hours of 9:00 a.m. – 5:00 p.m. (8:00 a.m. – 4:00 p.m. Central) Monday through Friday.
2. Unless the transfer is being made for safety reasons, transfers shall not be made on weekends or after 5:00 p.m. (4:00 p.m. Central).
3. The transferring agency shall obtain a release of information signed by the client in order to share pertinent information with the receiving agency. Programs should be open about the reasons for the transfer.
4. The receiving agency should speak with the client to make sure that she/he agrees to the transfer and understands the process.
5. The transferring agency shall be responsible for:
  - a. Transporting the client and children to the receiving agency.
  - b. Sending necessary medicines and paperwork with the client. Documentation accompanying the transferring client shall include copies of the following:
    - Signed release of information pertinent to transfer;
    - Client/child(ren) intake sheet(s); and
    - Relevant information about the client's situation and stay in shelter.\*
    - Clients transferred to OASIS for substance abuse treatment **must** have a medicine summary with them.
6. The transferring agency is responsible for ensuring that any court dates, medical appointments or other appointments that would require the client to be in the transferring ADD, have been re-scheduled or cancelled. If this cannot be done, the transferring agency is responsible for working out transportation arrangements with the receiving agency for all previously scheduled appointments. The transferring agency is responsible for transportation costs.
7. Unless the client wants to relocate to the receiving ADD, the transferring program is responsible for making arrangements for the transferred client to return to their agency as soon as possible. If it is not going to be possible for the client to return to the transferring agency, it is the transferring agency's responsibility to explain to the client why they can't return.

*\*Relevant information could include information as simple as the routine the family goes through at bedtime, concerns the client may have about transferring, or behaviors specific to the children.*

*Relevant information does not have to be negative; it should be focused on what will help the receiving staff make the client feel comfortable. Above all, the relevant information must be a truthful and honest assessment of the family's situation.*

## **H. Involuntary Discharge from Shelter:**

1. Domestic violence programs are committed to providing shelter and services to victims as needed. The program shall work with clients to ensure that they may remain in shelter except when the safety of the client, staff or others is compromised. Each program shall develop and implement procedures to provide for the movement of residents, who are currently inappropriate for shelter, to more appropriate accommodations. The shelter shall make every effort to ensure the movement to more appropriate accommodations for those clients who:
  - Present a danger to self or others;
  - Refuse to comply with domestic violence shelter rules governing the safety of staff and clients;
  - Use violence or creditable threats of violence, with intent to harm;
  - Bring alcohol or illegal substances on the premises;
  - Bring (and do not relinquish) firearms, stun-guns, knives, or any other weapon on shelter premises; or
  - Exhibit active suicidal or homicidal behaviors.
2. An individual agreement may be developed with the client and/or appropriate documentation placed in the client's file which demonstrates attempts to assist the client and/or her children, to prevent involuntary discharge.

## **Ethics**

### **A. Premise:**

Domestic violence programs abide by an accepted code of ethics that ensures excellence in service delivery and professionalism among domestic violence advocates when working with clients and representing the program.

### **B. Criteria:**

1. All domestic violence center staff shall follow the KCADV Certification Program's Code of Ethics (see appendix).

# Confidentiality

## A. Premise:

Confidentiality is both a legal and ethical mandate required for the protection and safety of clients and staff.

## B. Criteria:

### *Confidentiality of Facilities*

1. When it is the policy of a domestic violence program to keep the location of its shelter or other facilities confidential, and should a client reveal the location, the program shall not take any punitive action against that client, or any other action that may compromise a client's safety or access to services.

### *Confidentiality of Client Information*

2. Information, both written and verbal, received by domestic violence programs about clients is confidential. Client case records shall be strictly confidential and shared only in accordance with KRS 209A.070, the confidentiality provisions as specified in the Violence Against Women and Department of Justice Reauthorization Act of 2005, and the FVPSA confidentiality statute. Records on services provided to clients are kept in secure files (either paper or electronic) to assure confidentiality.
3. No personally identifying information of a client may be shared with a third party, regardless of encryption, hashing or other data security measures, without a written, time-limited release except in the specific circumstances as described herein. This includes the sharing of client information between domestic violence programs. The release shall inform the client about:
  - To whom the information will be released (name of person or agency);
  - How it will be shared (e.g. hard copy, fax, email);
  - The purpose for which this information is being released to this person or entity;
  - The specific information that will be released;
  - The date on which the release expires; and
  - The right to withdraw permission at any time.

4. Per HHS guidelines, a written release is required in the event of a medical or fire emergency. Programs should obtain a separate release for each upon entry into the shelter listing the respective emergency agencies that could respond. The release may have up to a thirty (30) day expiration, after which, the program must obtain another release).
5. In the event a program fails to obtain a written release and a client is not able to authorize a release or cannot be found in a timely manner to authorize a release for her child(ren), program employees and volunteers may release confidential information about a client or client's child during a medical emergency subject to the limitations described below:
  - Only information that is relevant to the preservation of the health of an adult client or such a client's minor child may be released.
  - Any information released must be limited to the medical emergency.
  - Information may only be released to the medical personnel or institution treating the adult client or minor child.
6. If a fire emergency exists, and a program failed to obtain a written release, program employees and volunteers may release confidential information about a client or client's child(ren) to fire fighting personnel if such disclosure is necessary to preserve the health and safety of clients, employees, or volunteers of the domestic violence program. Any such disclosure is subject to the limitations described below:
  - Any information released must be limited to the fire emergency.
  - Information may only be released to emergency fire and safety personnel treating the adult client or minor child.
7. Staff of the Cabinet and persons acting for the Cabinet, such as KCADV, are permitted to view client records related to services provided by the domestic violence program with the express purpose of monitoring and evaluating the services being performed rather than the client's participation in those services; however, a written release must be secured from each client whose personally identifying information might be seen. Records for clients who have exited or who are no longer receiving services must be redacted or have personally identifying information covered in some manner. The Cabinet or KCADV is permitted to conduct private interviews with clients when deemed necessary with a written release from a client.

8. Domestic violence programs maintain confidentiality of records after the person is deceased. Programs have no legal authority to release records unless ordered by a judge, or the deceased person signed a specific release prior to her death, or the deceased person's legal representative has signed a release.

### *Exceptions to Confidentiality*

#### **A. Mandatory Reporting**

##### **1. Child Abuse**

All employees and volunteers who know or have reasonable cause to believe a child is dependent, neglected or abused must make a report to local law enforcement, the Kentucky State Police, the Cabinet, the Commonwealth Attorney or the County Attorney pursuant to Kentucky Law. See KRS 620.030 regarding reporting procedures.

Employees and staff must cooperate with the Cabinet regarding investigation of any abuse report concerning a child or family receiving services from the program, however, employees and staff shall not:

- Release any information about any victim or child who was not specifically named in the abuse report as a victim or perpetrator of the reported abuse.
- Release any information that is not directly relevant to the reported abuse.

##### **2. Domestic Violence**

Any employee or volunteer having reasonable cause to suspect that an individual has suffered abuse or neglect perpetrated by their spouse must make a report regarding the abuse to the Cabinet, pursuant to Kentucky law.

##### **3. Vulnerable Adults**

**Any employee or volunteer having reasonable cause to suspect that a person eighteen (18) years of age or older who, because of mental or physical dysfunctioning is unable to manage his or her own resources, carry out the activity of daily living, or protect himself or herself from**

**neglect, exploitation or a hazardous or abusive situation without assistance from others, and who may be in need of protective services has been neglected, abused or exploited must make a report regarding the abuse to the Cabinet, pursuant to Kentucky law.**

#### **4. Threats of Harm**

If a client poses a risk of harm to herself, or if a client makes an actual threat of physical violence against a reasonably identifiable person, including program staff or other clients, or if a client makes an actual threat of some specific violent act, program personnel shall assess whether the disclosure of this information is appropriate and necessary. If appropriate and necessary, information directly pertinent to the threatening situation may be disclosed to:

- Licensed medical or mental health personnel or facilities;
- Law enforcement personnel;
- The identified, intended victim(s); and
- The parent(s) of a minor child making the threat.

#### **B. Subpoenas, Arrest and Search Warrants**

Domestic violence program employees and volunteers may release otherwise confidential information subject to the described limitations and specific circumstances described below:

##### **1. Subpoenas for Programs**

If the subpoena is for the program itself (typically a subpoena for client records, which may include a request for a specific program staff member to appear in court) only the director or her designee, or the specific staff person named in the subpoena is authorized to accept the subpoena. If they are not present at the time of attempted service, the process server should be notified that no one else is authorized to accept the subpoena. Program staff should not reveal any other information to the process server including whether or not the location or name is correct and whether the named person is a client or employee.

Regardless of what type of subpoena and regardless of whether the subpoena is for a client record, an appearance for a deposition or for an



appearance at court, the director or her designee should contact the program attorney to decide how to address the subpoena and whether or not a motion to quash should be filed. Subpoenas should never be ignored but they are not court orders and careful consideration should be given, in light of legal confidentiality requirements, whether compliance is possible or advisable, without further court orders.

## **2. Subpoenas for Employees**

If a process server attempts to serve a subpoena for an employee, a former employee, or a volunteer, the director or designee should be notified immediately. If the subpoena is for a named employee or volunteer, that person should be summoned to receive the subpoena if they are present. If they are not, a staff member should tell the process server that the named individual is not present and no one else is authorized to accept the subpoena.

## **3. Subpoenas for Clients**

If a process server attempts to serve a client who is residing in the shelter and who has not given written permission for the program staff or volunteers to acknowledge that she is in fact a resident of that shelter, the person shall advise the process server that the identity of shelter residents is confidential. Efforts should be made to let a client know that service of a subpoena was attempted so they can decide whether or not they need to seek legal advice

## **4. Search Warrants**

A warrant is a court order signed by a judge. There are two types, search warrants and arrest warrants. Law enforcement personnel may present with either one or both types.

When law enforcement personnel present a search warrant, program staff should notify the director or her designee immediately and should review the warrant to determine if it:

- Specifies the individual or the object of the search;
- Alleges that the individual or object of the search is located at the program or its street address; and
- Is properly dated and signed by a judge.

If all of these criteria are met, program staff may reveal whether or not an individual named in the warrant is a shelter resident and whether or not she is present at this time. Staff shall allow the officer(s) to enter to conduct the search, but should explain the exceptional and confidential aspects of the shelter and ask that they wait to conduct the search until the shelter's attorney can be present. If the officers refuse, staff should tell the officers they do not consent to the search but they will not obstruct or prevent the officer from conducting the search. Staff should note the areas to be searched and the object of the search as described in the warrant. Two staff members should accompany the officer(s) during the search and take notes regarding what the officer does with particular attention to where the officer looks for the objects to be seized.

If the staff reviews the warrant and the above criteria are not met, staff should contact an attorney and/or the issuing judge immediately to try to prevent the search and should inform the officer(s) the warrant is not valid. If the officers insist on conducting the search anyway, staff should not obstruct the search and should follow the same procedures described above for a valid search warrant.

## **5. Arrest Warrants**

An arrest warrant alone is not sufficient to allow the program to breach a client's confidentiality. This is based on Constitutional case law, and there will certainly be times when law enforcement personnel and even local prosecutors will not agree with this position. The appropriate resolution of this type of situation is for the law enforcement agency to seek a search warrant from a judge, to accompany the arrest warrant.

Should law enforcement personnel present a criminal arrest warrant which names an individual AND alleges that the individual is located at the program or its street address, or have in addition to the arrest warrant a separate search warrant naming that individual and the program, program staff should follow the procedures as outlined above under Search Warrants. The program director should be notified immediately and should provide adequate guidance to staff to allow execution of the warrants.

When law enforcement personnel present only an arrest warrant which does not state the name or address of the program, program staff shall tell the law enforcement personnel involved that they can not confirm or deny the presence of anyone accessing shelter services, due to state and federal laws that mandate confidentiality. The program director should be contacted immediately, as should an attorney for the program, in order to facilitate a conversation between the law enforcement agency/prosecutor as to the confidentiality requirements imposed on programs by law, and exceptions thereto.

If a law enforcement officer telephones the program and states she or he has an arrest or search warrant and requests information, staff shall inform the officer that they cannot reveal any information due to confidentiality requirements.

**C. Service of Other Court Paper (Civil Child Custody Orders, Custody Papers, Child Pick-up Orders, Service of Process and Other Law Enforcement Documents)**

These documents do not in and of themselves present grounds for violation of client confidentiality. If any such documents are accompanied by an arrest or search warrant, the procedures set forth in the section dealing with warrants should be followed. In the event a process server without a warrant presents any legal documents such as these to the staff, the staff should advise the process server that the identity of shelter residents is confidential, but should attempt to learn the type of document being served and to whom it is directed. The staff member should notify the director or her designee as soon as possible. Staff members shall not accept service of legal documents for clients or other staff members.

The statutorily protected privilege of confidentiality belongs to clients, who have a right to know if legal documents have been issued that are addressed to or about them. Staff does not reveal that a client is in

shelter or otherwise receiving program services. In the event of the attempted enforcement of a civil involuntary commitment order, staff, while maintaining privilege, makes every attempt to identify the name of the person trying to serve the order and any other relevant information. Staff then notifies the named client(s), when possible, of the order and the additional information.

## **Religious Activities**

### **A. Premise:**

Within the shelter, an individual's right to practice their religious beliefs must be balanced against the rights of the other residents.

### **B. Criteria:**

- Organized religious activities by an outside group or individual or staff within a shelter or non-residential domestic violence program are prohibited. Client-directed initiatives for religious activities shall not be prohibited but must not restrict or interfere with other activities within the Program.
- Direct federal assistance cannot be used to pay for "inherently religious activities" such as prayer, worship, religious instruction, scripture study or spiritual counseling, or evangelism or proselytism. A program that receives direct federal funding CAN engage in such activities if the activities are 1) privately funded AND 2) are voluntary.
- Clients are not prohibited from considering their rabbi, priest, pastor, shaman, or any other member of an organized religion, as an ally who may visit the client under the same guidelines as any other ally.
- Programs may not prohibit clients from attending religious services of their choice.

## **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' need for local travel whether provided by themselves, the program or public/private carriers.
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. 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.

## **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:**

1. Programs shall maintain a 24-hour, staffed crisis line in each area development district.
2. Around-the-clock crisis intervention, counseling, information, and referral will be available by phone to victims throughout the service area.

3. Programs shall provide toll-free service to all victims within the region. Satellite offices shall ensure that victims receive personal service after hours by utilizing call forwarding.
4. Staff shall be trained in appropriate referral methods to community agencies.
5. Programs shall advise law enforcement, community agencies, hospitals, and other medical facilities of available domestic violence services and encourage these agencies to initiate appropriate referrals.
6. Crisis line numbers are widely distributed in areas served by the Domestic Violence Program.
7. Crisis lines shall be answered by trained staff or volunteers. The use of a commercial or mechanical answering services is prohibited. Volunteers, who have received training equivalent to the training received by part-time direct service program employees, may make decisions to either admit or deny shelter entry to callers. ~~are not allowed to deny shelter entry.~~
8. Programs have a minimum of two telephone lines, one of which is the designated crisis line.
9. Whenever possible, crisis lines have call block to safeguard against Caller ID and \*69 services. Local telephone companies can assist with needed information and services.
10. When it is necessary to place a crisis call on hold or transfer a crisis call, staff and volunteers should:
  - First complete an initial assessment as to immediate danger;
  - Check back with callers placed on hold within one minute; and
  - Use safety and lethality assessments to prioritize calls.
11. If a professional, or third party, calls on behalf of a victim of domestic violence, generalized information may be given about domestic violence and program services and requirements, but the staff person or volunteer must make a “reasonable effort” to talk directly with the victim regarding a personalized safety plan, danger/lethality assessment and eligibility for shelter or other services.
12. Crisis line services include, but are not limited to:
  - Providing crisis intervention;
  - Assessing the caller’s safety and needs and providing safety planning;
  - Conducting a lethality/danger assessment;
  - Offering domestic violence education;

- Providing information or referrals to appropriate community resources; and
  - Completing an appropriate form documenting each crisis call, the services offered and/or referrals made, and a plan of action, including information received in calls from professionals or third parties
13. Crisis line staff or volunteers shall conduct an assessment of the caller's immediate safety as soon as possible during the call to determine if the perpetrator is present or within hearing. Staff should tell the caller that they may contact 911 if they have reason to believe the caller is in immediate danger.
  14. Phones used in outreach offices shall:
    - Be answered by staff or volunteers who have a working knowledge of how to assess and assist crisis callers and the requirements of the crisis line, i.e., restrictions about being placed on hold, etc.
    - Be forwarded to the crisis line after-hours, weekends and holidays.
  15. Crisis staff shall complete a minimum of 16 supervised hours prior to answering the crisis line.
  16. If either party is using a cell phone, the caller shall be made aware that confidentiality cannot be guaranteed.
  17. Crisis lines shall be accessible to victims who are deaf or hard of hearing. Incoming calls may be received through the Kentucky Relay Service (711) and do not require a TTY machine. If a program desires to have a dedicated line to receive calls directly from a TTY machine, it will also need to have a TTY machine. In addition, outgoing calls made by clients, shall require the program to have either a TTY machine, videophone or specialized computer software. Programs are encouraged to utilize the Kentucky Commission on the Deaf and Hard of Hearing ([www.kcdhh.ky.gov](http://www.kcdhh.ky.gov)) for more information or to search for licensed interpreters.

## **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:
  - Provide immediate face-to-face contact with new clients admitted to shelter to help determine emergency needs, orient them to the shelter facility and procedures, describe rights and privacy matters, and sign confidentiality agreements and emergency release forms.
  - Complete a formal face-to-face intake process and answer any questions the client may have within 24 hours. During the intake process, staff gives the client a copy of shelter guidelines and educational material on domestic violence. Staff should be very sensitive to the client's ability to read and understand the material. Staff and client sign an agreement about services to be provided by the shelter that includes program services and house guidelines.

7. Clients are made to feel welcome in shelter and are given an orientation regarding services available from the domestic violence shelter and, by referral, the community that may assist them in the solution of their problems. In addition, oral and written communication is provided in regards to safety and health guidelines for communal living within the shelter.
8. The shelter program assists clients with access to emergency medical and dental services that are available within the community or within close proximity.
9. Daily program activities are offered with emphasis upon each client's physical, intellectual and social needs.

## **Intervention Services**

### **A. Premise:**

The domestic violence program's advocacy, case management, and counseling services are trauma-informed. Trauma-informed intervention refers to client-directed interventions or services in which the client or recipient of services receives the support and assistance of staff trained to provide safety planning, assistance with meeting physical and emotional needs, education regarding the dynamics of domestic violence and living skills based on a case-by-case assessment. Empowerment also means allowing the client to make her own life choices without coercion or threat of loss of program services.

### **B. Criteria:**

1. Client participation in intervention services shall be voluntary.
2. Intervention services are provided in a manner best suited for each individual client.
3. Trained advocates are available on site to provide face-to-face emergency and advocacy/intervention services, including safety planning, 24 hours a day, every day of the year.
4. It is the advocate's responsibility to daily offer and model empowerment to clients. Trauma-informed advocacy does not mean advocates sit and wait for the client to come to their office. Many times victims of domestic violence need assistance to ask for the things they need.

5. Intervention, whether shelter or non-residential, is provided during times when victims need to access and receive services. Victims are informed of the process by which they may gain access, informally and by appointment, to advocates within the program.
6. Staff will document attempts to have daily interaction with residents to ensure that they are safe and that their needs are being met.

#### *Restricted Services*

7. Couples counseling, in any form, is not provided or supported by domestic violence programs.
8. Family counseling that includes the presence of a perpetrator is not provided or supported by domestic violence programs.
9. Mediation services are not provided, supported, or accommodated by domestic violence programs.
10. Batterer Intervention Services are not allowed to take place on the premises of the domestic violence program. Individual staff members are not allowed to work with both victims and perpetrators. Job descriptions for individual domestic violence program staff working with victims and their dependents do not include work with the abusers. No staff members whose responsibility it is to provide direct services to victims, or to supervise or direct programs for victims, are allowed to participate in or lead batterer intervention program services. These two programs remain entirely separate so that it is apparent to victims that there is no conflict of interest within the program or staff. This does not, however, preclude staff from overseeing, for the purposes of holding accountable, batterer intervention program services.

#### *Non-residential Services*

11. Victims of domestic violence who are not in shelter are eligible to receive a full range of services. These services include, but are not limited to, crisis intervention, advocacy, counseling, casework, domestic violence education, children's programming, and information and referral.
12. At the time appointments are made, staff shall assist individual clients in developing a safety plan, as necessary, for traveling to and from appointments.
13. Programs shall develop a resources/referral network in all counties of the domestic violence program's area development district (add).

14. Programs shall provide non-residential services in appropriate locations. Safety issues are carefully evaluated when establishing satellite offices.
15. Programs shall maintain a policy and procedures describing how victims of domestic violence living in outlying counties will have access to a full range of services including domestic violence counseling (both group and individual), advocacy, education, transportation, children's services, and case management services.

## **Advocacy Services**

Advocacy is defined as the performance of direct intervention on behalf of and with the permission of a client, to further goals and objectives initiated by the client.

### **A. Premise:**

- Advocates take supportive or defensive actions on behalf of another.
- Victims become empowered through advocacy.
- Advocacy helps eliminate the isolation that victims experience.
- Advocates serve as a safeguard against re-victimization.
- Advocates assist victims in exploring their rights and how to use them.

### **B. Criteria:**

1. Advocates assist clients in accessing medical care.
2. Advocates provide clients with information regarding domestic violence program services.
3. Advocates act on behalf of a client without her consent only after careful consideration and only when she presents a danger to self or others. Situations requiring non-consensual advocacy may include mental illness, severe mental retardation, cognitive impairment, or suicidal/homicidal behaviors.
4. Advocates do not contact individuals or groups not directly employed by the domestic violence program without the client's direct permission and a signed Release of Confidentiality form.

5. Domestic violence programs assist clients in receiving self-identified interventions and actions sought from the civil and/or criminal justice systems.
6. Court advocacy is provided by qualified, trained staff members or volunteers.
7. Domestic violence programs assure that appropriate staff and volunteers have a working knowledge of current Kentucky laws pertaining to domestic violence, as well as the local justice system's response to domestic violence.
8. Domestic violence programs strictly monitor and prohibit staff and volunteers from practicing law or providing legal representation if they are not properly licensed to engage in such legal practice.
9. Domestic violence programs provide access to local attorneys (including those who will take pro bono civil and criminal cases), local criminal and civil justice agencies and contact persons in each county where services are provided.
10. Domestic violence programs offer training and offer assistance to the criminal and civil justice system within the counties served, in order to build a working relationship.
11. Court advocates are responsible for documenting services provided and the outcome of those services (if known).

### ***Counseling Services***

Counseling involves working with clients of domestic violence on problem identification, empowerment, exploring alternatives, decision-making, and support for living a violence-free life. It includes:

- Crisis counseling;
- Peer counseling;
- Supportive counseling; and
- Educational counseling.

#### **A. Premise:**

Domestic violence programs provide a supportive environment for clients to develop assertiveness skills, raise self-esteem, learn about the dynamics of domestic violence, improve parenting skills and utilize available resources to break the cycle of violence.

Programs believe that:

- All survivors have the right to emotional support that includes validating the woman's experience and feelings.
- Being a victim of intimate partner violence does not imply mental illness.
- Violence is not acceptable.
- Batterers are always responsible for their violent behavior.
- Counseling for survivors is based on their self-identified goals.
- Victims may overcome the effects of domestic violence by linking internal strengths and motivations with external resources.
- Survivors benefit from having access to a variety of different counseling options including group, individual, and family (victim and children).
- All survivors have, within themselves, the ability to make their own decisions and have the right to be supported in their choices.

## **B. Criteria:**

1. Domestic violence programs offer individual and group intervention services to residential and nonresidential clients.
2. Each victim is encouraged to make her own choices as she is ready.
3. Clients exhibiting specific symptoms indicating that they may need mental health or other assessment or treatment are referred to appropriate services.
4. Advocates shall meet with clients and their children for an initial needs assessment within 48 hours of entry into shelter.
5. Advocates shall provide information about issues including, but not limited to, power and control, the dynamics of domestic violence, the effects of violence on her life, and the lives of her children.
6. Advocates shall validate the client's feelings and experiences, including fear, anger, and conflicting emotions about the perpetrator.
7. Programs shall provide interpreters as needed.
8. Advocates shall:
  - Provide self-esteem and self-nurturing education and information;
  - Offer support and education concerning grief and loss issues;
  - Identify coping skills and provide information on the effects of victimization;
  - Facilitate client-directed problem solving;
  - Provide assistance in goal setting; and

- Address and make appropriate referrals on other issues as needed (i.e., mental health, medical, drug and alcohol abuse).
9. Advocates shall respect and appreciate diversity and be sensitive to the traditions and cultural practices of each family.
  10. Individual sessions are offered to residential clients at least twice a week.

### *Support Groups*

11. Group sessions and/or activities for shelter residents are offered at least three times per week. A multi-age activity/support group for the children or appropriate childcare is provided during all groups as needed. Group sessions are in addition to house meetings and are offered at varying times of day throughout the week in order to accommodate residents' schedules.
12. Interactive group sessions are topic oriented, or informational and educational, and conducted in a process that is client-directed, and facilitated by qualified trained program staff/volunteers.
13. Domestic violence programs highly encourage adult clients to attend a minimum of three support groups a week while residing in a shelter. However, the unwillingness to attend group may not be used as a reason to remove clients from programs if there is an on-going safety issue and the client is working toward their self-identified goals.
14. Children of adult clients may not be restricted from attending children's group if the mother refuses to attend a support group. However, the mother may be required to remain in the facility while her child is attending a group.
15. Support group attendance is documented. Documentation includes the date of group, the topic discussed, and the group facilitator's signature.
16. Support groups provide understanding and support, and address issues such as:
  - Active and reflective listening;
  - Addressing the needs identified by those attending group sessions;
  - Building self-esteem;
  - Problem-solving/decision-making skills; and

- Recognition that survivors are responsible for their life decisions and perpetrators are responsible for their violent behavior.
17. Support group services provide education and information content that includes, but is not limited to:
- How perpetrators maintain control and dominance;
  - The role of society in perpetuating intimate partner violence;
  - The need to hold perpetrators accountable for their actions; and
  - The social change necessary to eliminate intimate partner violence and discrimination.

## ***Case Management***

Case Management is defined as any individual or group interaction facilitated by program staff for the purpose of assisting clients with assessing needs, setting priorities and goals, implementing objectives, locating resources, or performing any activities pertaining to the accomplishment of goals.

### **A. Premise:**

Case management is based upon client-identified goals and not a standardized or “cookie cutter” formula.

### **B. Criteria:**

1. Case management shall:
  - Identify and prioritize client’s needs, including safety planning;
  - Identify resources available to clients;
  - Develop goals and objectives specific to the clients’ own goals and record these in a program-approved service plan;
  - Facilitate internal and external referrals to assist in goal/objective achievement;
  - Indicate progression toward completion of client’s goals and objectives; and
  - Reflect adaptation to a client’s changing needs, as appropriate.
2. Maintain access to community resources and ensure that this information is readily accessible to clients and staff.
3. Advocates begin work with clients on service plans/goals and objectives within 72 hours of entry into shelter



# Children's Services

Domestic violence programs help children learn how to express their feelings without violence, deal with the effects of domestic violence, and foster growth in an atmosphere that encourages non-violent behavior and healthy self-images.

## A. Premise:

- Children have the right to be physically and emotionally safe.
- Children can learn non-violent ways of coping with their emotions.
- Children are special individuals with inherent rights including a right to privacy.
- Children's services must incorporate the developmentally appropriate needs of the child and the needs of the client to be effective and foster long-term change.

## B. Criteria: \*

1. Programs shall respect and appreciate diversity.
2. Staff and volunteers shall be sensitive to the traditions and cultural practices of each family.
3. Programs shall establish age-and-situation-appropriate guidelines to keep children safe and ease the strains of people with different needs living together.
4. Staff and volunteers shall validate the child's feelings and experiences, including fear, anger, and conflicting emotions about the perpetrator.
5. Programs provide activities and educational opportunities for clients and their children to participate in positive family experiences.
6. Programs provide opportunities for parent/child/staff interaction.
7. Staff will document attempts to have daily interaction with children to ensure that they are safe and that their needs are being met.
8. Programs have on staff child/family advocates who are trained at a minimum in the following areas:
  - The developmental stages of childhood, including physical, social, cognitive, and emotional stages;
  - A working knowledge of domestic violence and its effects on children; (including the ways that survivors are often re-victimized by other systems);

- Assertive discipline techniques;
  - Non-violent conflict resolution
  - The warning signs of child abuse;
  - Appropriate referrals for children who have disclosed abuse; and
  - How the child protection system works and the advocate's role as a "mandated reporter".
9. A child/family advocate shall meet with clients to discuss child guidelines, including discipline guidelines, in detail. The advocate offers help and guidance in following the guidelines and discusses child services offered. This information is documented in the client's record. If programs offer booklets giving this information, they can be given in addition to the required face-to-face interview with the mother.
  10. A child/family advocate shall have a face-to-face meeting with each child or sibling group within 48 hours of entering shelter. In this meeting, the child/family advocate introduces herself, lets the child(ren) know she is there to help them, provides a tour of the shelter, talks about the guidelines of the shelter, and the discipline guidelines. Some programs may provide shelter books that cover this material, but this does not replace the face-to-face meeting with the child(ren).
  11. Child/family advocates and trained volunteers conduct three, age-appropriate groups and/or activities each week for children residing in shelter.
  12. Each child with the assistance of the child/family advocate develops a personalized safety plan. The plan addresses the child's safety both while living in shelter and if the parent returns to the perpetrator after leaving shelter. Both safety plans are done as soon as possible because no one knows when the parent may leave shelter. Safety plans are kept separately from the child's case file and a note that safety plans were completed is documented in case notes.
  13. Child/family advocates may conduct a weekly education group for parents, including education on developmental stages and discipline techniques. Group attendance and topic to be discussed are documented.
  14. Child/family advocates are available to meet with each parent at least once a week in an individual session. This is a time when parents can share problems they are experiencing and get assistance with the solutions. Methods of parenting education are respectful and non-victim blaming of the adult client.
  15. Each child or sibling group is given an exit interview. In this interview, children can assess child services and staff in some type of developmentally appropriate way.

Safety planning and discussion of transition period are discussed and the exit interview is documented in client's file or documented explanation about why the program was unable to conduct an exit interview.

*\* Appropriate services shall be provided according to the developmental level of the child.*

# **VI. Systems Advocacy: Public Education, Community Awareness, and Professional Training**

## **A. Premise:**

A program's system's advocacy efforts are geared toward ensuring that victims, their children, and those at risk of domestic violence, are protected and treated compassionately. The overall goal is to create an effective response system in the community and to change cultural attitudes and institutional practices that perpetuate violence. It is important to remember, however, that standards can only address the issues for which the organization can be accountable. The program cannot be held accountable for the non-occurrence of social change. The program can only be held accountable for their efforts to educate and advocate in the hope that change will occur.

## **B. Criteria:**

1. The program identifies those systems and organizations throughout its service area that affect the prevention and treatment of domestic violence.
2. The program prioritizes the community systems, organizations, institutions, and workplaces which need to be impacted first and develops a plan which defines strategies to change harmful or ineffective practices, reinforce helpful practices, and intervene where there are no established practices or policies.
3. The program collaborates with community systems utilized by domestic violence victims. The goal is to change institutional practices that place victims at risk.
4. Each domestic violence program develops and provides public education programs, professional training initiatives, and community awareness events as a means of intervention and prevention. Programs annually conduct a minimum of one (1) "event" (public education programs, community awareness events, or professional trainings) per county.

A public education program is a prepared program, of at least fifteen minutes in duration, which provides information about a specific aspect of domestic violence. Target audiences include school classrooms, civic groups, and other community organizations.

- A community awareness event raises general awareness about domestic violence and/or a specific domestic violence program. The target audience is the community-at-large.
  - A professional training initiative is aimed at individuals who, within the course of their work, provide services to victims of domestic violence. Target audience includes health care workers, law enforcement officers, social workers, clergy, teachers, etc.
5. Develop guidelines to effectively deal with all media sources.
  6. Develop an agency-wide media policy.
  7. Participate in multi-disciplinary teams and inter-agency meetings.

Dear Resident,

It is our privilege to welcome you into our safe place here at GreenHouse17. We know that it took a lot of courage to make the decision to come here and we hope this will be a place of healing and peace for you and your family. We respect your right to make your own decisions about what is best for you and your family.

**Do not blame yourself for not finding a better solution. You are not to blame for your abuse nor are you responsible to try to change your abuser.**

While you are here, we encourage you to take part of our services available at shelter. Individual and group counseling is offered. We can assist you with referrals for legal issues, financial assistance and housing. An advocate will also be able to accompany you to court if you want. Please let the advocates know as soon as possible of any court appearances that you may have so that an advocate can arrange to go with you.

Your safety and the safety of other families is the most important concern. Therefore, we ask that you do not reveal the location of the shelter until you have created a safety plan as to who you want to know where you are living. Please under no circumstance should you use the name of any other resident to anyone who is not staying at GreenHouse17. Holding confidentiality protects us all.

We know that it takes patience to practice communal living. We ask that you observe the Community Living Suggestions in order to make life at the shelter a helpful and peaceful experience for everyone.

The advocates at GreenHouse17 are here to help you in any way we can, so please do not hesitate to speak to us if you have a question or you need something. We understand that this may be a difficult time full of new challenges. We support and respect your individual journey.

Your Advocates will be:

---

---

---

Thank you for your courage and cooperation.

Sincerely,  
GreenHouse17

## 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.

We ask that you try to return to shelter on the last shuttle or by 9pm 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\***



**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

## **Transportation resources and expectations**

If you don't have your own means for transportation shuttles are available to you several times a day. See advocates for full explanations and planning for what works best for you and your family.

We do provide bus tokens for case management purposes. Normally we give 2 tokens unless noted otherwise by an advocate.

If you work and or appointment and need Uber please pre-plan with advocate. Also understand this is a short time option and other daily transportation will need to be make. If you use your own transportation, you are responsible for your own fuel needs.

Please work with advocates when your work or school shifts do not match *GreenHouse17* shuttle schedule and creates a hardship.

Your children are expected to utilize Fayette County's school bus system for transportation to school. We are sorry, but we do not have the resources to provide cab service or private transport to get your children to school. You may choose to utilize your own transportation.

The above are basic expectations regarding transportation. Should you have special circumstances or requests for extraordinary situations please inform staff. We cannot accommodate all requests, but will utilize as many options as possible.

**Ask about our matched savings account program for car purchases to see if that may be an option for you.**

## **Visitor's at GreenHouse17**

We know that having support from family, friends, ministers, sponsors etc. is a critical support system that will be yours long after you depart from the program. We encourage visits that help you along your journey; however, we ask that you consider the safety and needs of all residents before inviting guests to the shelter.

When possible we ask that you meet your supportive folks off shelter property. This provides support but still allows for your own personal space while living in shelter. We ask that you work with an advocate to safety plan regarding which visitors that you request are able to come into shelter.

Please have visitors pre-approved so staff are aware to expect your guest. Guests are permitted in the front lobby, front porch, conference room, and dining hall areas. Please keep everyone's space safe by not taking families to either the east or west residential halls.

Please know that if we are not aware that the person is supposed to be visiting or is approved, then we will not allow access to the facility and the visitor will be turned away. Even if the person comes frequently to visit, staff must be made aware prior to them trying to visit.

**Visitors are required to sign in the front lobby and show identification to staff.** We do request to be able to make a copy of the identification for documentation purposes.

**GreenHouse17 staff has the right to restrict or prohibit visitation anytime based on safety needs of the facility.**

## **Housing Case-Management services**

Welcome to GreenHouse17's Housing Program. We offer housing support, which includes advocacy with leasing agents, financial literacy/economic empowerment, and assistance connecting to community partner agencies and programs that may meet your special needs. If financial assistance is available we will assess your situation to see if you qualify according to federal income standards. Below you will find some guidelines to help you navigate the program.

The housing services and program are more restrictive than shelter regarding requirements and compliance. These standards are set by funding sources with the goal being that you and your family are able to set goals and successfully move toward being self-sufficient.

When appropriate you may be referred to GreenHouse17 Housing Program through your advocacy team. Residents are typically referred during the "Healing" phase of residency. It is an expectation of the housing program that to be referred to the housing program you be actively working your self-identified case plan which may include individual and group advocacy sessions and economic empowerment classes.

If you are able to receive financial assistance for housing you will be required to attend monthly case management sessions which may consist of support groups or individual counseling. Completion of the Financial Literacy Curriculum is also a requirement. These are requirements throughout the duration of services.

When available, we try to assist our larger (3 or more), income eligible families with 2 year Transitional Section 8 Vouchers. These vouchers are extremely limited and usually have a long wait time. We have found it is easier to assist smaller families, if income eligible, with financial assistance and assistance in finding affordable housing options. Affordable housing can include but isn't limited to income-based housing.

This gives families a chance to move into independent housing at a quicker rate than they would otherwise experience. \*\*Any housing assistance is dependent upon funding availability. Housing vouchers and income based housing are dependent upon availability and client criminal background checks.\*\*

If you are receiving mid-to long term assistance, a financial review of your income will be required every 3 months. This means we will need copies of all income statements, including food stamp statements, K-TAP statements, SSI statements, paycheck stubs, etc.

## Farm Program

The garden is a safe place, a benevolent setting where everyone is welcome. Plants are non-judgmental, non-threatening and non-discriminating. They respond to the care given. It doesn't matter whether one is black or white, been to kindergarten or college, is poor or wealthy, healthy or ill, been a victim of abuse or an abuser, is handicapped or blind, can call a plant by name or only caress the leaves with arthritic hands (adapted from *Green Nature, Human Nature* by Charles Lewis).

The GreenHouse17 campus revolves around the development of our 40 acre working farm and healing gardens. We recognize that the families we serve are suffering from high levels of stress, anxiety and neglect. Research has proven that gardening can have a positive impact on a person's wellness.

GreenHouse17 believes that our farm program can provide avenues of healing (nutrition, physical activity and serenity) as well as opportunities for learning and sharing knowledge - a very powerful self-confidence tool!

We believe that working with and spending time in nature is one of many ways to facilitate healing and growth in our clients and in ourselves. We see our forty acre facility as an invaluable resource to grow and share an abundance of fruits, vegetables, flowers, and herbs with our families, staff, and community as stewards of this land. Within our farm program we offer fresh farm to table meals throughout the year, farm planning and support groups, cooking and gardening classes, nature-based craft classes, fresh produce for clients, a stipend program, and additional resources and support for planting your own garden and preparing healthy, seasonal meals.

While participation in farm activities is in no way mandatory, we encourage you to take advantage of our community garden by spending a little time out there making yourself a bouquet, harvesting some veggies, planting crops, pulling some weeds or maybe just giving yourself time to sit quietly in nature. If you like, ask us for a little tour of the gardens. We would love to show you around.

Feel free to talk to Christina or Jessica if you are interested in learning more about farm groups, what's in season or if you would like some more information on how to get involved with our stipend program.

"Horticultural therapy is a process utilizing plants and horticultural activities to improve the social, educational, psychological and physical adjustment of persons thus improving their body, mind, and spirits. Horticultural therapy can enhance self-esteem; alleviate depression; improve motor skills; provide opportunities in problem-solving; encourage work adjustment, social interaction, and communication... and places the patient in the care-giving role, and this often engenders confidence and a renewed sense of purpose."

- American Horticultural Therapy Association

## **Facts about Nature and Kids**

Children who spend time outside are refreshed and calmer, not to mention the benefit from vigorous physical activity.

Children who play regularly in natural environments show more advanced fine motor skills including: coordination, balance, and agility.

Nature buffers the impact of life's stresses on children and helps them deal with adversity.

Children who play in nature have more positive feelings about each other.

Early experiences with the natural world have been positively linked with the development of imagination and wonder. Wonder is an important motivator for life-long learning.

**GreenHouse17**  
*Intake Information (Only Advocate fills out this form)*

Entry Date \_\_\_\_\_

***Client Information***

First Name	Middle Initial	Last Name	SSN	
_____	_____	_____	_____	
D.O.B.	Race	Ethnicity	Language	Ed. Completed
_____	_____	_____	_____	_____
Sexual Orientation	Pronouns	Relationship Status		
_____	_____	_____		

Place of Employment: \_\_\_\_\_ Alias or nickname: \_\_\_\_\_

Current Address:

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell phone #: \_\_\_\_\_ (is it safe for us to contact you on this number if needed YES or NO)

Emergency Contact: \_\_\_\_\_  
Name Telephone Number

Client vehicle information: \_\_\_\_\_

---

***Children Information***

Name	D.O.B.	Gender
_____	_____	_____
Name	D.O.B.	Gender
_____	_____	_____
Name	D.O.B.	Gender
_____	_____	_____
Name	D.O.B.	Gender
_____	_____	_____
Name	D.O.B.	Gender
_____	_____	_____

## *Partner Information*

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      SSN

\_\_\_\_\_  
D.O.B.                                      Race                                      Ethnicity                                      Language                                      Ed. Completed

\_\_\_\_\_  
Sexual orientation                      Pronouns                                      Employment status

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Distinguishing Features: (scars, tattoos, beard, etc...) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle Information: \_\_\_\_\_

Has the individual ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain: \_\_\_\_\_

Describe nature of abuse: date of incident and reason client is requesting shelter:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Action Taken**  
Police Called: Yes:\_\_\_No:\_\_\_                      Date Called: \_\_\_\_\_  
Criminal Charges: Yes:\_\_\_No:\_\_\_                      Date Filed: \_\_\_\_\_  
Protective Order: Yes:\_\_\_No:\_\_\_                      Date Filed: \_\_\_\_\_  
Warrant(s): Yes:\_\_\_No:\_\_\_                      Date Filed: \_\_\_\_\_  
Divorce Pending: Yes:\_\_\_No:\_\_\_                      Date Filed: \_\_\_\_\_

Is client currently receiving services from other agencies? Yes \_\_\_\_\_ No \_\_\_\_\_  
From Whom: \_\_\_\_\_

Has client ever received GreenHouse17 services? Yes \_\_\_ No \_\_\_  
Please circle services received:  
Shelter    Walk-in    Hospital    Crisis Call    Legal    Group    Transportation

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_



**GreenHouse17**  
**Emergency Contact for Children**

I, \_\_\_\_\_, give GreenHouse17 permission to release my child(ren) into the custody of the below named person, who is not a resident of GREENHOUSE17 in the event of an emergency in which I am not present in the shelter to supervise my children.

- I understand the emergency contact must show a picture ID before GreenHouse17 staff will release my child (ren) to him/her.
- I understand that if I choose to not name an emergency contact that can assume temporary custody of my children, GREENHOUSE17 may be required to call Child protective Services if I do not return to shelter and my children remain unsupervised.
- I understand if there is no one who can assume custody of my child (ren) my child (ren) may go to Child Protective Services.

This person is also authorized to pick up my child from school or daycare, if I cannot be reached.

Emergency Contact: \_\_\_\_\_ Relationship to the  
Child (ren): \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt#: \_\_\_\_\_

Does this person have call block? \_\_\_\_\_

Birth date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to the  
Child (ren): \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt#: \_\_\_\_\_

Does this person have call block? \_\_\_\_\_

Birth date: \_\_\_\_\_

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

I decline to name and emergency contact for my child (ren).

**GreenHouse17**  
**Residential Program Agreement**

The following are critical expectations for the safety and respect for all who reside and work at GreenHouse17. GreenHouse17 staff will work with you and your family to help you meet these expectations.

- Confidentiality is very important to you, other residents, and staff. For safety reasons we ask that you keep confident any information regarding other residents and staff. Intentional breach of confidentiality that endangers another resident, GreenHouse17 facility or GreenHouse17 staff is taken very seriously at GreenHouse17.
- Alcohol or illegal substances may not be brought into, used, or sold on the premises. All over-the-counter and prescription drugs will be stored in the front office for the safety of all residents. We understand many people struggle with substance misuse and GreenHouse17 staff are available to discuss your concerns and options when seeking support.
- **GreenHouse17 may conduct planned or unplanned room checks to help insure the safety of all residents.**
- If you have any weapons (guns, knives, etc.) they need to be stored off-site during your residency. You may not have a weapon in our facility or on our grounds after entering shelter.
- Personal protection items, such as mace or pepper spray, can be stored in the front office safe and you can retrieve them if needed for going off property, but items needs to be returned to the safe once you return to shelter grounds.
- Any intentional acts of violence or threats of violence towards another resident or staff is unacceptable and may result in immediate departure from shelter.

**I Understand:**

GreenHouse17 is a temporary domestic violence shelter. Length of stay is contingent on my safety issues and my effort in meeting my case plan goals. Clients have the right to a minimum of two advocacy sessions per week

The above expectations have been explained to me. I understand that committing any of these behaviors while a resident/participant may result in being departed from the program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***GreenHouse17  
Program Participants  
Rights and Responsibilities***

No person shall, on the grounds of race, color, religion, gender, national origin, age, familial status, sexual orientation, sexual identity, disability, political affiliation, or belief be discriminated against or denied services as a participant in any GreenHouse17 program. This includes having reasonable accommodations made to eliminate any barrier facing a survivor to ensure against discrimination and to foster equal opportunity for services.

I understand that I have the right to an interpreter.

I understand no information will be made public without my written permission except as required by law or as agreed upon within program guidelines.

I understand I am responsible for adhering to all established policies and procedures of GreenHouse17.

I have been instructed as to my rights and responsibilities as a participant in GreenHouse17 programs and do hereby acknowledge my understanding of these right and responsibilities.

**Staff has reviewed the procedure for filing a grievance should I believe I have been discriminated against and I have been provided a written copy of the grievance from.**

\_\_\_\_\_  
**Participants Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

*GreenHouse17*  
*Transportation/Visitor Policy*

## Transportation

I understand GreenHouse17 staff and/or volunteer may provide transportation. Advocate will work with families to identify transportation in meeting goals such as doctors, employment, court, and other appointments and ect. I further understand staff, volunteers, nor GreenHouse17 may be held responsible or liable in case of an accident or injury while my children or I am traveling in an agency approved vehicle. As such, I acknowledge and agree to sign the below-mentioned transportation release.

**Furthermore, I hereby authorize GreenHouse17 staff and/or volunteer to transport myself and/or my children while residing in the Shelter. I release staff, volunteers, GreenHouse17, from responsibility or liability in case of an accident or injury while my children or I am traveling in an agency approved vehicle.**

---

## Visitors

Residents should inform staff of any visitors they are expecting to come to shelter. Each resident will have a visitor list located in the “release of information” binder in the advocate office.

- **Visiting hours are from 9:00am to 9:00pm.**
- Staff will ask visitors for identification to confirm identity, a copy of ID will be made and attached to ROI form.
- Should a visitor come to the facility unannounced, shelter staff shall check with the resident (without breaking confidentiality) to determine comfort level of resident with having visitors and assess whether any safety concerns exist.
- Any persons listed as the abusive partner who may attempt to visit shall not be permitted onto the property under any circumstances.
- Work with your advocate to create safe supportive visitor list
- Advocates reserve the right to limit or deny visitations within this facility or on shelter property based on assessed safety or security concerns that may develop

**Guidelines could change due to Covid-19**

All personal visitors shall remain in front foyer or front porch of GreenHouse17. If it’s an agency then a space will be provided for confidentiality.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GreenHouse17**  
**Medical Consent**

I hereby authorize GreenHouse17, its staff, and volunteers to do the following:

1. To attend to the immediate health need of me and/or my children
2. To administer first aid if trained me or to my children in the event that it is needed.
3. To sign any necessary consent forms for emergency medical for me or for my child/ren in event I am incapacitated or not immediately available.
4. To transport me and/or my children to the appropriate medical facility for treatment.

I understand and agree that GreenHouse17 is not a medical facility and its staff and volunteers are not responsible for my physical health and well-being or that of my children. I will hold harmless GreenHouse17, its staff and volunteer, from liability for any medical problems that I or my children have or develop while at Shelter.

I agree that I will be personally responsible for any and all expenses rising out of any medical treatments or Medications. I will not expect GreenHouse17 staff or volunteers to pay or be responsible for such costs. I agree to hold GreenHouse17 harmless whereby in good faith upon this medical consent form in providing medical care for me and/or my children.

**I consent for the following to be medically treated under this Medical Consent Form:**

I understand a Copy of medical form will be giving to medical personal if you are unable to speak.

	<u>Name</u>	<u>Birth Date</u>	<u>Last 4 Digits Social</u>
<u>Resident</u>	_____	_____	000-00-_____
<u>Child</u>	_____	_____	000-00-_____
<u>Child</u>	_____	_____	000-00-_____
<u>Child</u>	_____	_____	000-00-_____
<u>Child</u>	_____	_____	000-00-_____
<u>Child</u>	_____	_____	000-00-_____

Medical Company Name and Number: \_\_\_\_\_

Medical Card Number: \_\_\_\_\_

**Please list all medical conditions or problems for you and your children. (Includes: medications (prescriptions and dosage), illness, allergies, special dietary needsetc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff has explained the above Release of Information to me and I have provided the necessary information regarding my children's and myself medical history.

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

***GreenHouse17  
Medication Policy***

Because your well-being is important to us, GreenHouse17 has developed a medication policy that we hope will respect your medical needs as well as that of all the families residing at GreenHouse17.

Please review the following statements and acknowledge your agreement to this policy by signing below. Do not hesitate to ask questions if you have any.

- I understand and agree to keep all medications, including prescription and over the counter, in my assigned locked box stored in front office.
- I understand that the staff and volunteers are not responsible for lost or missing medications.
- I understand that the staff and volunteers are not trained medical personnel and are not permitted to dispense my medications.
- I agree to take medications as prescribed by my physician. I also agree to follow the directions of over the counter medications.
- I understand that if GreenHouse17 staff becomes concerned about medication usage, I may be required to track with staff witness on medication log form.
- If staff suspects over usage or possible overdose, staff reserves the right to explore medical options to help keep you safe.
- I understand that I may request to have my medication tracked on a medication log.
- I also understand that GreenHouse17 is not responsible for the purchase of my (or my children's) medication, but GreenHouse17 staff will assist me identifying community resources that may help.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**RESIDENT INCOME VERIFICATION**

<i>Last Name</i>	<i>First Name &amp; Middle Initial</i>	<i>Relationship to Head of Household</i>	<i>Date of Birth (MM/DD/YYYY)</i>	<i>F/T Student (Y or N)</i>	<i>Social Security Or Alien Reg. No.</i>
					000-00-
					000-00-
					000-00-
					000-00-
					000-00-
					000-00-
					000-00-

(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other income
\$	\$	\$	\$

**TOTAL INCOME (add columns A-D)**

\$
<i>Please attach income verification (i.e. check stubs, SSI Benefit Statements, Child Support Documents, etc...)</i>

**HOUSEHOLD CERTIFICATION & SIGNATURES**

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***GreenHouse17***  
***Certification of Zero Income***

**CERTIFICATION OF ZERO INCOME**

I do hereby certify there is no income/money received by me from any source including, but not limited to, income from wages, public assistance, Social Security, pensions, benefits, child support and/or alimony.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone Number**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction**



**GreenHouse17**  
**State Mandatory Reporting**

Kentucky law requires that survivors of all known or suspected intimate partner violence be **educated** regarding support services and options available to them.

**It is the policy of GreenHouse17 to report any and all suspected child abuse or neglect to  
Child Protective Services (CPS) 1-800-752-6200**

It is the role of GreenHouse17 staff to discuss safety issues regarding reporting incidents of suspected child abuse to DCBS. **The parent does not have the right to refuse DCBS interventions in cases involving suspected child abuse and neglect.**

**Exceptions to Confidentiality**

GreenHouse17 has exceptions to confidentiality in cases of fire, medical, threats of harm and child abuse reporting.

**Medical:** In the event I am unable to authorize a release of confidentiality for myself or my children in a timely manner, GreenHouse17 may release mine or my children's confidential information in a medical emergency. GreenHouse17 will release only medical information relevant to the preservation of the health of my-self or my children. Any information released must be limited to the medical emergency and information may only be released to the medical personnel or institution treating the client.

**Fire:** Only mine or my children's information may be disclosed to firefighting personnel if necessary to preserve the health and safety of my-self or my children. Information will be limited to the fire emergency and may only be released to emergency fire and safety personnel.

**Threats of Harm:** In the event that I pose a risk to myself or make an actual threat of violence against a reasonably identifiable client, or makes a threat of some specific violent act: GreenHouse17 personnel will assess whether the disclosure of this information is appropriate and necessary. If appropriate and necessary, information directly pertinent to the threatening situation may be disclosed to: a.) Licensed medical or mental health personnel or facilities; b.) Law enforcement personnel; c.) Identified intended victim; d.) Parents of minor child making the threat.

**Subpoena, warrants, or other court documents for Resident:**

If law enforcement attempts to serve a subpoena to a GreenHouse17 resident on property, then staff, without breaking confidentiality, will attempt to locate the resident so they may choose whether to receive the subpoena or not. If the resident chooses to be served the subpoena, staff will escort the resident to the lobby area of GreenHouse17 for service. If resident chooses not to be served, staff will notify law enforcement that we cannot confirm or deny that the individual is a participant of GreenHouse17.

Law enforcement shall remain at the front gate or in GreenHouse17's lobby at all times to protect the confidentiality of all GreenHouse17 residents.

**\*Search warrant does require GreenHouse17 cooperate with law in enforcement.**

**Participants Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GreenHouse17**  
**Authorization for Release of Information**

Before you decide whether or not to let GreenHouse17 share some of your personal information with another person or agency, an advocate from GreenHouse17 will discuss with you all of the alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide that you want GreenHouse17 to share some of your confidential information you can use this form to choose what is shared, how it is shared, with whom and for how long.

I understand that GreenHouse17 has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow GreenHouse17 to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize GreenHouse17 to share the following specific information with:

<i>Who I want to have my information</i>	<i>Name:</i> <i>Specific Office or Agency:</i> <i>Phone Number:</i>
--	---

The information may be shared: in person \_\_\_\_\_ by phone \_\_\_\_\_ by fax \_\_\_\_\_ by mail \_\_\_\_\_ by email \_\_\_\_\_ I understand that electronic mail (email) is not confidential and can be intercepted and read by other people.

What information about me will be shared:	(List as specifically as possible, for example: name, dates of service, any documents.)
Why I want my information shared: (purpose)	(list as specifically as possible, for example: to receive benefits)

Please Note: There is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by GreenHouse17.

I understand:

\*That I do not have to sign a release form. \*I do not have to allow GreenHouse17 to share my information.

\*Signing a release form is completely voluntary. \*That this release is limited to what I write above. \*If I would like GreenHouse17 to release information about me in the future, I will need to sign another written, time limited release.

The releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from GreenHouse17.

That GreenHouse17 and I may not be able to control what happens to my information once it has been released to the above person or agency and that the person or agency receiving my information may be required by law or practice to share it with others.

This release expires on: Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*\*Expiration should meet the needs of the victim which is typically no more than 15 or 30 days but may be shorter or longer.\*\*

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time orally or in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness: \_\_\_\_\_

## Client Grievance Procedure

### Overview

#### 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 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 mailing it to the Executive Director 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  
Legal Counsel  
Frankfort, KY 40602

Confidential - for  
111 Darby Shire Circle

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  
275 E. Main St.  
Frankfort, KY 40621

CHFS/DCBS  
Mail Stop 3W-A

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.

I. Optional Grievance Process for Residents and Clients of GreenHouse17.

**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  
Family Services  
Mail Stop1 E - B  
40621

Cabinet for Health and  
275 E. Main St.  
Frankfort, KY

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



**GREENHOUSE17**  
*Exit Interview*

RESIDENT: \_\_\_\_\_

STAFF: \_\_\_\_\_

DATE INTERVIEWED: \_\_\_\_\_

CASE #: \_\_\_\_\_

1. Please list the address and telephone number where you will be going when you leave here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. At this address, I will be living with: (Check all that apply)

- Home, without abuser
- Home, with abuser
- Separate residence     Unsubsidized     Subsidized
- Relative/friend
- Another spouse abuse program
- Transitional Housing
- Hospital
- Institutional
- Other
- Unknown

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date Interviewed

**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 any 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

Have you done the following?

Picked up your prescriptions

Cleaned your room

Turned in your towels, wash cloths, etc

**GREENHOUSE17**

*Closing Summary*

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Family Advocate: \_\_\_\_\_

Departure Summary:

---

---

---

---

Needs identified while in shelter:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Assessment of resident's progress on meeting goals and objectives in the Individual Goal Plan:

---

---

---

Remaining needs and on-going counseling issues:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Future Plans and goals:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Referrals made for further services:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Statement regarding re-entry into GreenHouse17:

---

---

# HUD ESG - CAPER

**Start Date** January 1, 2021  
**End Date** December 31, 2021  
**Reportable Days** 365  
**Print Date** February 24, 2022

## 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
GreenHous e17	EJ4912	Default Emergency shelter Location	EJ4912P01	1	0	0		211314	211314	0	OSNIUM	2021-01-01	2021-12-31
GreenHous e17	EJ4912		EJ4912	1	0	0		211314	211314	0	OSNIUM	2021-01-01	2021-12-31

## Q5a Report Validations Table

1. Total number of persons served	316
2. Number of adults (age 18 or over)	196
3. Number of children (under age 18)	120
4. Number of persons with unknown age	0
5. Number of leavers	274
6. Number of adult leavers	173
7. Number of adult and head of household leavers	173
8. Number of stayers	42
9. Number of adult stayers	23
10. Number of veterans	1
11. Number of chronically homeless persons	0
12. Number of youth under age 25	21
13. Number of parenting youth under age 25 with children	10
14. Number of adult heads of household	194
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	1

## 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	194			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	194						0.0000

### Q6e. Data Quality: Timeliness

	Number of Project Entry Records	Number of Project Exit Records
0 days	316	274
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	196	127	69		0
b. Children	120		118	2	0
c. Client Doesn't Know/ Client Refused	0	0	0	0	0
d. Data Not Collected	0	0	0	0	0
e. Total	316	127	187	2	0
f. For PSH & RRH - the total persons served who moved into housing	0	0	0	0	0

### Q7b: Point-in-Time Count of Persons on the Last Wednesday

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
January	36	10	26	0	0
April	35	9	26	0	0
July	31	10	21	0	0
October	36	14	22	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	194	126	68	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	19	10	9	0	0
April	18	9	9	0	0
July	18	10	8	0	0
October	21	14	7	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	9	7	2	0
b. Female	186	119	67	0
c. No Single Gender	1	1	0	0
d. Questioning	0	0	0	0
e. Transgender	0	0	0	0
f. Client Doesn't Know/Client Refused	0	0	0	0
g. Data Not Collected	0	0	0	0
<b>h. Total</b>	<b>196</b>	<b>127</b>	<b>69</b>	<b>0</b>

### Q10b: Gender of Children

	Total	a. With children and adults	b. With only children	c. Unknown household type
a. Male	59	58	1	0
b. Female	59	58	1	0
c. No Single Gender	2	2	0	0
d. Questioning	0	0	0	0
e. Transgender	0	0	0	0
f. Client Doesn't Know/Client Refused	0	0	0	0
g. Data Not Collected	0	0	0	0
<b>h. Total</b>	<b>120</b>	<b>118</b>	<b>2</b>	<b>0</b>

### 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. No Single Gender	0	0	0	0	0
d. Questioning	0	0	0	0	0
e. 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
<b>h. Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 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	68	59	1	8	0	0	0
b. Female	245	59	21	164	1	0	0
c. No Single Gender	3	2	1	0	0	0	0
d. Questioning	0	0	0	0	0	0	0
e. Transgender	0	0	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
<b>g. Total</b>	<b>316</b>	<b>120</b>	<b>23</b>	<b>172</b>	<b>1</b>	<b>0</b>	<b>0</b>

### Q11: Age

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Under 5	58		57	1	0
b. 5 - 12	48		47	1	0
c. 13 - 17	14		14	0	0
d. 18 - 24	23	12	11		0
e. 25 - 34	63	34	29		0
f. 35 - 44	70	43	27		0
g. 45 - 54	31	29	2		0
h. 55 - 61	8	8	0		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	316	127	187	2	0

### Q12a: Race

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. White	220	89	131	0	0
b. Black or African-American	66	33	33	0	0
c. Asian	3	0	3	0	0
d. American Indian or Alaska Native	0	0	0	0	0
e. Native Hawaiian or Other Pacific Islander	0	0	0	0	0
f. Multiple races	27	5	20	2	0
g. Client Doesn't Know/Client Refused	0	0	0	0	0
h. Data Not Collected	0	0	0	0	0
i. Total	316	127	187	2	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	280	124	154	2	0
b. Hispanic/Latino	36	3	33	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	316	127	187	2	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	24	21	3	0	0	0
b. Alcohol abuse	2	2	0	0	0	0
c. Drug abuse	21	20	1	0	0	0
d. Both alcohol and drug abuse	2	2	0	0	0	0
e. Chronic health condition	2	2	0	0	0	0
f. HIV/AIDS and related diseases	0	0	0	0	0	0
g. Developmental disability	11	2	1	8	0	0
h. Physical disability	5	4	1	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	32	23	8	1	0	0
b. Alcohol abuse	5	3	2	0	0	0
c. Drug abuse	25	21	4	0	0	0
d. Both alcohol and drug abuse	8	7	1	0	0	0
e. Chronic health condition	2	2	0	0	0	0
f. HIV/AIDS and related diseases	0	0	0	0	0	0
g. Developmental disability	7	1	1	5	0	0
h. Physical disability	2	2	0	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	4	4	0	0	0	0
b. Alcohol abuse	0	0	0	0	0	0
c. Drug abuse	2	2	0	0	0	0
d. Both alcohol and drug abuse	1	1	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	4	1	0	3	0	0
h. Physical disability	0	0	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	193	124	69	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	1	1	0	0	0
e. Total	196	127	69	0	0



**Q14b: Persons Fleeing Domestic Violence**

	<b>Total</b>	<b>a. Without children</b>	<b>b. With children and adults</b>	<b>c. With only children</b>	<b>d. Unknown household type</b>
<b>a. Yes</b>	189	122	67	0	0
<b>b. No</b>	4	2	2	0	0
<b>c. Client Doesn't Know/Client Refused</b>	0	0	0	0	0
<b>d. Data Not Collected</b>	0	0	0	0	0
<b>e. Total</b>	193	124	69	0	0

## Q15: Living Situation

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
<b>a. Homeless situations</b>					
a1. Emergency shelter	1	1	0	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	1	1	0	0	0
a5. Host home (non-crisis)	0	0	0	0	0
az. Total	10	8	2	0	0
<b>b. Institutional settings</b>					
b1. Psychiatric facility	1	1	0	0	0
b2. Substance abuse or detox center	3	3	0	0	0
b3. Hospital (non-psychiatric)	2	2	0	0	0
b4. Jail, prison or juvenile detention	0	0	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	6	6	0	0	0
<b>c. Other locations</b>					
c01. PH for homeless persons	0	0	0	0	0
c02. Owned by client, no subsidy	3	3	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	117	67	50	0	0
c08. Rental by client, with VASH subsidy	0	0	0	0	0
c09. Rental by client with GPD TIP subsidy	1	1	0	0	0
c10. Rental by client, with other ongoing housing subsidy	9	4	5	0	0
c11. Hotel or motel paid by client	8	7	1	0	0
c12. Staying or living with friend(s) room, apartment or house	18	15	3	0	0
c13. Staying or living with family member's room, apartment or house	24	16	8	0	0
c14. Client Doesn't Know/Client Refused	0	0	0	0	0
c15. Data Not Collected	0	0	0	0	0
cz. Total	180	113	67	0	0
d. Total	196	127	69	0	0

### Q16: Cash Income - Ranges

	Income at entry	Income at latest follow-up for stayers	Income at exit for leavers
a. no income	133	0	102
b. \$1 - \$150	0	0	0
c. \$151 - \$250	2	0	7
d. \$251 - \$500	2	0	4
e. \$501 - \$1000	20	0	18
f. \$1,001 - \$1,500	22	0	26
g. \$1,501 - \$2,000	9	0	7
h. \$2,001+	8	0	9
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		22	
l. Number of adult stayers without required annual assessment		1	
n. Total adults	196	23	173

### Q17: Cash Income - Sources

	At entry	At Latest Annual Assessment for Stayers	At Exit for Leavers
a. Earned income	40	0	46
b. Unemployment insurance	3	0	2
c. SSI	8	0	8
d. SSDI	10	0	6
e. VA service-connected disability compensation	0	0	0
f. VA non-service-connected disability pension	1	0	0
g. Private disability insurance	0	0	0
h. Worker's compensation	0	0	0
i. TANF	2	0	8
j. General assistance	0	0	0
k. Retirement (Social Security)	0	0	0
l. Pension from a former job	1	0	1
m. Child support	4	0	3
n. Alimony (spousal support)	0	0	0
o. Other source	2	0	0
p. Adults with income information at entry and annual assessment / exit		0	49

### 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	29	29	0.0000	0	17	17	0.0000	0	0	0	0.0000
b. Supplemental Security Income (SSI)	0	7	7	0.0000	0	1	1	0.0000	0	0	0	0.0000
c. Social Security Disability Insurance (SSDI)	0	4	4	0.0000	0	2	2	0.0000	0	0	0	0.0000
d. VA Service-Connected Disability Compensation	0	0	0	0.0000	0	0	0	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	2	2	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	1	1	0.0000	0	0	0	0.0000	0	0	0	0.0000
j. Child Support	0	1	1	0.0000	0	2	2	0.0000	0	0	0	0.0000
k. Other source	0	0	0	0.0000	0	2	2	0.0000	0	0	0	0.0000
l. No Sources	2	70	72	0.0278	1	29	30	0.0333	0	0	0	0.0000
m. Unduplicated Total Adults	2	112	114		1	58	59		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	79	0	81
b. WIC	17	0	16
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	44	0	31
b. MEDICARE health insurance	2	0	0
c. State Children's Health Insurance	84	0	76
d. VA Medical Services	0	0	0
e. Employer-provided health insurance	9	0	8
f. Health insurance through COBRA	0	0	0
g. Private pay health insurance	0	0	0
h. State Health Insurance for Adults	60	0	62
i. Indian Health Services Program	0	0	0
j. Other	0	0	0
k. No health insurance	118	0	94
l. Client doesn't know/Client refused	0	0	0
m. Data not collected	0	0	4
n. Number of adult stayers not yet required to have an annual assessment		41	
o. 1 source of health insurance	199	0	177
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	117	112	5
b. 8 to 14 days	47	47	0
c. 15 to 21 days	17	11	6
d. 22 to 30 days	10	9	1
e. 31 to 60 days	32	25	7
f. 61 to 90 days	34	32	2
g. 91 to 180 days	35	22	13
h. 181 to 365 days	23	16	7
i. 366 to 730 days (1-2 Yrs)	1	0	1
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	316	274	42

### 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
<b>Total (persons moved into housing)</b>	0	0	0	0	0
<b>Average length of time to housing</b>	0	0	0	0	0
<b>Persons who were exited without move-in</b>	0	0	0	0	0
<b>l. Total</b>	0	0	0	0	0

### Q22d: Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
a. 0 to 7 days	117	63	54	0	0
b. 8 to 14 days	47	13	34	0	0
c. 15 to 21 days	17	12	5	0	0
d. 22 to 30 days	10	5	5	0	0
e. 31 to 60 days	32	10	22	0	0
f. 61 to 90 days	34	9	25	0	0
g. 91 to 180 days	35	9	24	2	0
h. 181 to 365 days	23	5	18	0	0
i. 366 to 730 days (1-2 Yrs)	1	1	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
<b>o. Total</b>	316	127	187	2	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	11	4	5	2	0
b. 8 to 14 days	9	6	3	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	1	1	0	0	0
f. 61 to 180 days	2	2	0	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)	24	14	8	2	0
k. Not yet moved into housing	0	0	0	0	0
l. Data not collected	292	113	179	0	0
m. Total persons	316	127	187	2	0

## Q23c: Exit Destination

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
<b>a. Permanent destinations</b>					
a01. Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
a02. Owned by client, no ongoing subsidy	2	2	0	0	0
a03. Owned by client, with ongoing subsidy	0	0	0	0	0
a04. Rental by client, no ongoing subsidy	70	27	43	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	57	14	41	2	0
a08. Permanent housing for homeless persons	0	0	0	0	0
a09. Staying or living with family, permanent tenure	8	4	4	0	0
a10. Staying or living with friends, permanent tenure	0	0	0	0	0
a11. Rental by client, with RRH or equivalent subsidy	4	2	2	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	141	49	90	2	0
<b>b. Temporary destinations</b>					
b1. Emergency shelter	8	2	6	0	0
b2. Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
b3. Transitional housing for homeless persons	0	0	0	0	0
b4. Staying with family, temporary tenure	81	27	54	0	0
b5. Staying with friends, temporary tenure	31	27	4	0	0
b6. Place not meant for human habitation	5	1	4	0	0
b7. Safe Haven	0	0	0	0	0
b8. Hotel or motel paid by client	3	3	0	0	0

<b>b9. Host Home (non-crisis)</b>	0	0	0	0	0
<b>bz. Total</b>	128	60	68	0	0
<b>c. Institutional settings</b>					
<b>c1. Foster care home or group foster care home</b>	0	0	0	0	0
<b>c2. Psychiatric hospital or other psychiatric facility</b>	0	0	0	0	0
<b>c3. Substance abuse treatment facility or detox center</b>	3	3	0	0	0
<b>c4. Hospital or other residential non-psychiatric medical facility</b>	0	0	0	0	0
<b>c5. Jail, prison or juvenile detention facility</b>	1	1	0	0	0
<b>c6. Long term care facility or nursing home</b>	0	0	0	0	0
<b>cz. Total</b>	4	4	0	0	0
<b>d. Other destinations</b>					
<b>d1. Residential project or halfway house with no homeless criteria</b>	0	0	0	0	0
<b>d2. Deceased</b>	0	0	0	0	0
<b>d3. Other</b>	1	1	0	0	0
<b>d4. Client doesn't know/Client refused</b>	0	0	0	0	0
<b>d5. Data not collected (no exit interview completed)</b>	0	0	0	0	0
<b>dz. Total</b>	1	1	0	0	0
<b>e. Total</b>	274	114	158	2	0
<b>f1. Total persons exiting to positive housing destinations</b>	141	49	90	2	0
<b>f2. Total persons whose destinations excluded them from the calculation</b>	0	0	0	0	0
<b>f3. Percentage</b>	0.5146	0.4298	0.5696	1.0000	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
<b>a. Able to maintain the housing they had at project start--Without a subsidy</b>	0	0	0	0	0
<b>b. Able to maintain the housing they had at project start--With the subsidy they had at project start</b>	0	0	0	0	0
<b>c. Able to maintain the housing they had at project start--With an on-going subsidy acquired since project start</b>	0	0	0	0	0
<b>d. Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy</b>	0	0	0	0	0
<b>e. Moved to new housing unit--With on-going subsidy</b>	0	0	0	0	0
<b>f. Moved to new housing unit--Without an on-going subsidy</b>	0	0	0	0	0
<b>g. Moved in with family/friends on a temporary basis</b>	0	0	0	0	0
<b>h. Moved in with family/friends on a permanent basis</b>	0	0	0	0	0
<b>i. Moved to a transitional or temporary housing facility or program</b>	0	0	0	0	0
<b>j. Client became homeless moving to a shelter or other place unfit for human habitation</b>	0	0	0	0	0
<b>k. Client went to jail/prison</b>	0	0	0	0	0
<b>l. Client died</b>	0	0	0	0	0
<b>m. Client doesn't know/Client refused</b>	0	0	0	0	0
<b>n. Data not collected (no exit interview completed)</b>	0	0	0	0	0
<b>o. Total</b>	0	0	0	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	1	0	0
c. Not a veteran	310	126	182	0
d. Client Doesn't Know/Client Refused	0	0	0	0
e. Data Not Collected	5	0	5	0
f. Total	316	127	187	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	0	0	0	0	0
b. Not chronically homeless	316	127	187	2	0
c. Client Doesn't Know/Client Refused	0	0	0	0	0
d. Data Not Collected	0	0	0	0	0
e. Total	316	127	187	2	0

## Emergency Shelter Program - Staff List

STATUS	NAME	POSITION	% SHELTER	FTE
PT	Adams, Sheena	Advocate - Residential Focus	100%	0.5
FT	Arnsdorf, Laura	Advocate - Residential Focus	100%	1
PT	Boggs, Christine	Advocate - Residential Focus	100%	0.5
FT	Burke, Chelsea	Advocate - Residential Focus	100%	1
FT	Compton, Allison	Advocate - Housing Focus	30%	0.3
FT	Cunningham, Shana Niki	Advocate - Residential Focus	100%	1
FT	Dawson (Walker),Shanee	Advocate - Residential Focus	100%	1
PT	Dreher, Mike	Shelter Specialist	100%	0.5
FT	Feltner, Kristen	Advocate - Residential Focus	100%	1
FT	Fleet, Diane	Associate Director	25%	0.25
FT	Fulcher, Bekah	Advocate - Residential Focus	50%	0.5
FT	Higgins, Tiffany	Advocate - Residential Focus	100%	1
FT	Hodges, Vanessa	Advocate - Housing Focus	50%	0.5
FT	Howard, Heather	Finance Assistant	25%	0.25
FT	Koch, Ryan	Program Manager	100%	1
FT	Losekamp, Katherine	Grants Contracts & Compliance Ma	25%	0.25
FT	Lowe, Toinesha	Advocate - Residential Focus	100%	1
FT	Mahan, Cameron	Advocate - Housing Focus	25%	0.25
FT	Malpica, Natalie Theo	Shelter Specialist - Food & Nutrition	100%	1
FT	Marshall, Letitia Aimee	Finance Assistant	25%	0.25
FT	Masino, Katherine	Advocate - Residential Focus	100%	1
FT	Nunley, Hattie	Advocate - Farm Focus	25%	0.25
FT	Richardson, Morgan	Advocate - Residential Focus	100%	1
FT	Stamper, Mary	Data Collection and Compliance Sp	50%	0.5
FT	Thomas, Darlene	Executive Director	25%	0.25
FT	Turk, Alyssa	Advocate - Residential Focus	100%	1
FT	Wallace, Melissa	Advocate - Residential Focus	100%	1
FT	Willoughby, G. Diane	Finance Director	25%	0.25
FT	Currently Hiring	Advocate - Residential Focus	100%	1
PT	Currently Hiring	Advocate - Residential Focus	100%	0.5
EPT	On-call Coverage	Emergency Part-time Counselors	100%	0.5

**Number Positions: 31 | FTE: 20.3**