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COMPLETE

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Q1 Name of your organization.

Downtown Women's Center (DWC)

Q2 Grant #

20160421

Q3 Grant Period

August 1, 2016 – July 31, 2017

Q4 Location of your organization

City	Los Angeles
State	CA

Q5 Name and Title of person completing evaluation.

Mara Leong-Maguinez, Director of Development

Q6 Phone Number:

213.680.0600 (ext. 2834)

Q7 Email address.

maral@downtownwomenscenter.org

Page 2: Key Outcomes and Results

Q8 Total number of clients served through this grant funding:

3,133

Q9 Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

Over the last 12 months, the S.L. Gimbel Foundation's grant to DWC has made an enormous impact on our Day Center programming. The goal of this grant funding, as originally described in our proposal, was to expand and deepen the impact of DWC's Day Center by 1) serving 3,000 women, 2) linking more women to housing, and 3) ensuring that women have the resources and support systems in place to stay housed. As a result of the expansion, our objectives were to increase the number of: 1) women served, 2) case management sessions, 3) housing referrals, and 4) women placed in permanent housing. Our progress towards these objectives has been further broken down below.

I. Improve Intake, Outreach, and Housing Placements

To accomplish the goal of linking more women to services, DWC hired staff members to fill two new positions: a CES (Coordinated Entry System) Intake Coordinator and a Clinical Social Worker. The addition of these staff members has had a profound impact on the functioning of the Day Center by streamlining the intake and referral processes, improving inter-agency coordination, and reducing barriers to mental health treatment for our participants.

Specifically, the Intake Coordinator now serves as the point person for women to access supportive services through the Day Center. After a woman enters the Day Center for the first time, the Intake Coordinator evaluates which services a woman may need to access, and connects her with the appropriate staff members, such as a mental health clinician, or case manager. The Intake Coordinator has streamlined our CES intake process. The Intake Coordinator works with women in our Day Center to evaluate their immediate needs, and enters women into the community-wide housing waiting list, the Coordinated Entry System (CES). The Intake Coordinator is specifically responsible for conducting the CES intake survey, which includes a mental health screening, alcohol and drug use screening, past mental and medical health treatment history, current mental and medical health treatment, housing history, barriers to independent living assessment, and financial and community support resources assessment. Based on the score a woman receives on this survey, the Intake Coordinator refers women to the appropriate housing solution. Women with higher acuity scores are referred to Permanent Supportive Housing, while women with lower acuity scores are referred to our Rapid Re-Housing program. During the last 12 months, our staff members have ensured that 1,196 women are enrolled on the CES housing waiting list, exceeding our goal. The Coordinator also uses the results of this survey to refer women to case managers and/or our healthcare team. Previously, all case managers conducted CES intake, but having a dedicated CES Intake Coordinator freed up the case managers to launch right into housing resources with the individual during their first session instead of their subsequent sessions. This additional staff member enables our case managers to focus on providing women with the holistic resources they need to overcome the challenges that led to homelessness.

The Clinical Social Worker has also made significant strides in improving DWC's processes and crisis intervention systems in the Day Center, enabling our staff to respond in a coordinated manner to different situations that arise with our participants. For example, if a woman enters the Day Center and reports that she is fleeing a domestic violence relationship, the clinician will conduct an assessment of the woman's needs, and refer the woman either to crisis intervention support or a case manager who can provide her with referrals to safe housing, transportation, and medical care if needed. The Clinical Social Worker also developed a "Crisis Calendar" to provide crisis intervention support through our Day Center, Monday through Friday.

As a result of these improved clinical and intake processes, DWC has streamlined how women access DWC's case management and housing placement services, and improved crisis response in our Day Center. In the last twelve months, DWC provided 2,714 case management sessions and 1,115 referrals. These services have enabled more women experiencing homelessness in Skid Row to move towards housing and stability.

S.L. Gimbel Foundation Fund

The ultimate result of these efforts has been more women placed in housing throughout the community: DWC has placed 221 women in interim housing to meet their immediate housing needs – exceeding our goal – and 107 women in permanent housing, an increase of 43% from previous years. The impact of these placements on participants cannot be overstated; for many women, this housing represents the end to the chronic homelessness they have experienced throughout their lives. For other women, finding housing in the community allows them to return to normalcy after a traumatic life event or flight from an abusive relationship.

II. Provide Additional Mental Health Services

Funding from the S.L. Gimbel Foundation enabled DWC to increase the hours of our on-site Psychiatrist from 8 hours a week to 16 hours. These additional hours have allowed our Psychiatrist to provide services to our Day Center participants, in addition to our on-site residents. The Psychiatrist has been an immense asset to the women in our Day Center, and the increased hours have enabled us to meet the needs of women with more intensive mental health services. Further, the addition of a Clinical Social Worker enabled DWC to increase the number of women seen for mental health treatment. Previously, DWC only relied on social work interns and social workers obtaining licensure hours to provide mental health treatment.

Thanks to the expanded hours of our Psychiatrist and the addition of the Clinical Social Worker, in the last 12 months, DWC has provided 338 unduplicated women with psychiatry and counselling services, exceeding our goal by 35%. In addition to increased accessibility, our Psychiatrist has had the opportunity to build a steady presence and stronger relationships with the Day Center's participants. As a result of having a consistent, more readily accessible Psychiatrist, we anticipate that more women will feel comfortable requesting our psychiatric services.

Prior to our increased Psychiatry hours, many participants in our Day Center were referred to other community organizations to receive psychiatry and counseling services. However, women have expressed their preference for receiving these services in-house through our Day Center. DWC provides women with a low-barrier approach to services, including our mental health services; other agencies often have barriers – such as long wait lists and qualification requirements – that may re-traumatize women or discourage them from pursuing treatments. DWC's mental health services are culturally sensitive, trauma-informed, and individualized to meet the specific needs of each individual. While there remains a gap between DWC's capacity and the enormous need for psychiatric services for women in Skid Row, this grant has significantly increased our impact over the past 12 months and enabled us to exceed our annual goals.

III. Provide Women with Basic Needs & Resources through the Day Center

Lastly, DWC used funds from the S.L. Gimbel Foundation to bolster the basic needs services we provide through our Day Center to women experiencing homelessness and extreme poverty. During the grant period, DWC's drop-in Day Center provided services to a total of 3,133 unduplicated women, exceeding our goal of 3,000 women. Our Day Center provided women with the tailored resources they need to achieve stabilization and pursue health, housing, and well-being.

In the last 12 months, DWC provided women with 106,373 meals, including two nutritious, home-cooked meals and one hearty to-go afternoon meal each day. Over the last year, our kitchen has been working to incorporate culturally-inclusive meals based on feedback from our participant Advisory Board. On a weekly basis, our kitchen developed menus that were representative of international cuisines as well as regions of the United States. The kitchen staff also catered to vegetarian diets. These meals all incorporated a healthy selection of fresh ingredients from the five food groups, and were designed to meet the needs of participants managing diabetes, heart disease, and high blood pressure.

During the same period, DWC provided 14,879 showers to women experiencing homelessness. This figure was lower than anticipated, due to various upgrades to our shower room over the course of the grant period that necessitated closing off the showers (including repainting, new shower heads, and ungraded temperature controls). These issues have been resolved moving forward, and we expect to provide 20,000 showers in the next year. Approximately 200 women per day also had access to DWC's bathroom facilities, a fresh change of clothes, laundry machines, mail, and phones. Our Day Center helps women meet their basic needs, so that they will have the capacity to pursue long-term goals including stable housing, financial independence, and health and well-being.

Q10 Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

(1) DWC's Housing program and Day Center faced a few challenges during the implementation of our project. Internally, our Housing department experienced a number of staff transitions and job openings that decreased our capacity to provide oversight and services. Despite this turnover, DWC surpassed its interim housing placement goals for the grant period, and increased our permanent housing placements by 43% from the previous year. While the number of permanent supportive housing placements fell slightly short of our ambitious goal, we believe that with our return to full staff capacity, DWC will be able to exceed our housing placements goals over the next 12 months. Similarly, we experienced two case manager vacancies in our Day Center during the grant period, leading us to conduct a lower number of case management sessions than anticipated. However, the addition of the CES Intake Coordinator enabled our case managers to make more efficient use of the case management sessions held with women in our Day Center – as described in our "Outcomes and Results" section.

(2) DWC continues to run up against the systemic problem of the lack of permanent housing and affordable community-based housing in Los Angeles. While we continue to enroll women from our Day Center in the CES, there simply is not enough housing available to meet the needs of these women, particularly those who require on-site supportive services. The women in our Community-Based Housing program also encounter obstacles when applying for unsubsidized housing. Many landlords are hesitant to rent to specialized populations, including individuals who have experienced homelessness and/or domestic violence, or individuals who cannot clear a background check. Too often, this prevents these women from finding and transitioning to affordable housing, thereby perpetuating the cycle of homelessness.

(3) In our Day Center, DWC's staff often find it difficult to engage severely mentally ill women, many of whom have gone without treatment for years, in our mental health programming. Women with severe mental illnesses are often hesitant to sign up for one-on-one meetings with our case managers or psychiatrist, or are unable to consistently attend appointments if scheduled.

Q11 How did you overcome and/or address the challenges and obstacles?

(1) As an organization, we have observed that an increase in the number of women with histories of violence and trauma in Skid Row has also affected the mental and physical wellbeing of our staff, particularly those in direct-service roles, many of whom experience secondary trauma and compassion fatigue. This, in turn, has resulted in some challenges with employee retention. To address this issue and ensure consistent, quality services for our participants, DWC is currently implementing capacity building projects to improve our staff retention. DWC recently received a capacity building grant from the Capital Group to build the capacity of our leadership to help staff manage executive transitions, organizational growth, and the day-to-day stress of working in Skid Row. Additionally, through a grant from Kaiser Permanente, DWC is developing a comprehensive toolkit for implementing Trauma Informed Care (TIC) at women-centered organizations such as DWC. DWC trains our leadership staff in TIC and how to implement this tool when supervising staff members. Our work with Kaiser Permanente has also enabled us to provide TIC trainings to approximately 10 city departments that have frequent interactions with DWC's population – including the Los Angeles Police Department and the Economic and Workforce Development Department, among others – to prevent the re-traumatization of women experiencing homelessness.

(2) To impact the availability of permanent, affordable housing in Los Angeles, DWC advocates for the construction of permanent supportive housing and the appropriate allocation of funds in the Los Angeles County and City budgets to combat rising rates of homelessness. Along with other service agencies in Los Angeles, DWC advocated strongly for the passage of Proposition HHH, which would authorize \$1.2 billion in bonds to pay for the construction of 10,000 units of housing, and Measure H which will implement a sales tax to support ongoing services for individuals experiencing homelessness. Resulting from these efforts, these new local resources solidify Los Angeles City and County's commitment to increase the availability of housing and supportive services for individuals experiencing and with histories of homelessness over the next decade.

Outside of DWC's advocacy work, we have implemented projects to make community-based housing more accessible to women with histories of homelessness. An important element of this is our landlord engagement work, through which DWC proactively establishes relationships with landlords, building rapport and educating them on the services and resources made available to our participants to increase housing stability. DWC seeks to establish a common vision with landlords of ending homelessness in Los Angeles, and determines how landlords can be a part of this mission in a way that is mutually beneficial for the landlord and renter. Currently, we are collaborating with our partners to create an up-to-date and accessible database for tracking landlord engagement work across agencies. This database includes information on landlords that agencies have successfully or unsuccessfully engaged, contact information, properties, and history working with specialized populations.

(3) Because of our low-barrier, integrated service model, DWC is often able to reach more severely mentally ill women that other organizations are unable to engage in treatment. During the grant period, DWC's Clinicians (including the Clinical Social Worker) have been conducting mental health outreach to women in the Day Center, as opposed to holding private sessions with women in our offices. Our Clinicians have also been holding group mental health activities in the Day Center, which women find less intimidating. These steps have allowed our clinicians to engage a greater number of women in our mental health services than in years prior, and this strategy has proved to be a more realistic intervention approach than a traditional one-on-one therapy session for DWC's population of women.

Q12 Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Increasing the hours of our on-site Psychiatrist led to unintended positive outcomes across DWC's programs. Our Psychiatrist provided services to more women, and also provided monthly trainings to DWC staff members in other departments. These trainings on crisis intervention strategies and mental health helped to improve the capacity and skills of staff members throughout our organization. After these trainings, our staff reported feeling more confident engaging with women experiencing the aftermath of trauma or mental health issues.

Q13 Briefly describe the impact this grant has had on the organization and community served.

As a result of the S.L. Gimbel Foundation's grant, DWC significantly increased its capacity to provide women with mental health treatment, case management, basic needs services, and linkages to housing. The addition of two positions, the Clinical Social Worker and the CES Intake Coordinator, markedly improved our ability to engage women through the Day Center, assess their needs, and link them to the appropriate housing and supportive services our organization provides. These new positions, along with the additional hours of our Psychiatrist, enabled DWC to increase the accessibility of our services, prompting more women to participate in our programs. In the Skid Row community, DWC is known for its low-barriers to participation in programs; this grant has allowed us to improve on this reputation further and engage more hard-to-reach women in our community.

Additionally, streamlining the CES intake process helped DWC learn more about the acuity and housing needs of our women. By having more comprehensive data about the women, we were able to inform the work of the Los Angeles Homeless Services Authority (LAHSA) through our CEO's Ad Hoc Women's Committee participation. Leaders in this community analyzed data, listened to experts, and wrote a report with recommendations on how to improve services and reduce homelessness among women. The report noted that women on average have a higher acuity score than men due to the increase likelihood of experiencing trauma and living with chronic health conditions. Data from our work at DWC helped inform the information included in the final report to the LAHSA.

Page 3: Budget

Q14 Please provide a budget expenditure report of the approved line items. Include a brief narrative on how the funds were used to fulfill grant objectives.

Grant funding from the S.L. Gimbel Foundation supported a portion of our Day Center staff's salaries and benefits, including the full costs of hiring our new CES Intake Coordinator and Clinical Social Worker, who significantly improved our capacity to provide streamlined, trauma-informed services to our target population: women experiencing, or with histories of homelessness. Due to unforeseen staff transitions in the Day Center, we also allocated a portion of our grant funding to the salary of our Volunteer Coordinator, who played an instrumental role in helping increase volunteer support to cover gaps in our programming during the staff openings, ensuring the continuity of services to our participants. These funds also covered, in full, the hourly rate of our on-site Psychiatrist, who provided an additional eight hours of service per week thanks to this generous investment from the S. L. Gimbel Foundation. We view the Psychiatrist's role as an essential component of our Day Center services, helping hundreds of women coping with mental illness overcome this significant challenge in their lives, and moving towards personal stability. Further, this grant funded the preparation and distribution of 66,000 meals to women experiencing homelessness and hunger through our Day Center, and transportation costs (i.e., emergency bus tokens and vouchers) for 390 women, ensuring that there were no barriers to accessing off-site services such medical appointments or specialty health screenings.

Expenditures:

Salaries: \$404,356

Benefits: \$30,504

Food: \$63,186

Participant Transportation: \$1,954

TOTAL: \$500,000

Note: DWC has emailed a detailed financial report to the S.L Gimbel Foundation at grant-info@thecommunityfoundation.net.

Page 4: Success Stories

Q15 Please relate a success story:

Felicia* has been chronically homeless for a long stretch of time, and she has utilized DWC over the last few years as a support system to address the needs surrounding her homelessness. During Felicia's time as a participant of the Day Center, she has worked hard to overcome many obstacles in efforts to regain stability in her life. Day Center staff worked with Felicia to link her with case management and clinical resources, which at the time were the most crucial to address her needs. Due to some mental and physical health barriers, it was hard at times for Felicia to stay consistent with finances and to follow through on tasks or appointments; as a result, her time ended in one shelter and another had to be quickly found in order to prevent her from having to sleep on the streets. Initially, case management found long term housing for Felicia, however Felicia declined the offer. Case managers and Day Center staff continued to work with her and encouraged Felicia by checking in with her on a regular basis and addressing concerns as they arose. Felicia eventually came to a crossroads in which she disclosed to staff that she was tired of being homeless and would welcome any offer available. At this golden moment, case management staff stepped in and made it happen. Felicia followed through, and with coaching and support from the Case Management team, Felicia gained permanent housing through DWC's Permanent Supportive Housing. In addition to permanent housing, Felicia accepted support through weekly therapy sessions and monthly psychiatry sessions with the psychiatrist for medication management. This is just one of many collaborative efforts amongst departments working together to bring stability back into the lives of the women we serve.

Q16 Please relate a success story here:

When Janet* first began therapy, her primary concerns were to find housing and for the well-being of her two youngest sons living in Pakistan. Her therapeutic goals were to decrease PTSD symptoms and learn healthy relationship skills. Janet experienced verbal threats on the street, and she did not feel safe in the shelter where she was staying. As a result, Janet was often exhausted due to being forced to behave in a hyper vigilant manner for her own safety. After the CES Intake Coordinator placed Janet in a safer interim housing program, she has gained considerable stability. Janet is highly involved in art and music programs, enrolled in DWC's employment training program, and planning to take the high school equivalency exam after working for a few months. Janet has been learning techniques to reduce her symptoms of PTSD in therapy and practicing meditation to improve coping skills. She is learning to build relationships through healthy boundaries and positive communication. In addition, Janet's two youngest sons have returned from Pakistan and she has been able to visit them on a semi-regular basis. Janet has been able to build relationships with roommates, peers in DWC's job readiness programs, as well as a number of DWC staff. The Case Management team continues to help Janet with her goal of finding permanent housing so that she can be independent, have a place for her children to visit her, and ultimately reach her career aspirations.

Q17 Please relate a success story here:

Respondent skipped this question

Page 5: Organizational Information

Q18 Which category best describes the organization.
Please choose only one.

Basic Needs Support

Q19 What is the organization's primary program area of interest?

Homeless

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Q20 Percentage of clients served through grant in each ethnic group category. Total must equal 100%	African American	58
	Asian/Pacific Islander	5
	Caucasian	14
	Native American	4
	Hispanic Latino	15
	All Ethnicities	0
	Other	4
	Unknown	0

Q21 Approximate percentage of clients served from grant funds in each age category.	Children Birth-05 years of age	0
	Children ages 06-12 years of age	0
	Youth ages 13-18	0
	Young Adults (18-24)	0
	Adults	88
	Senior Citizens	12

Q22 Approximate percentage of clients served with disabilities from grant funds.	Mentally/Emotionally Disabled	65
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Q23 Approximate percentage of clients served in each economic group.	At/Below Poverty Level	100
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Q24 Approximate percentage of clients served from grant funds in each population category.	Single Adults	78
	Disabled	82
	Ethnic Minority	86
	LGBTG	15
	Abused Women/Children	55
	Elderly	12
