

FY11 United Way Mid-Year Report

Program: Individual Counseling for Low-Income Women

Agency: The Women's Initiative

Date: February 2011

As mentioned in previous correspondence, The Women's Initiative tracks its programs and budget on the calendar year.

- 1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.**

Program goals, activities and results for our *Individual Counseling Program for Low-Income Women* have remained the same.

In 2010, our goal was to reach 160 women through individual counseling – we served 195. One-hundred eighty one of these women resided in the United Way service area. In 2011, we have increased our goal to serving 240 women. This increase reflects our agency's commitment to respond, very proactively and aggressively, to the increasing demand for affordable mental health services in our community.

No significant changes to our original plan/proposal have occurred with the exception of the following:

A) The Women's Initiative has elected to offer a growing number of support groups. Groups are facilitated by TWI counselors and offer a therapeutic alternative for women who are on our wait-list or who might benefit from connecting with others who are struggling with similar psychiatric issues.

Our agency is pleased to report increasing diversification in our funding sources. Primary revenue sources in 2010 were as follows: 54% individual donations, 9% events, 22% grants, 11% in-kind contributions, and 4% fees for services. Because an increasing number of women are accessing counseling & support group services at the very bottom of our sliding scale (\$5 per session), funding from individual donors, foundations/corporations and grants is essential.

- 2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person and families that show collaborations or referrals to other agencies.**

Our agency is dedicated to collaboration and to providing services that result in significant, long-term improvement for our clients. The following example illustrates this truth.

In 2010, a young mother contacted our agency for counseling services. She was new to our community after having fled an abusive marriage. She left behind her entire support network of friends and family, and was determined to create a new life. She and her two

children (ages 7 & 4) were struggling with the transition, and the family felt extremely anxious and alone. The woman had secured a low-paying job, but unfortunately her position did not include insurance. Our counselor began working with this client on a weekly basis, and determined that she was struggling with severe depression and PTSD. Through the course of her treatment, the client addressed tremendous abandonment issues from having been raised in an alcoholic family, and looked closely at the ways in which she, herself, had become emotionally detached and withdrawn in an attempt to cope with the painful memories. Over time, she became more open, confident and self-assured. She began communicating with her children, and soon *their* anxiety & fear also began to subside. At the recommendation of our counselor, this woman sought medical treatment at the Charlottesville Free Clinic, and now she and her children know that they have somewhere to turn when medical concerns arise. The children are adjusting to their new life, and the mother is establishing goals & a timeline for taking the GED. She can see a future now - for herself and for her family.

A quote from a recent client also demonstrates our impact:

*To the wonderful women at The Women’s Initiative:
 Thank you so much for being a central vein in the body of my healing & recovery. I am a completely changed person due to the work I was able to forth with the help of two very special counselors at TWI. ...I am truly a changed person, and I am so grateful to TWI for offering its services to women in this area. Thank you with all my heart. ~
 Counseling Client*

3.Complete the following Outcome Measurement update (based on your application for funding) for the fiscal year.

**Projected Number of Intended
 FY11 Primary Beneficiaries:
 160**

**Actual Number of
 Primary Beneficiaries:
 195**

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
Outcome #1: Provide counseling services to an increasing number of low-income women who are suffering from anxiety, depression, and other mental disorders. The target for the indicators listed to the right were A) 80% and B) 85%.	The indicators tracked for Outcome #1 were A) percentage of low-income women served and b) percentage of uninsured/underinsured women serve.	78% of women served were low-income. Women defined as low-income have household incomes at or below 200% of the poverty guidelines as established by the United States Department of Health & Human Services. 85% of the women served were uninsured/underinsured.
Outcome #2: Have a high percentage of women who have attained a strong & healthy sense of mental well-being when therapy is complete. The target for the indicators listed to the right were:	The indicators for Outcome #2 were A) significantly decreased and/or elimination of symptoms and B) attainment of tangible tools to combat stress on a daily basis.	Approximately 76% of the women served experienced significantly decreased and/or elimination of symptoms and 91% of our clients attained tangible tools to combat stress on a daily basis.

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
A) 80% B) 95%		
Outcome #3: Have a high percentage of women who honor their commitment to counseling by showing up for their scheduled appointments. The target for the indicators listed to the right were: A) 50% B) 20% C) 30%	The indicators for Outcome #3 were: A) Percentage Honored B) Percentage Rescheduled C) Percentage No-Shows	In 2010, 96% of our appointments were either honored or rescheduled, with only a 4% no-show rate.
Outcome #4: Provide a welcoming and compassionate environment for women seeking counseling. The target for the indicators listed to the right were: A) 95% B) 95%	The indicators for Outcome #4 were: A) A non-clinical setting B) A knowledgeable, supportive staff	96% of clients surveyed reported both a non-clinical setting and a knowledgeable, supportive staff.
Outcome #5: Track client progress through the use of <i>My Outcomes</i> software from initial appointment through termination. The 2010 target for the indicators listed to the right were: A) 85% B) 85% C) 85% D) 85%	The indicators for Outcome #5 were: A) Increased sense of personal well-being B) Improved interpersonal relationships C) Improved social interaction D) Increased overall sense of well-being	For those clients who completed counseling in 2010, 81% experienced an increased sense of personal well-being, 79% saw improved interpersonal relationships, 70% had improved social interaction and 79% experienced an increase in overall sense of well being.

4. Impact Report. We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

Community Needs or Issues Your Program Addresses -- please include at least 3 local issues/statistics and cite your source

Access to basic mental health services for uninsured & underinsured women in our community continues to be extraordinarily limited. In the past two years, dramatic cutbacks in mental health services for the moderately mentally ill at Region Ten and the closing of FOCUS' counseling program have further reduced access. The continuing financial pressures faced by low-income women and their families as a result of the current economic climate have also resulted in increased incidences of mental distress and violence. TWI is frequently the *only* resource available to these at-risk women. It is not unusual for our agency to receive 100+ phone calls each week from women seeking a variety of services. While progress is being made to coordinate efforts and eliminate gaps in services through our involvement in the Community Mental Health & Wellness Coalition, the circumstances continue to be dire. (This coalition includes representatives from 20+ entities such as Charlottesville Free Clinic, Region Ten, University Medical Associates, OAR, and AIDS/HIV Services Group). Quotes from this coalition that continue to illustrate local need:

- *Community members with moderate mental health symptoms are transitioning into serious symptoms due to lack of services.*
- *The situation is forcing people to self-medicate with illegal drugs.*
- *Available mental health care is extremely limited. Barriers include... long waiting lists, affordability, and communication difficulties.*

We are encouraged by the potential impact that the Mental Health & Wellness Coalition's collaborative efforts will have on the continuity of care for adults in our community. Towards this end, The Women's Initiative's Executive Director is playing a lead role on the coalition's Steering Committee and is also serving as Chair of their Resource Committee.

Your Program's Solutions that United Way Community Impact Funds Support

Actual Results - *based on your stated outcomes; please use percentages and numbers served to help show outcomes*

Specific percentages for each of our stated outcomes appear in the previous table. In addition to those statistics, we share the following.

In 2010, the majority of women served were low-income and uninsured. Approximately 47% were unemployed. Depression, anxiety and adjustment disorders were the top diagnosis with trauma from past emotional and physical abuse being a common thread. Predominant symptom severity was moderate to severe.

Approximately 73% of women completed their therapy in 12 sessions or less. An additional 13% completed their counseling in 13-24 sessions, and approximately 14% concluded therapy in 25+ sessions. Our clinical team continues to receive training in brief-treatment models and strives to serve approximately 88% of women in 12 or fewer sessions. We anticipate that this percentage will fluctuate annually depending on the diagnosis and symptom severity of our client caseload. Ultimately, the final decision regarding the best treatment modality for any given client is always left up to the therapist.

Diversity in 2010: 53% Caucasian, 7% African American, 25% Hispanic, 3% Asian, and 10% Unknown/Other. Ages ranged from 18-65+, with approximately 60% of the women

falling between the ages of 18-45. The majority of women were single, separated or divorced. Approximately 54% were mothers with 1-4 children. 36% had a high school diploma or less.

Financial Impact of Donations:

The impact of United Way donations cannot be overstated. Because of your generosity and belief in our programs, we are assured that critical monthly funds in support of our *Individual Counseling Program for Low-Income Women* are in place for the duration of your 2010-2011 grant cycle. Furthermore, we have found that other supporters in the community, both individual and corporate, recognize the caliber of your vetting process. We frequently received inquiries as to whether or not we receive funding from the Thomas Jefferson Area United Way, and our response is always an enthusiastic and honored YES.