

Office of Women's Health



American Rescue Plan (ARP) For Domestic Violence Shelter and Supportive Services

Project Launch Meeting

September 14, 2022





Agenda

- 1) Welcome and Review of ARP Launch Agenda
- 2) Background
- 3) Project Overview
- 4) Data Collection and Performance Outcomes
- 5) Financial Requirements
- 6) Additional Questions



Background



Key Aspects of the ARP for DV Shelter and Supportive Services Project



Background

- ARP for Domestic Violence Survivors is a response to the economic and social harm DV survivors experienced that resulted from (or was made worse) by the COVID-19 pandemic.
- LA County's commitment to equity includes ensuring that resources are expanded to residents most impacted by the pandemic, poverty, or from historically hard-to-reach communities.
- DV survivors are some of the most vulnerable and impacted residents in Los Angeles County.
- Each County ARP Project determined project outcomes, evidence-based interventions or tools, data collection and an evaluation.
 - This DV project utilizes an evidence-based assessment tool for data collection.
- Outcomes will be shared and disseminated in aggregate to the field and on a public dashboard.



Project Overview





Project Goal & Services

Project Goal:

DV survivors in the project will move towards obtaining a sense of safety, healing, social and emotional well-being, by having access to domestic violence sheltering and supportive services which will lead them to gaining financial and housing stability.

Project Services to be Provided

Sheltering (DV Shelter/Hotel)

Legal Services (Safety, Financial Security, Immigration)

Case Management (Empowerment, Financial Security, Resources)

Counseling/Mental Health (Empowerment, Addressing Trauma)

Necessities of Life (Food Cards, Clothing, Transportation)

Childcare



Data Collection and Performance Outcomes





Performance outcomes

GOALS: DV survivors in the project will move towards obtaining a sense of **safety, healing,** and **social and emotional well-being** by having access to domestic violence sheltering and supportive services, which will lead them to gaining **financial stability.**



Evaluation Questions

1. Does participation in the ARP for Shelter & Supportive Services Project increase clients' level of **safety-related empowerment**?

2. Have clients' **incomes increased** as a result of participating in the Project?

Safety-Related Empowerment

The extent to which a survivor has the internal tools to work towards safety, knows how to access available support, and believes that moving towards safety does not create equally challenging problems.

When clients' sense of safety and stability improve, they are more likely to gain employment, receive education/training, and increase their economic stability.



Data Collection: Measuring Progress and Equity

- We will collect basic demographic information on participating clients:
 - Age
 - Gender
 - Self-identified race/ethnicity
 - Primary language
 - Income and source of income
 - Housing status
 - Presence & age of minor children in clients' care



Intake Form: Service Setting & Demographics

AMERICAN RESCUE PLAN FOR DOMESTIC VIOLENCE SHELTER AND SUPPORTIVE SERVICES INTAKE/ASSESSMENT FORM

DATE: _____ CLIENT REFUSED TO COMPLETE ASSESSMENT

AGENCY NAME: _____ AGENCY ID: _____

STAFF NAME: _____ EMAIL ADDRESS: _____

CLIENT ID: _____ First Assessment Second Assessment Third Assessment

SERVICE ACCESS:

Please indicate the services client currently needs: (check all that apply)

Shelter/Hotel Case Management Legal Services Counseling/Mental Health Life Skills

Other: _____

DEMOGRAPHICS FOR PRIMARY ADULT CLIENT: (check all that apply)

RACE/ETHNICITY:

White Hispanic, Latino or Spanish Origin Black or African American Asian

American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Some other race, specify _____ Refuse or Prefer not to state



Intake Form, Demographics Continued

CURRENT GENDER IDENTITY:

- Male Female Transgender male/Trans man Transgender female/Trans woman
- Gender non-binary, Gender non-conforming Another gender category or another identity: _____
- Prefer not to state

SEX AT BIRTH:

- Male Female Non-binary or X Other: _____ Prefer not to answer

AGE:

- 18-24 25-44 45-64 65+



Intake Form, Household Information

PRIMARY LANGUAGE:

- English
 Spanish
 Chinese
 Arabic
 Armenian
 Farsi
 Khmer (Cambodian)
- Korean
 Russian
 Tagalog
 Vietnamese
 American Sign Language
- Other language: _____

HOUSEHOLD INFORMATION:

- Permanently Housed
 Non-Permanently Housed (Sheltered)
 Homeless

DOES CLIENT HAVE DEPENDENT CHILDREN IN THEIR CARE? Yes No

If yes, list below one line per child:

| Children | Gender | | | | | Age | |
|----------|--------|--------|------------------------------|---------------------------------|-----------------|-----|-------|
| | Male | Female | Transgender Male / Trans Boy | Transgender Female / Trans Girl | Unknown / Other | 0-9 | 10-17 |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |



Intake Form, Income

INCOME:

| Type of Income | Monthly Amount |
|---|----------------|
| Social Security Disability Insurance (SSDI) / Disability Income / Worker's Comp | \$ |
| Supplemental Security Income (SSI) | \$ |
| Child Support and / or Alimony | \$ |
| General Relief (GR)/ Cal Works (TANF) | \$ |
| Unemployment Insurance (UI) | \$ |
| Retirement / Pension / Investment Income | \$ |
| Employment / Self-Employment Income | \$ |
| Other | \$ |
| Total Monthly Household Income | \$ |



Measuring “Safety Related Empowerment”

**Data
Collection
Tool=
MOVERS**

The Measure of Victim Empowerment Related to Safety (MOVERS) is an evidence-based assessment tool consisting of 13 questions

Answers to the questions are combined to create an overall score of safety-related empowerment and can be used to track the progress of DV clients over time

Data Collection Tool –Assessment with MOVERS

- MOVERS measures 3 factors that impact people's perceptions of safety-related empowerment
 - 1) Internal tools
 - 2) Expectations of support
 - 3) Trade-offs
- We will provide MOVERS in English and Spanish, with 20 other languages upon request



Assessment Tool, MOVERS

| | Never True =1 | Sometimes True =2 | Half the Time True =3 | Mostly True =4 | Always True =5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I can cope with whatever challenges come at me as I work to keep safe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have to give up too much to keep safe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I know what to do in response to threats to my safety. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have a good idea about what kinds of support for safety I can get from people in my community (friends, family, neighbors, people in my faith community, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I know what my next steps are on the path to keeping safe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Working to keep safe creates (or will create) new problems for me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. When something doesn't work to keep safe, I can try something else. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Assessment Tool, MOVERS

| | Never True =1 | Sometimes True =2 | Half the Time True =3 | Mostly True =4 | Always True =5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. I feel comfortable asking for help to keep safe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. When I think about keeping safe, I have a clear sense of my goals for the next few years. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Working to keep safe creates (or will create) new problems for people I care about. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I feel confident in the decisions I make to keep safe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I have a good idea about what kinds of support for safety I can get from community programs and services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Community programs and services provide support I need to keep safe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Data Collection: Intake/MOVERS Assessment

- How often?
 - When a client is **enrolled** in the ARP DV Project
 - Again, after **2 months (60 days)** of receiving services from the project
 - Again, immediately **before client's exit** from the project
 - Or, if at least 6 weeks have passed since the initial or 2 month/60-day assessment and the client is exiting the project
 - Or, during the 12th month of receiving services



Submitting to OWH: Intake/MOVERS Assessment

- Scan forms to pdf and submit monthly with invoices and other supporting documentation

ARP For DV Project Objectives: GOALS

- **60%** Increase in clients' sense of safety-related empowerment
- **40%** Increase in clients' income

Evaluation Overview



Intake (Demographics)/Assessment (MOVERS)



Bundle of critical resources to address & mitigate the negative physical, social, emotional, & economic impacts of the pandemic for DV survivors



ARP For DV Project Objectives:

60% Increase in sense of safety-related empowerment

40% Increase in clients' income



Questions Data Collection and Performance Outcomes

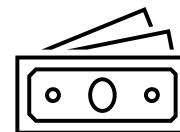




Financial Requirements



Reimbursement



- Expenditures will be reimbursed on a cost reimbursement basis.
- Subrecipients must incur the cost prior to submitting an invoice requesting to be reimbursed.
- Supporting documentation must be maintained and submitted to OWH at the time of invoicing.



ARP Allowable Costs

Include:

- Expenses that are NOT funded under another funding source
- Salaries and employee benefits for direct staff providing services hereunder (Case Management, Mental Health Services/Counseling, Legal, and Childcare Services)
- The following services:
 - Childcare Services
 - Necessities of Life Assistance
 - Emergency Housing/Hotel Shelter
 - Client Personal Protective Equipment (PPE)
- Administrative Costs (direct & indirect costs): must be reasonable and allocable under this agreement.



Budget

Completion of the budget and detail justification is a contractual requirement of all agreements with the Office of Women's Health.



Budget Modification

- Contractors are allowed to request to shift funds from one Supervisorial District (SD) to another on the budget modification under this agreement
- Contractors are allowed to submit budget modification requests once per quarter, and no later than **March 31st** of the fiscal year



Budget Modification – cont.

- **Salaries** – Please ensure that there are no staff who's combined Full-Time Equivalents (FTE) percentages across all funding sources exceeds 100%. Provide a narrative justification for each position by describing the staff's role related to ARP services.
- **Operating Costs** – such as hotel bed night, necessities of life (gift card), client personal protective equipment, rent, utilities, telephone, etc.) that directly support ARP program activities. Provide detailed description for each line item, which includes sufficient information to clearly show how the costs were determined, including the methodology and calculations used to arrive at the requested amounts.
- **Indirect Costs** – If a contractor has a current NICRA established with a Federal cognizant agency responsible for reviewing, negotiating, and approving cost allocation plans or indirect cost proposals, then the contractor may use its current NICRA. If the contractor does not have a NICRA, the contractor may elect to use the de minimis rate of 10 percent of the modified total direct costs.



Invoicing/Billing

- **Invoicing** – Monthly invoices are due no later than the **15th** day after the end of each month. For example, invoices are due on August 15th for services provided in July.
- Only line items and amounts that are included in your most recently approved budget will be reimbursed
- If no expenditures were incurred during the report month, please submit an invoice for the month reporting **\$0 expenditures.**



Invoicing/Billing - Submission

Providers are required to submit a monthly invoice showing accurate billings for clients served during a month of service.

The following items must be completed and submitted to OWHInvoice@ph.lacounty.gov:

- Invoice (PDF version with E-Signature)
- Invoice (Excel version)
- ARP Monthly Report
- Supporting documentation (e.g., Gift card and other expense receipts)



Supplemental Invoicing

- Contractors are required to submit supplemental invoices no later than 60 days following the month of service provision (exception of May and June).
- Supplemental invoices submitted beyond the 60-days will not be reimbursable.
- Supplemental invoices will **not be allowed for June**, and the May invoices must be submitted by June 30th.



Financial Closeout Report

- Determines whether an agency's costs reconcile to their accounting records
- The agency should ensure that their financial records (Income Statement and General Ledger) reflect the actual costs related to ARP contract that incurred during the reporting period
- The annual closeout report is due to OWH no later than 30 days after the last month services were rendered



Financial Closeout Report – Submission

Submit the following items to: **OWHFinance@ph.lacounty.gov**
with the subject line: **(AGENCY NAME) ARP Closeout Report FY 20xx-xx.**

- Closeout Report Worksheet (Excel version)
- Financial Closeout Report Form (pdf version) – must be signed by authorized agency representative on the pdf report
- Final Property Inventory Certification (pdf version) – must be signed by authorized agency representative
- Agency's Income Statement (Excel version)
- Agency's General Ledger (Excel version)



Location of Financial Guidelines and Forms

- Documents are available online:

<http://publichealth.lacounty.gov/owh/OWHContracts/ARP/ARP.htm>

The screenshot shows the website for the Office of Women's Health. At the top, there is a search bar and social media icons for Instagram, Facebook, Twitter, and YouTube. The navigation menu includes Home, About, FAQs, Comment, and Contact Us. On the left, there are two sidebars: 'Features' with a list of topics like 'About OWH', 'Abortion Safe Haven', and 'Domestic Violence Housing & Support Services'; and 'Contact Information' with the address: 'Los Angeles County Department of Public Health, Office of Women's Health, 1000 S. Fremont Ave., Building A-9 East, Unit #105, Alhambra, CA 91803'. The main content area has a teal header with the text 'Los Angeles County Department of Public Health Office of Women's Health Domestic Violence Housing & Support Services'. Below this is a section titled 'American Rescue Plan (ARP) for Domestic Violence Shelter and Supportive Services'. Underneath, there is a 'Contract Guidance' section with links to 'Financial Guidelines' and 'Program Fact Sheet'. Finally, there is a 'Forms' section with links to 'Intake and Assessment Form', 'Follow-Up Assessment Form', 'Budget Form', 'Budget Modification Form', 'Invoice and Supplemental Form', 'Financial Closeout Report Form', and 'Report Form'.



Questions Financial Review



Questions



- **Frequently Asked Questions (FAQ) will be compiled** from the questions provided in the Chat box of this presentation and then shared with providers
- Send any additional questions, concerns, or comments to OWHTraining@ph.lacounty.gov



Additional Questions





Thank you!

