

# #209

**COMPLETE**

**Collector:** Gimbel Foundat...nd Evaluation (Web Link)  
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Page 1

**Q1** Name of your organization.

Women's Transitional Living Center, Inc. (WTLC)

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**Q2** Grant #

20170384

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**Q3** Grant Period

8/1/17 - 7/31/18

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**Q4** Location of your organization

|       |           |
|-------|-----------|
| City  | Fullerton |
| State | CA        |

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**Q5** Name and Title of person completing evaluation.

Mark Lee, Interim Chief Executive Officer

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**Q6** Phone Number:

714-992-1939 x 105

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**Q7** Email address.

MLee@wtlc.org

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Page 2: Key Outcomes and Results

**Q8** Total number of clients served through this grant funding:

266

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**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:

State the Goal: To intervene and prevent violence in survivors' lives and communities by increasing access to underserved non-residential survivors through delivery of clinical support in their own home or community.

State Objective: Provide in-home clinical sessions to 100 survivors and their families who contact us within 1 week of initial contact, and have 95 survivors indicate a reduction in harm and increase in safety.

Describe the Activities, Results and Outcomes for Objective:

Activities 1: By September 2017, trained advocates were offering non-residential services on the 27/7 crisis hotline. Between 8/1 and 9/30/18, 40 survivors were enrolled into the mobile clinical program, survivors were assigned an advocate to begin service delivery, and ongoing evaluations tools to assess survivor safety were administered.

Activities 2: By January, 2018, 77 survivors started receiving mobile counseling services, and 95% of survivors who participated in at least six sessions indicated a reduction in harm and an increase in safety on satisfaction surveys.

Activities 3: By April, 2018, 171 survivors received mobile counseling services, and we continued to see 95% of survivors who participated in at least six sessions indicate a reduction in harm and an increase in safety on satisfaction surveys.

Activities 4: By the end of July, 2018, 266 survivors had received mobile counseling services, and 96% of survivors who participated in at least six sessions indicated a reduction in harm and an increase in safety on satisfaction surveys.

In our proposal, we anticipated providing over 100 survivors with mobile clinical support during the grant term. During this year, we have provided individual and group counseling services to 266 survivors in our community.

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

Since introducing Mobile Advocacy, our programs have seen tremendous growth. We have experienced a 129% increase in the number of survivors accessing services, and over half of all services are now provided outside of the traditional shelter setting.

As evidenced by this increase in service delivery, there is a huge need of supportive services for survivors of domestic violence and human trafficking in our community. With the introduction of Mobile Advocacy, we are in a much better position to respond to this need, but it has been a challenge to keep up with the level of program growth. Advocates' caseloads increased dramatically when they began taking on community participants, and full caseloads made it difficult to find the resources to continue to support the enrollment of new participants.

Another challenge has been appropriately addressing the needs of participants with more intensive mental health concerns. Often the survivors in our programs have limited income and limited access to psychiatric services. Our counselors are able to provide therapy and counseling services, but would have trouble meeting the prescription and diagnosis needs of participants.

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

In response to the growth of this program, we have reworked the program structure and increased staff to better respond to the level of need from the community. The Counseling Department is now composed of a Director of Clinical Services, a full-time MSW Supervisor, four (4) full-time Clinical Advocates, and a minimum of four (4) MSW graduate-level clinical interns.

To address the challenges with caseloads, we made program changes to improve case flow. All participants are able to receive at least 12 sessions at WTLC, with the opportunity for an extension of services based on individual progress and needs. While counselors are providing individualized mental health therapy, they are also helping to identify clients' barriers to other community-based services, working with them to overcome these challenges to access long-term support outside of WTLC. This structure has allowed us to remain an entry point for new participants in need of mental health services while ensuring ongoing participants maintain access to needed counseling support.

We have additionally initiated a partnership with a licensed psychiatrist from St. Jude Medical Center, who is available on-site at the Center twice a month to address the diagnosis and prescription needs of survivors participating in our programs. These services are currently available an average of ten hours per month.

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

When we introduced Mobile Advocacy, we knew it would increase our ability to reach survivors of domestic violence and human trafficking, but it has grown beyond what even we anticipated. We have seen a 129% increase in the number of services provided since making our programs available outside of a shelter setting, and currently half of all services are now delivered to non-residential survivors living in the community. This increase in capacity has also encouraged us to continue to develop our partnerships with other organizations in our community in order to ensure all survivors who come through our programs have access to a range of services that can meet each person or family's unique recovery needs.

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

This support from the S.L. Gimbel Foundation has allowed WTLC to respond to the increased demand for services that we experienced after making our services available to survivors outside of the traditional emergency shelter setting. As we learned more about the community's need for these services, we were able to improve our program and build a structure to ensure the ongoing stability of the program.

For a long time, leaving your home behind to enter an emergency shelter was the only accepted approach to domestic violence. For many, this is the best option for their safety and that of their children. For others, it is impossible due to various financial, physical, and/or social limitations. The huge positive response to Mobile Clinical Advocacy that we have seen from survivors in our community has reaffirmed for us that there is no one-size-fits-all approach to recovery. The support of the S.L. Gimbel Foundation has allowed us to maintain flexibility and responsiveness for each survivor reaching out for services, ensuring each person is able to address their unique recovery needs.

## S.L. Gimbel Foundation Fund

**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.

\$25,000 in funding from the S.L. Gimbel Foundation supported staff salary as we introduced and developed our Clinical Mobile Advocacy services.

These funds paid a portion of the salary of a full-time LCSW Director, who provided clinical supervision to MSW interns, oversaw the implementation of our on-site psychiatric program, and helped guide the development of the Mobile Advocacy Program. This position provided leadership and guidance throughout the implementation of new clinical programs, problem solving challenges and supporting staff as these program changes went into effect. With the support of The S.L. Gimbel Foundation, we were able to successfully develop our Mobile Advocacy program to effectively respond to the needs of survivors living in the community.

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### Page 4: Success Stories

**Q15** Please relate a success story:

June\* had been in a physically, verbally, and financially abusive relationship for ten years, and her children had recently been removed from her home due to physical abuse by her partner. She began attending WTLC's Personal Empowerment Program (PEP) classes in the community, and from there was connected with WTLC's Counseling Department. June began meeting with a Clinical Advocate in individual counseling sessions to address her symptoms of depression and anxiety. She was having a particularly difficult time responding to the situation with Child Protective Services, and worked with her Advocate to recognize that she had been taking a passive stance, allowing others to make decisions for her. She worked on improving her assertiveness, and successfully used these skills in her children's custody proceedings as well as her divorce proceedings. She has reported that her perception of her situation has changed from hopeless to hopeful, and she has been empowered to advocate for her children and create a safe and stable long-term home for her family.

\*Name has been changed

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**Q16** Please relate a success story here:

Eric\* first reached out to WTLC's hotline looking for resources for male survivors of domestic violence and was connected to WTLC's Counseling Department. He had been in a physically, verbally, and emotionally abusive relationship for almost two years, and was exhibiting symptoms of depression such as hopelessness and self-blame. His partner was threatening to take their child away from him, a situation that was particularly difficult for him because he had no contact with an older child from a previous relationship for over a year. He worked with his Advocate to process his feelings of shame and overcome the stigma of abused men. As he opened up emotionally, Eric gained confidence in his ability to advocate for himself and his children. He used his assertiveness training in court to ensure his ex-partners were following their custody orders and has since established regular visitations with all of his children.

\*Name has been changed

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**Q17** Please relate a success story here:

Kristin\* was referred to the Counseling Department after beginning to work with a WTLC Legal Advocate to obtain a divorce. Kristin presented with symptoms of depression such as feelings of confusion, helplessness, and guilt, but struggled to identify herself as a survivor of domestic violence because there had been no physical abuse in her relationship. During her sessions, she realized that she was a survivor of the emotional, verbal, and financial abuse she had endured throughout her relationship. After this realization, she was able to grieve the end of her marriage in a healthy manner which helped decrease her self-blame. She realized she was not responsible for her husband's alcohol dependence, and that she had a right to be happy even if it meant being without a partner.

\*Name has been changed

Page 5: Organizational Information

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

**Service Organization**

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

**Health & Human Services**

**Q20** Percentage of clients served through grant in each ethnic group category. Total must equal 100%

|                        |    |
|------------------------|----|
| African American       | 3  |
| Asian/Pacific Islander | 3  |
| Caucasian              | 18 |
| Native American        | 1  |
| Hispanic Latino        | 73 |
| All Ethnicities        | 0  |
| Other                  | 0  |
| Unknown                | 2  |

**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 | 3  |
| Youth ages 13-18                 | 1  |
| Young Adults (18-24)             | 8  |
| Adults                           | 88 |
| Senior Citizens                  | 0  |

**Q22** Approximate percentage of clients served with disabilities from grant funds.

|                               |   |
|-------------------------------|---|
| Physically Disabled           | 4 |
| Blind & Vision Impaired       | 0 |
| Deaf & Hearing Impaired       | 1 |
| Mentally/Emotionally Disabled | 6 |
| Learning Disabled             | 1 |
| Speech Impaired               | 0 |
| Other Disability              | 0 |

## S.L. Gimbel Foundation Fund

|   |                        |           |
|---|------------------------|-----------|
| <b>Q23</b> Approximate percentage of clients served in each economic group. | At/Below Poverty Level | <b>98</b> |
|   | Homeless/Indigent      | <b>0</b>  |
|   | Migrant Worker         | <b>0</b>  |
|   | Working Poor           | <b>0</b>  |
|   | Other                  | <b>2</b>  |

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|   |                        |           |
|---|------------------------|-----------|
| <b>Q24</b> Approximate percentage of clients served from grant funds in each population category. | Single Adults          | <b>39</b> |
|   | Families               | <b>61</b> |
|   | Single Parent Families | <b>61</b> |
|   | Disabled               | <b>12</b> |
|   | Ethnic Minority        | <b>80</b> |
|   | LGBTG                  | <b>2</b>  |
|   | Abused Women/Children  | <b>82</b> |
|   | Homeless/Indigent      | <b>0</b>  |
|   | Immigrants             | <b>9</b>  |
|   | Military               | <b>2</b>  |
|   | Parolees               | <b>0</b>  |
|   | Students               | <b>0</b>  |
|   | Elderly                | <b>1</b>  |
| Children/Youth (those not included in Family)   | <b>0</b>               |           |

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