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August 22, 2018

Grossmont Healthcare District
Board of Directors
9001 Wakarusa Street
La Mesa, CA 91942

RECEIVED

AUG 22 2018

GROSSMONT
HEALTHCARE DISTRICT

Dear Members of the Board,

We recognize and honor that the Grossmont Healthcare District (GHD) was founded to maintain and improve both the physical and mental health of its constituents through effective resource investments and management. By way of introduction, we believe that Center for Community Solutions' (CCS) Counseling Program for survivors of intimate partner violence and sexual assault aligns closely with the Grossmont Healthcare District Board's vision of supporting healthy, flourishing lives for vulnerable families residing within district boundaries.

Following the trauma of these experiences, survivors often struggle with severe negative impacts to mental health. Survivors are also often at significantly higher risk for chronic health conditions when their trauma is left untreated. Investments in post-trauma therapeutic counseling are shown to significantly reduce long-term detrimental health effects. Ensuring that survivors have access to these free services offered at CCS will result in improved healing, reduced chronic health conditions and stronger families.

Over 49 years, CCS has worked supporting the prevention and treatment of intimate partner violence and sexual assault and is now the largest nonprofit providing trauma-informed treatment for adults and youth at no-cost in the GHD.

CCS also works towards prevention. As the primary provider of intimate partner violence and sexual assault prevention education in the county, CCS presented evidence-based curriculum to 7,622 San Diego residents in Fiscal Year 2018. CCS understands that education also aligns with the foundation's core value – since the prevention of injury allows a community to flourish at its best.

Thank you for considering our request and the opportunity to share in the joy of healing those whose mental health is affected by these crimes and by preventing future suffering and envisioning a community that is safe for all. We look forward to the opportunity to discuss our shared vision for a happy and healthy community for all in the near future.

Sincerely,


Verna Griffin-Tabor
Chief Executive Officer
Enclosures

RECEIVED

AUG 23 2018

GROSSMONT
HEALTHCARE DISTRICT

COVER PAGE

GRANT APPLICATION

(For July 1, 2018-June 30, 2019 Submissions)

LEGAL NAME OF ORGANIZATION: Center for Community Solutions (CCS)

AGENCY DIRECTOR: Ms. Verna Griffin-Tabor

ADDRESS: **East County Office: 460 N. Magnolia Ave., El Cajon, CA 92020**

TELEPHONE (and Extension): 858-272-5777 x 142 FAX: 858-272-5361

E-Mail Address: vtabor@ccssd.org

Proposed Project Title: **Trauma Recovery Integration Using Multiple Pathways to Healing (TRIUMPH) Counseling Program**

Agency Contact Person: Julie Raefield, Grant Writer

Telephone (and Extension): 858-272-5777 x144 FAX: 858-272-5361

E-Mail Address: jraefield@ccssd.org

Amount of Funds Requested: \$20,000

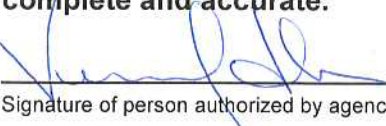
Number of Unduplicated GHD Residents to be Served: 95 survivors of intimate partner violence or sexual assault.

Ages of Population to be Served: All ages.

Brief Program Description: (Use only the space provided below)

CCS' TRIUMPH Counseling Program assists families fleeing from intimate partner violence (IPV) as well as individual survivors of sexual assault (SA) on their journey to immediate safety, health recovery and long-term self-sufficiency. TRIUMPH is designed to reduce long-term mental health impacts for survivors and to increase resilience skills to improve mental health. In Fiscal Year 2018, CCS served 110 IPV/SA, as residents of the Grossmont Healthcare District (GHD), with therapeutic counseling. CCS is seeking GHD funding to support TRIUMPH therapeutic counseling staff who work to address 95 new GHD resident survivors' post-traumatic stress disorders and other mental health conditions resulting from intimate partner and sexual violence.

I (we) certify that all the information included in or attached to this grant application is complete and accurate.



Signature of person authorized by agency to sign

Verna Griffin Tabor

Printed name and title

8-23-18

Date

Signature of person authorized by agency to sign
June 2018

Printed name and title

Date

GRANT APPLICATION CHECKLIST

Please use this checklist to ensure you have included all items in your grant application.

We have included one (1) original and one (1) copy of the following:

- √ Grant Application Cover Page (with signatures)
 - √ Grant Application Summary
 - √ Agency Capability
 - √ Problem Statement/Needs Assessment
 - √ Program Services and Performance Plan
 - √ Project Budget Form
 - √ All Budget Sources Form (if applicable)

We have included with the original grant application only, one (1) copy of the following (Not required of Public Agencies):

- √ Articles of Incorporation*
- √ Bylaws*
- √ Most recent Audited Financial Statement, or:
- √ Most recent Reviewed Financial Statement by Independent CPA
- √ Copy of IRS Exemption Letter*
- √ Board of Directors List
- √ This Grant Application Checklist

**Not required if current version was submitted to the Grossmont Healthcare District in the last five years.*

Please note the following:

If applicable, we have previously submitted all required grant monitoring reports for any previously awarded Grossmont Healthcare District grant(s). N/A

- √ We understand that award of this grant request in no way establishes an entitlement for future financial assistance. We further understand that past funding does not guarantee funding for this grant request.

Grant Proposal Narrative

Center for Community Solutions – TRIUMPH Counseling Program for Families

II. Grant Application Summary

Please include proposed services, project site(s), target population(s), number of GHD residents to be served, community needs to be addressed, etc.

Individuals who experience intimate partner violence (IPV), sexual assault (SA), dating violence or stalking often exhibit emotional, cognitive, and behavioral problems, such as anxiety, depression, and a wide range of post-traumatic stress symptoms and stress-related concerns. Evidence-based, best practice short-term therapeutic counseling interventions have been demonstrated to relieve symptoms and improve mental health status for IPV and SA trauma survivors¹.

Grossmont Healthcare District (GHD) funding will support mental health services for GHD resident survivors of IPV and SA through CCS' Trauma Recovery Integration Using Multiple Pathways to Healing (TRIUMPH) Counseling Program. These mental health services are offered at our emergency shelters and office locations – including one shelter and office located within the GHD boundaries. GHD clients served through TRIUMPH also have access to CCS free wrap-around services for survivors including: residential, legal and advocacy services regardless of age, race, socio-economic status, citizenship status, gender or sexual orientation. The project serves to address significant detrimental mental health impacts commonly experienced by individuals IPV or resulting from SA, dating violence or stalking.

According to local law enforcement reports, in the last 12 months, 43 rapes were reported in El Cajon, 17 were reported in La Mesa, and 231 were reported across unincorporated areas of the county which include GHD rural locations. Notably, according to the U.S. Department of Justice, survivor reports to law enforcement represent less than 1/3 of the rapes actually committed in communities.² IPV is occurring at similarly alarming rates as demonstrated by the most recent city comparison data found at Kidsdata.org indicating that, during 12 months, El Cajon law enforcement logged 871 calls for IPV. La Mesa logged 379, Santee logged 216, and Lemon Grove logged 139 calls for IPV. For residents in GHD, both IPV and SA present significant impacts to district residents' physical and mental health.

Based on data from the last three years pertaining to GHD residents served at CCS, this project anticipates serving 95 adult and child survivors with free short-term therapeutic counseling sessions with GHD's grant support of the TRIUMPH Counseling Program, along with other co-funding. Preliminary FY2018 data indicates over 85% of CCS agency clients are identified as low-income with approximately 87% identifying as female. Sixty-seven percent of clients seek services for IPV alone with nearly 24% seeking services for SA, and

¹ Ivanna Shubina, Cognitive-behavioral Therapy of Patients with Ptsd: Literature Review, *Procedia - Social and Behavioral Sciences*, Volume 165, 2015, Pages 208-216, ISSN 1877-0428, <https://doi.org/10.1016/j.sbspro.2014.12.624>.

² i. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2014 (2015); ii. Federal Bureau of Investigation, National Incident-Based Reporting System, 2012-2014 (2015); iii. Federal Bureau of Investigation, National Incident-Based Reporting System, 2012-2014 (2015); iv. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Felony Defendants in Large Urban Counties, 2009 (2013).

almost 8% have experienced both. Those remaining have experienced stalking or other forms of violence.

II. Agency Capability

1) **Briefly describe your organization's history and accomplishments.**

CCS is the largest non-profit organization solely dedicated to prevention and intervention services for survivors of IPV, SA, dating violence and stalking in San Diego (SD) County, serving both adults and children for over 49 years.

Center for Community Solutions was established in 1969 through the grassroots efforts of Carol Council and Joyce Nower following their work helping women and children escape IPV by hiding them in an “underground railroad” of private homes throughout San Diego County. Along with San Diego State University Women’s Liberation Group, they rallied the campus to launch the Center for Women’s Studies and Services (CWSS), the first Women’s Center in Southern California and first Women’s Studies program in the country. Nonprofit status was established in 1972. CWSS changed its name to Center for Community Solutions in 1995. The name change signified a philosophical shift toward framing these issues as threats to public health for all genders caused by cultural norms that perpetuate intimate partner and sexual violence. Ending these forms of violence requires a community solution, embracing new cultural norms, promoting equality and respect, and holding abusers accountable for their actions.

CCS has a similarly long history pioneering best and evidence-based practices for counseling, shelter, legal assistance, advocacy and supportive services to vulnerable crime victim populations as exemplified in this proposal. As an example, CCS was a founding partner of the San Diego Family Justice Center in 2002, which is now a model for coordinated community response for IPV nationally and internationally. CCS has provided legal services for victims of IPV since 1983, opening one of California’s first temporary restraining order clinics. In 2017, CCS was honored with the San Diego Domestic Violence Council's HOPE Lifetime Achievement Award. This follows a long history of local, regional and national recognition for organizational accomplishment.

CCS has also received the Interactions for Peace Award (2013), the Oprah Angel Network Award (2004), and the local Channel 10 Nonprofit of the Year Award (2003). CCS' Chief Executive Officer has been the recipient of the San Diego County Bar Foundation's Outstanding Service by a Distinguished Citizen Award and Nonprofit Management Solutions' Excellence in Executive Leadership Award.

The State Bar of California Board of Governors (1989), the San Diego County Board of Supervisors (1998), and the San Diego County Bar Association (2000) have recognized CCS for outstanding contributions in delivering pro bono legal services to victims of relationship violence. Lawyers Club (2011) and San Diego Paralegal Association (2012) have recognized CCS for outstanding contributions for delivery of pro bono legal services to victims of IPV, SA, and stalking.

CCS recently received recognition for piloting a new program to provide accompaniment and advocacy to survivors of extreme IPV and strangulation – strong predictors of lethality risk – connecting those most at risk with immediate options for safety and wrap-around services.

2) Briefly describe your experience in the provision of services to the target population identified in your grant application.

CCS provides significant levels of service to IPV/SA survivors across San Diego County. During Fiscal Year (FY) 2018, preliminary data indicates 9,4501 survivors received direct services for counseling, legal, advocacy, hotline and/or emergency shelter services through CCS at one of 10 locations across San Diego County. One-hundred and ten (110) residents of the GHD received counseling services from CCS (out of 159 total counseling clients) at our El Cajon office – representing about 69% of the total served population. Prevention education workshops were attended by 7,622 San Diego residents (primarily K-college students) and 5,756 individuals participated in outreach activities. The counseling team provided 3,753 therapy sessions to 575 adults and children. Advocates worked with 475 IPV survivors providing 1,427 service contacts. Six-hundred and sixty-nine (669) SA survivors engaged in 2,021 advocacy activities and 140 children in our Child Abuse Treatment (CHAT) program received 865 counseling sessions and 141 received 496 advocacy services. Four hundred and eighty-nine (489) individuals received accompaniment during evidentiary forensic examinations for SA and IPV.

Therapeutic counseling services for IPV and SA survivors have been provided by CCS throughout the history of the agency, with CCS adding appropriately skilled and licensed staff as the field of counseling has evolved since 1969, ensuring victims of IPV/SA with expert counseling and easy access as an important process in the healing journey.

In the past three years, counseling staff have received significant training specific to trauma-informed practices and child therapy needs. Staff Therapists have attended child-specific modality trainings including: A Window Between Worlds (expressive arts), sand tray therapy, movement activity, Incredible Years Parenting Program, Voices for Girls–Seeking Safety, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), trauma resilience skills, and Eye Movement Desensitization Reprocessing (EMDR). Adult survivors have access to those therapeutic interventions including TF-CBT, EMDR, trauma resilience skills and other trauma-specific modalities.

The CCS Clinical Services Team has the following experience in providing child psychotherapy:

- Clinical Services Manager - Licensed Marriage Family Therapist (MFT): 8 years
- El Cajon Child Therapist - Licensed MFT: 5 years
- Escondido Child Therapist - Registered Associate MFT: 5 years

3) Described briefly, what are the current activities and/or programs operated by your organization? An agency brochure may be attached.

As an agency, CCS maintains three major survivor service divisions: Legal, Counseling and Advocacy Services; Housing and Advocacy Services; and Prevention, Education and Advocacy Services, as summarized below.

I. Legal, Counseling and Advocacy Services

1. IPV Services

As part of CCS' overall IPV prevention, intervention and treatment programs, teams work to intervene in highest risk cases of IPV, providing direct services to survivors and advocating across county agency partnerships, including:

a. Domestic Abuse Forensic Examination Victim Advocate Response Team (VART) -- An in-person emergency response to strangulation or severe IPV victims who undergo a forensic examination. Staff remain by a victim's side throughout the forensic examination process, as directed by the survivor, providing follow-up individual advocacy services and referrals for additional resources.

b. County High Risk Team Coordination -- CCS attorneys coordinate this multidisciplinary team including law enforcement, City and District Attorneys' Offices, probation/parole staff, and IPV service providers, conducting case review to assist victims at high risk of IPV homicide.

2. Trauma-Specific Survivor Counseling and Advocacy

A staff team of licensed and interning marriage and family therapists provides individual, group, family and child counseling using a variety of best practice, trauma-informed approaches. Advocates assist in navigating related systems of care and services for survivors in support of treatment goals.

3. Child Abuse Treatment

A program providing age-appropriate evidence-based therapeutic counseling and advocacy for children and youth who have experienced SA, neglect, or abuse, or witnessed IPV.

4. Sexual Assault Services (SAS)

One of the busiest rape crisis centers in California, SAS services cover 75% of San Diego County, assisting walk-ins, referrals, and emergency room victims. Services include accompaniment, crisis counseling, safety planning, advocacy, case management, and referrals to counseling, legal services, housing, medical care, food, clothing, and immigration assistance.

a. Sexual Assault Forensic Examination Advocate Response Team (SART) – CCS SART staff and volunteers respond 24/7 and remain by a victim's side throughout the entire forensic examination process, as directed by the victim, connecting them to all relevant SAS services.

b. College Campus Sexual Assault Advocacy Services -- CCS locates staff on campus at San Diego State University and SD Community College District campuses to provide a full range of SAS supports, advocacy, and resources.

5. IPV Legal Services

CCS attorneys provide restraining order assistance and pro se family law assistance, including paperwork completion, client consultations, and hearing preparation.

6. Civil Legal Assistance for Victims

CCS attorneys provide comprehensive civil legal services (including direct representation) to victims of SA, IPV, dating violence, and stalking, addressing issues related to safety, immigration, privacy rights, compensation, education, employment, tenancy, restraining orders, divorce, and child custody/visitation/support.

7. Legal Advocacy

CCS legal advocates provide crisis counseling, safety planning, IPV lethality assessments, court accompaniment Victims of Crime reimbursement assistance, information, referrals, and emotional support to victims of IPV.

II. Housing and Advocacy Services

1. Emergency Shelter Programs

CCS offers 99 shelter beds at short-term and long-term confidential facilities. Clients who choose to may receive advocacy, counseling, case management, legal assistance, food, clothing, transportation assistance, and other transition services to safe, stable housing.

2. IPV and SA Hotline Counseling

CCS' toll-free, confidential, 24-hour hotline service offers peer crisis counseling, safety planning, and referrals to therapeutic counseling, advocacy, legal assistance, medical care, shelter, food, and clothing, with interpretation for all languages.

3. Housing First (HF)

Advocate staff promote safe and stable housing as a key component to long-term survivor self-sufficiency. HF works with landlords, policy-makers, law enforcement agencies, and clients to increase access to safe housing while meeting the stabilization and self-sufficiency needs of clients.

III. Prevention Education Advocacy Services

1. Violence Prevention Education

Community educators promote healthy relationships and prevention of sexual violence and IPV through interactive, empowering workshops to youth, educators, parents, social service agencies and others focusing on communication and conflict resolution.

2. Teen Relationship Violence Prevention Education – College Healthy Relationships and Bystander Intervention

K-College students and incarcerated youth work with staff and peers to identify ways they can stand up against IPV and sexual violence to create change by challenging the social norms that perpetuate this violence.

4) Briefly list and describe cooperative and collaborative linkages with other organizations that enhance your ability to provide services.

CCS has a long and successful history of working with other agencies in SD County to improve intervention systems for victims of relationship and sexual violence, including collaborative work on the SD County Sexual Assault Response Team Systems Review Committee (since 1991), North County Family Violence Prevention Center (from 2004-2015), Central High Risk Team (HRT) (since 2011), East HRT (since 2013), North HRT (since 2013), and the Help and Outreach to Protect the Elderly (HOPE) Team multi-disciplinary review team (2009-2014).

In addition to the other IPV/SA-specific agencies listed under question 6, the following is a partial list of additional partners with whom CCS has written collaborative agreements: Child Abuse Prevention Coordinating Council, San Diego County Child Welfare Services, San Diego Domestic Violence Council, San Diego Sexual Assault Response Team, San Diego District Attorney's Office, San Diego City Attorney's Office, San Diego Police Department, San Diego County Sheriff's Department, numerous other local police departments (Escondido, La Mesa, El Cajon, Oceanside, Chula Vista), San Diego Victim Assistance Program, San Diego County Behavioral Health Services, Central-East-North High Risk Teams, The Family Justice Center, Deaf Community Services, and the San Diego Regional Center.

5) Is the proposed program a new service that the agency will provide? Is this an established program that will be expanded to GHD residents? Briefly describe.

Counseling services for survivors is a continuing program provided to GHD residents at two primary CCS sites located within the GHD boundaries – the CCS client services office in El Cajon and the Project Safehouse emergency shelter (confidential address within GHD boundaries). Annually, GHD residents account for over 65% of counseling services sought by clients at these two locations. Additionally, any GHD resident may be served at any of our eight other county locations (as some survivors choose to seek services away from their residence for safety concerns). Because survivor need for counseling services is vital to recovery and because each client on-average attends approximately seven (7) sessions, new requests for counseling are continuous. CCS seeks renewed sources of funding for this vital, life-saving intervention to meet the needs of new, incoming clients.

6) Briefly note any organizations or programs in the community that provide similar services, and any steps taken to collaborate with them.

CCS has a long history of providing significant service to residents in the GHD. CCS' current CEO is on the executive leadership team of the El Cajon Collaborative which in turn supports the Little House Family Services project, and works to coordinate service providers and public entities in community resource development and sharing. CCS has participated in this group since 1998. As longtime partners of both Mountain Health and Family Health Centers, CCS has invested in increasing access to recovery and justice services for these patient populations through staff training aimed at identifying and successfully referring patients who experience IPV and SA. In partnership with Mountain Health (MH), CCS recently completed a grant-funded program to provide legal services to MH's patient

population for IPV- and SA-related issues. CCS is currently seeking additional funding to maintain direct services in coordination with MH. CCS has provided trauma-informed training for Grossmont Hospital Chaplains and Grossmont Hospital therapy staff have attended CCS-facilitated training in Community Resiliency Model (CRM). CCS has strong survivor-supportive partnerships with both the La Mesa and El Cajon Police Departments as well as the San Diego County Sheriff's Office. CCS continues to seek additional funding to enhance training opportunities for all service providers in the GHD, expanding the community's coordinated response to the health threats associated with IPV and SA.

CCS is recognized as a leader across San Diego, working with all area service providers, government entities, and law enforcement agencies to provide intervention and treatment for these survivors. CCS services are integrated into networks that improve effectiveness of larger systems to work together to improve safety, health and justice outcomes for individual victims and improve general public safety by holding perpetrators accountable. CCS is the primary and, in some cases, sole provider of services for communities in the GHD boundary area. CCS is the sole provider of SA forensic examination accompaniment across the majority of San Diego County. Due to the wide array of complementary in-house CCS wrap-around services, the client service plans and protective supports are comprehensive, with reduced fragmentation often experienced with other service providers.

The primary providers of counseling services for adults and children experiencing IPV or SA include: Women's Resource Center, Community Resource Center, YWCA/Becky's House, Palomar Health and Rady's Children's Hospital's Polinsky and Chadwick Centers. There are some church or religious groups that offer emergency housing for survivors on a case-by-case basis.

CCS has excellent working relationships with these victim-specific service providers. Partnership agreements include shared protocols for referrals to CCS for all survivor services (legal, counseling, advocacy, shelter, forensic exam accompaniment); protocols for referrals from CCS to partner entities; the provision of emergency shelter for survivors from any referral source; and emergency shelter bed vacancy information exchange (with other IPV providers across the County) to ensure full use of all available emergency housing.

III. Problem Statement/Needs Assessment

Please discuss the need for the proposed service(s) in the GHD. Discuss how the service is health-related and not duplication of existing services. Document unmet health needs.

IPV and SA affect entire communities. IPV contributes to significant illness³ and is a leading cause of homelessness⁴ for women. Nearly 50% of homeless women in San Diego County report being domestic violence victims (Regional Task Force on the Homeless San Diego 2018). Homelessness is linked to a multitude of health disparities⁵. In 2017, the San Diego (SD) City Attorney's Office received over 2,500 domestic violence cases, with over 17,000 reported incidents across the county. The impact on mental health and overall health

³ Coker, A., Smith, P., Bethea, L., King, M., McKeown, R. 2000. "Physical Health Consequences of Physical and Psychological Intimate Partner Violence." *Archives of Family Medicine*. 9.

⁴ Browne, A. 1998. "Responding to the Needs of Low Income and Homeless Women Who are Survivors of Family Violence." *Journal of American Medical Women's Association*. 53(2): 57-64.

⁵ Institute of Medicine (US) Committee on Health Care for Homeless People. *Homelessness, Health, and Human Needs*. Washington (DC): National Academies Press (US); 1988. 3, Health Problems of Homeless People. <https://www.ncbi.nlm.nih.gov/books/NBK218236/>

of survivors is significant. In fact, according to in-depth data analysis across the U.S., 41.5 percent of IPV assaults result in physical injury, 28.1 percent of which led to medical treatment, and approximately 28 percent of those who experienced physical assaults, rape, and stalking by an intimate partner sought and received some type of mental health counseling⁶. Compared with their non-abused peers, victims of IPV are at higher risk of health problems, including gastrointestinal problems, chronic pain and Post-Traumatic Stress Disorder (PTSD)⁷.

The health impacts of SA can be significant. In addition to the injuries that may be sustained as a result of physical abuse accompanying SA, forced sexual contact can also result in injuries and gynecological complications, such as bleeding, infection, chronic pelvic pain, pelvic inflammatory disease, and urinary tract infections. Sexual violence also puts women at risk of unwanted pregnancy and sexually transmitted infections, including HIV/AIDS and PTSD, with incumbent negative mental health conditions⁸.

As for the communities surrounding these survivors, an aggravated domestic violence assault costs an estimated \$22,672, and every domestic violence homicide costs an estimated \$1.4 million [accounting for victim costs, health resource costs, criminal justice system costs, crime agency costs, and psychological costs (e.g., mental disabilities)]⁹. While this cold cost comparison certainly supports the idea of cost benefit to communities who intervene with programs that prevent IPV and SA assaults, there are broader issues of community benefit to consider. For the victims and their families, immediate and long-term post-traumatic impact from untreated trauma leads to individual debilitation and family dysfunction that ultimately affects entire communities.

Violence transcends economic status, affecting individuals with all levels of income, education, and occupation. However, individuals with lower incomes are much more likely to experience violence and do not have the funds often necessary to receive therapeutic care. Women with household incomes of less than \$7,500 are seven times as likely as women with household incomes over \$75,000 to experience domestic violence¹⁰. Many of CCS clients face additional barriers to receiving mental health services, including legal status, cultural norms, language, and physical ability.

CCS serves an essential role in the community providing access to services often out of reach both financially and logistically, especially for those on limited income. CCS' TRIUMPH Counseling Program is one of the only direct programs focusing on trauma-informed treatment of SA and IPV with completely FREE services. It is critical that CCS' TRIUMPH Counseling Program continue as these victims and their families would most likely not be able to afford trauma-informed counseling elsewhere.

TRIUMPH Counseling Program is also paramount in breaking the cycle of violence. Children who experience or witness domestic violence often exhibit emotional, cognitive, and behavioral problems, such as anxiety, depression, self-harm, difficulty in school, use of

⁶ National Center for Injury Prevention and Control, "Costs of Intimate Partner Violence Against Women in the United States," (Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, 2003).

⁷ Amy E. Bonomi, Melissa L. Anderson, Frederick P. Rivara, and Robert S. Thompson, "Health Care Utilization and Costs Associated with Physical and Nonphysical-Only Intimate Partner Violence," *Health Services Research* vol. 44, no. 3 (2009): 1052-67.; Theresa Dolezal, David McCollum, and Michael Callahan, *Hidden Costs in Health Care: The Economic Impact of Violence and Abuse*, (Eden Prairie, MN: Academy on Violence and Abuse, 2009).; Keith E. Davis, Ann L. Coker, and Maureen Sanderson, "Physical and Mental Health Effects of Being Stalked for Men and Women," *Violence and Victims* vol. 17, no. 4 (August 2002): 429-43.

⁸ World Health Organization, *First World Report on Violence and Health* 162 (2002).

⁹ McCollister KE, French MT, Fang H. The cost of crime to society: new crime-specific estimates for policy and program evaluation. *Drug Alcohol Depend.* 2010 Apr 1;108(1-2):98-109. doi: 10.1016/j.drugalcdep.2009.12.002. Epub 2010 Jan 13

¹⁰ Rennison, C.M. & Welchans, S. (2000). *Intimate Partner Violence*, Department of Justice, NCJ 178247.

alcohol or drugs, and early sexual activity^{11,12}. Unless they receive therapeutic intervention, these children are significantly more likely to repeat the cycle of violence by entering into violent relationships when older and/ or by abusing their own children¹⁰.

IV. Program Services and Performance Plan

1) What are the program goals and how do these goals specifically address the identified health need(s)?

The goal of CCS' TRIUMPH Counseling Program is two-fold: to reduce the debilitating, chronic impacts of trauma and to increase lifelong, healthy resilience with a strengthened support system surrounding survivors.

CCS' TRIUMPH Counseling Program offers the best available research-based, empowering, and cost-effective trauma-informed healing methods for IPV/SA survivors and their families. Services are provided free-of-charge for both adults and children. Therapeutic services include, but are not limited to: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), A Window Between Worlds art therapy, guided imagery, mindfulness, Eye Movement Desensitization and Reprocessing (EMDR), and relaxation/grounding techniques. These methods deliver significant improvements in mental health status when practiced within the therapeutic relationship. TRIUMPH counseling nurtures resilience, offers choices, fosters self-determination, expedites healing, and teaches skills that can be used throughout the lifespan to help people reach their full potential.

Mental health treatment for each client includes measurable goals and interventions. Goals and interventions are resilience-focused and skill-based with trauma-specific, age-appropriate intervention modalities prescribed to enhance success and self-regulation. The therapist assists clients with a treatment plan driven by client strengths, self-directed goals, and including natural support systems. With client permission, every effort is made to include collaboration with the client's systems of supports, including family members, school, and social agencies. The treatment plan is developed following intake/assessment within the first three sessions and is reviewed by the Clinical Services Manager. With mutually agreed-upon goals, the client, therapist, and Clinical Services Manager commit to the treatment plan. The plan is reviewed and revised if treatment is extended beyond 15 sessions.

2) What are the measurable objectives related to each goal? List specific outcomes and include time lines.

With GHD funding, in combination with other resources, CCS anticipates the following impact for GHD resident survivors engaging with the TRIUMPH Counseling Program:

A minimum of ninety-five (95) survivors of IPV/SA from the GHD service region will participate in TRIUMPH's thorough intake and assessment process identifying appropriate interventions to decrease trauma symptomatology, build self-esteem, and minimize feelings of isolation and aloneness and/or identify needs for systems advocacy. Outcome Target:

¹¹ Child Welfare Information Gateway (2013). Long-term consequences of child abuse and neglect. U.S. Department of Health and Human Services, Children's Bureau.

¹² National Center for Injury Prevention and Control. (2014). Child maltreatment: Consequences. Centers for Disease Control and Prevention.

80% of client who choose to participate will be offered information on available support resources and treatment options.

A minimum of ninety-five (95) IPV/SA survivors from the GHD service region who are appropriate for intervention will participate in therapeutic sessions, including options from appropriate treatment models identified at intake/assessment and by CCS therapists. Outcome target: 80% of therapeutic counseling participants will demonstrate progress between pre- and post-intervention scores on the assessment tool pertinent to mental health symptomatology.

A minimum of thirty-five (35) IPV/SA survivors from the GHD service region will receive advocacy services, including coping-skills building, peer counseling, direct assistance navigating social safety-net systems, and warm connections to services designed to address survivors' most acute needs (e.g., financial, educational, housing). Outcome target: 75% of advocacy participants will demonstrate progress between pre- and post-intervention scores on the assessment tool pertinent to support system engagement and coping skills.

New survivors of SA, IPV and dating violence from the GHD service region regularly arrive at our emergency shelters and countywide office locations. Because of the continuing influx of children-in-need, CCS will commence utilization of these funds as soon as they are received.

3) How will the effectiveness of the program be assessed? How is quality controlled and monitored? Be specific.

CCS uses Efforts to Outcomes (ETO) data management system to capture and summarize program and individual participant evaluation data. Clients may be identified based on zip code and thereby identified as GHD residents for tracking and reporting purposes. Performance measures include staff and client observations, as well as program satisfaction and coping strategies self-assessments. ETO data collection and management system is supported by our full-time Data Solutions Manager with therapists and advocacy staff recording and monitoring client data specific to identified symptoms, recovery barriers, resilience skills, action plans, resource utilization and behavior change. Action planning is established, and client progress is monitored, through initial and ongoing data analysis.

Using this robust system, project staff have responsibilities to collect data and evaluate client participation and progress via pre- and post-intervention measurements under the following categories:

Quantitative Measures -

- 1) Number of clients accessing the program, articulated by type of services
- 2) Intervention modality utilization rates
- 3) Number of advocacy activities engaged in
- 4) Scores on Pediatric Symptom Checklist

Qualitative Measures -

- 1) Therapeutic staff clinical progress notes
- 2) Advocacy staff client progress notes

- 3) Client (and custodial parent) self-reports
- 4) Community resource agency/staff reports (school personnel, court/hearing data, law enforcement)

Individual client as well as overall program success (based on the expected outcomes outlined above) is documented within CCS' data management system as clients demonstrate rates of improvement in symptoms, resource access, barrier removal and identified goal attainment. Through TRIUMPH Counseling Program participation, clients will report movement toward healing, growth and positive change and demonstrate: a reduction in trauma-related symptomology, improvement of cognitive beliefs, behaviors and emotional regulation, improved decision-making and problem solving, improved use of coping strategies, improved social connectedness, and improved peer and family relationships.

4) How will the proposed program specifically fulfill the elements of the GHD mission statement?

CCS' TRIUMPH Counseling Program fulfills the GHD mission through direct, trauma-informed, no-cost service to GHD residents who would otherwise have no or limited access to critical trauma-specific mental health services that are proven to aid in recovery from IPV and SA. With access to these therapeutic interventions, GHD residents who experience IPV or SA are more likely to heal from trauma, developing resilience, increase coping skills, reduce debilitating mental and physical conditions resulting from trauma and gain self-sufficiency-building skills.

Because CCS uses proven, evidence-based, best-practice modalities for treatment, GHD residents are assured state-of-the-art care with trained experts in the field of IPV and SA intervention – meeting the standard set out in the mission statement. GHD will also be fulfilling its mission to recognize and respond to a routinely unmet, “invisible” health threat within the community it serves by standing as a vocal advocate and investor in survivor services.

5) How will participants obtain services? Describe the accessibility of the program site(s).

All CCS sites are accessible to any GHD resident. The two most likely locations for service would be CCS' El Cajon office or Project Safehouse, the emergency shelter located within GHD boundaries at a confidential location. Clients may contact our 24/7 hotline, walk-in or be referred via law enforcement or other community agency or school that are notified of IPV or SA circumstances.

TRIUMPH Counseling Program services, like all CCS services to clients, are available free of cost. All sites are accessible for individuals with disabilities. No-cost language access is ensured with bilingual Spanish-English staff members in counseling, legal, emergency shelter and advocacy departments. In addition CCS provides professional telephone interpreters for other languages and in-person sign-language interpreters for Deaf and Hard of Hearing clients. CCS works closely with San Diego Regional Center to ensure those with intellectual disabilities also receive appropriate assistance in accessing services.

6) How will your agency generate referrals to the proposed program? How will services be marketed to participants?

CCS maintains an active referral network through partnerships with law enforcement, social service agencies, healthcare organizations, school districts and community organizations. CCS also engages community members through a social media presence with a focus on outreach to individual clients through Facebook, Instagram, Twitter, and CCS' website. Prevention education staff, through 493 trainings in FY2018, engaged 7,622 individuals. Additional community presentations and tabling events reached 5,756 individuals during FY2018. CCS' anonymous hotline represents an effective outreach tool for the community. In FY2018, preliminary data indicates CCS responded to 6,016 crisis calls for IPV, SA and other forms of violence, all of whom might be referred to the TRIUMPH Counseling Program.

7) What is the justification for any proposed equipment (if applicable)?

N/A

8) For those proposals that desire to be considered on such a basis, how does the proposal demonstrate a collaboration of like providers of service?

CCS' continues our long history of collaborative partnerships with all San Diego agencies serving IPV and SA survivors. CCS operates the two facilities within the GHD that serve this population. Collaborations include CCS' active partnership referring clients to other shelters for emergency housing outside of the GHD when our facility is full, ensuring survivors always receive assistance in securing safe housing even when our facility has no vacancies.

CCS is the only provider of SA forensic examination accompaniment to survivors within the GHD boundary.

CCS accepts and provides no-cost services to all survivors regardless of gender, race, religion, creed, income, gender-identity, sexual orientation, or any other identifying demographic. This assists other like providers in the event that their costs, gender-specific facility space, or religious/organizational directives might limit who may participate in their services.

PROJECT BUDGET FORM

Grantee: Center for Community Solutions

Personnel	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Salaries (list position)			
1. Staff Therapist – East (.3 FTE for GHD residents)	16,987.00	39,638.00	56,625.00
2.			
3.			
4.			
5.			
6.			
Payroll Taxes and Benefits	2,663.00	6,214.00	8,877.00
Consultant Fees			
Total Personnel	19,650.00	45,852.00	65,502.00

Other Expenses	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Telephone			
Postage			
Office Supplies			
Equipment			
Printing/Duplicating			
Information/Materials	250.00	600.00	850.00
Travel	100.00	250.00	350.00
Professional Services			
Rent			
Utilities			
Insurance			
Miscellaneous (list)			
1.			
2.			
3.			
4.			
Total Other	350.00	850.00	1,200.00

TOTAL GRANT EXPENSES	\$ 20,000.00	\$ 46,702.00	\$ 66,702.00
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ALL BUDGET SOURCES

Per the adopted Grants Policy, organizations requesting more than \$25,000 or having overall operating budgets of \$500,000 or more are required to include such funding sources on the following form.

The following information is necessary to provide the Grossmont Healthcare District with a better understanding of the applicant and program financial resources. Organizations requesting more than \$25,000 or having overall operating budgets of \$500,000 or more are required to complete this form.

Total Organization Budget Current Fiscal Year	\$4,794,233
Total Requested Project Budget (if different from Organization Budget)	\$20,000 GHD portion of
Total Project Budget	\$ 66,702. East Co. Counseling

**List Major Sources of Revenue
(Total Organization Budget)**

**List Project Sources of Funding
(This Request)**

Source of Funds	\$ Amount	Percent of Total	One-Time Funding? (check if so)	\$ Amount	Percent of Total	One-Time Funding? (check if so)
Federal Funds	\$2,533,702	53%		\$0	%	
State Funds	\$750,926	16%		\$46,702	70%	
City/County Funds*	\$572,806	12%		\$0	%	
Other Government		0%		\$0	%	
Proposed GHD	\$20,000	0%	X	\$20,000	30%	X
Fees for Service	\$39,652	1%		\$0	%	
Non-Profit Organizations	\$281,685	6%	X	\$0	%	
Private Donations	\$327,764	7%	X	\$0	%	
Other (list) Special Events Investment/Interest Income Salary Exchange	\$267,698	6%		\$0	%	
Total Funding	\$4,794,233	100%		\$66,702	100%	

Percentage of the Organization's budget spent on administration	10%
Percentage of the requested Project budget spent on administration	4%

***City/County Funds**

Does the Organization currently receive funding from any Cities or the County?

List jurisdiction, contract amount and contact person

Jurisdiction	Level of Funding	Contact Person	
		Name	Phone #
County of San Diego - Health & Human Services	\$463,587	Nancy Elizarraraz-Lopez	(858) 616-5983
County of San Diego - Probation Department	\$57,219	Sean Behan	(858) 514-3255
City of Escondido	\$52,000	Karen Youel	(760) 839-4518
	\$0		
	\$0		



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