

# REPORT 2020 July Cycle

## GENERAL INFORMATION

### Organization Information

<b>Legal Name:</b> Guardian House		<b>Federal Tax ID#:</b> 74-2780384	
<b>Address:</b> 1818 San Pedro	<b>City:</b> San Antonio	<b>State:</b> TX	<b>Zip Code:</b> 78212
<b>Website:</b> www.guardianhouse.org		<b>Fax:</b> (210) 733-3349	

### Head Of Organization

<b>Name:</b> Shannon White, MS, LPC-S	<b>Title:</b> CEO & Chief Clinical Director
<b>E-Mail Address:</b> swhite@guardianhouse.org	<b>Phone:</b> (210) 733-3349

### Application Contact

<b>Name:</b> Shannon White	<b>Title:</b> CEO & Chief Clinical Director	<b>E-Mail Address:</b> swhite@guardianhouse.org	<b>Phone:</b> (210) 733-3349
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## REPORT INFORMATION

<b>Report Funding Cycle:</b> 2020 July Cycle	<b>Report Date:</b> 06/04/2021 12:00 am
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**1: Please include in your report the dollar amount of the funds that were awarded, the date they were funded and what the funds supported.**

Awarded Amount: 55,000	Date: 07/23/2020
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**2: Were the objectives cited in your original proposal met? Please address each started objective and how it was met.**

GH will:

- 1: remain a neutral, third party to provide safe, unbiased services to children/families involved in high-conflict custody disputes by: reviewing policies/procedures with all clients, accurately documenting case activity for all participants, and maintaining each party's information in a confidential manner. Outcome: 93% of clients reported satisfaction with services.
- 2: keep children from exposure to violence/confrontations between their parents by: staggered arrival/departure so parents don't encounter each other at GH; parents may not discuss issues related to court, divorce, child support, etc. Outcome: 90% of clients reported their children are safe during exchanges & supervised visits. 81% of clients reported reduced conflict/violence with the other parent.
- 3: create an environment to reduce stress during exchanges for parents by: calling parents to schedule visits so parents don't communicate directly, & staggered arrival/departure ensures that parents do not encounter each other at our facility. Outcome: 78% of parents reported reduced stress in exchanging their children.

4: provide mental health counseling at low-to-no cost to help clients mitigate risk factors associated with domestic violence/child abuse and break cycles of violence by: empowering parents with strategies for maintaining violence-free homes, give them tools to ensure their children stay connected, do not witness violence in their home life, and are progressing developmentally. Outcome: 94% of counseling clients identified as a victim of family violence or currently at-risk of experiencing domestic violence reported as having reduced risk at time of program exit (as evidenced by progressing/meeting goals in their treatment plan and/or reporting increased physical/psychological safety per client self-report, clinician observation); 98% of counseling clients who are either at risk of becoming perpetrators of family violence and/or identified as perpetrators of family violence reported as having reduced risk at time of program exit (as evidenced by progressing/meeting goals in their treatment plan, increased insight into triggers, behaviors, and use of effective coping skills per client self-report, clinician observation); 96% of counseling clients reported progress/improved outcomes (as evidenced by progressing/meeting goals in their treatment plan, client self-report, clinician observation).

**3: Please explain any changes from the original proposal and the circumstances that lead to the modification of the objective.**

Due to the COVID-19 crisis, we redesigned our programs to a virtual platform to ensure we could keep families connected and supported. During the temporary shutdown of our facility (March through October), our programs were delivered virtually, with the exception of monitored kids exchanges. As they have to be in-person, exchanges were suspended until October. Upon return to GH in October, we facilitated exchanges, in-person reunification counseling, virtual parenting classes and a hybrid model of supervised visitation with a mix of in-person and virtual sessions. Since January, we have been continuing to move services back to in-person. Virtual visits were limited to 30 minutes in length, as longer than that was difficult to maintain interaction between parent and child.

For the majority of our families, children only have contact with their noncustodial parent through Guardian House; phone calls, texts, social media, etc. are prohibited by the courts. As the pandemic raged on, noncustodial parents were desperate to hear news of their child(ren); that was not possible for exchange families (we had to suspend in-person exchanges) or families in which Video Conferencing Supervised Visits are not appropriate (such as for babies and young children, and instances in which, due to extreme family violence, it can be traumatizing to hear and see the noncustodial parent/perpetrator in the home). To keep families connected, we instituted Well-Being Inquiries so that noncustodial parents could request information, through Guardian House, about the health and well-being of their child(ren); parents were also given the option to send photos and short videos of the child(ren).

**4: What needs were addressed?**

Guardian House served 493 children and 622 adults across all services; 415 hours of supervised visitation, 180 hours of virtual supervised visitation, 581 hours of counseling, 1,242 hours of parent education, 65 well-being inquiries and 155 intake sessions. There were less visits and exchanges than in a typical year - for half of March and through April we were transitioning our services to telehealth and were not facilitating visits; we had many custodial parents denying visits due to expressed concerns about their children contracting COVID; and we limited the number of visits that could occur on site in order to maintain social distancing.

**5: What method of evaluation did you use to monitor and measure the project's outcome and what are the result?**

GH measures the quality and performance of services through a combination of process and program outcome measurements. We collect demographic data with parents during intake and collect satisfaction data via qualitative questions by phone or by survey. We also track quantitative data (ie, total sessions, frequency of services, etc.) These items are collected and tallied at the end of the year using Demographic Profile Questionnaire, Customer Satisfaction Questionnaire, Employee Evaluation Competency Rating, baseline surveys via parent reports, ending surveys based on parent reports, and evaluation of data.

Progress is measured using the Session Rating Scale (SRS) and the Outcome Rating Scale (ORS). After each session the SRS is administered. Tracked is client satisfaction with therapy sessions regarding therapeutic relationship, therapeutic approach, and therapeutic goals. Scores range from 0 to 40. For adults and children ages 8-13, SRS scores below 36 indicate the need for attention. Should a client's score fall below 36, therapists inquire about how to improve/modify future sessions to meet client's needs. The ORS tracks a client's individual, interpersonal, social, and overall well-being. Clinicians measure the quality of the relationship and client's perspective of progress on a weekly basis, starting from the first session to form a baseline. Total well-being scores range from 0-40. For adults, a score  $\leq 25$  indicates considerable psychological distress; for children ages 8-13 this score is 28. For adults a score of  $\geq 32$  indicates adaptive functioning well-above the means needed for therapeutic services; for children ages 8-13 this score is 36.

**6: Do you plan to continue this project, and if so, how do you plan to sustain it?**

We plan to continue this program and sustain it through support from program service fees and various grants including VOCA (Victim of Crimes Act) and funding through Bexar County Civil District Court, and SA Metro Health. Guardian House seeks ongoing support by way of fundraising efforts in the community.

**7: Please provide any other comments of information relevant to this grant.**

Due to COVID-19, GH lost access to client fees, had to cancel our annual major fundraising event, and many grant funders pivoted to support emerging needs of COVID, such as food insecurity. Funding from the Najim Charitable Foundation was vital to the continuous provision of GH services to many children and families. Additionally, PPP funding allowed us to not only maintain our reduced staffing level, but also enabled GH services to continue throughout the pandemic and stay-at-home orders. Retaining core staff allowed GH programming to shift quickly to virtual service provision, which will remain as an added service option even after the health/safety restrictions due to COVID have been lifted.

**8: Please provide an updated detailed projected budget with expenses for the received grant. Also include the totals for the budgeted and actual amount. Explain any discrepancies between the budgeted and the actual expenses for the project.**

Line Item Description	Total Project Funds Allocation	Najim Requested Funds	Project Funds Actual	Najim Funds Allocation
Payroll & Fringe	\$499,916	\$40,508	\$361,858	\$45,028
Utilities	\$10,083	\$807	\$3318	\$227
Travel	\$0	\$0	\$0	\$0
Program Expense	\$1,480	\$118	\$947	\$65
Office Expense	\$4,016	\$321	\$2,221	\$151
Merchant Service Fees	\$0	\$0	\$0	\$0
Mortgage	\$20,069	\$1,605	\$1,988	\$136
Insurance	\$12,949	\$1,036	\$12,434	\$848
Facilities and Equipment	\$24,396	\$1,952	\$7,646	\$521
Employee Recognition	\$1,068	\$85	\$64	\$4
Dues and Subscriptions	\$916	\$73	\$4,901	\$334
Contract Services	\$230,390	\$18,431	\$112,520	\$7,674
Conferences and Training	\$0	\$0	\$115	\$8

Advertising and Marketing	\$803	\$64	\$64	\$4
<b>TOTAL:</b>	<b>\$806,086</b>	<b>\$65,000</b>	<b>\$508,076</b>	<b>\$55,000</b>
<b>Signature</b> Shannon White				