2025/2026 End of Year Progress Report

The Women's Center, Inc. of Columbia/Montour

September 2026

CORE SERVICES

1. Provide a brief narrative assessment of the provision of direct services for the reporting period. The brief narrative should include qualitative and quantitative evidence, as available, and also highlight factors that have facilitated or impaired the effectiveness of services.

In April 2025 we furloughed four staff positions and enacted a hiring freeze on current vacant positions. In July 2025 we eliminated those four positions as a result of stagnant/reduced funding and rising costs, leaving us unable to continue to support those positions. Three of those positions were direct service staff positions. Therefore, "fully staffed" reduced from 18 to 14 staff members. In addition to that reduction, we had two vacant direct service positions that were still impacted by the hiring freeze. Then we were hit with the state budget impasse, which significantly impacted our program. With limited funds coming in, we had no choice but to furlough six additional positions from September to December of 2025, leaving us with a staff of six. The remaining staff were focused on the provision of direct services during that period.

Despite the rough beginning to the fiscal year, we met or exceeded the majority of our service provision estimates.

We projected that we would serve 583 individuals (455 Columbia; 128 Montour), we served 816 individuals (620 Columbia; 196 Montour), exceeding our projections by 40%. While we did not meet our projections for counseling hours provided to adult victims in Columbia County (missed by 69.28 hours), we exceeded our total counseling projections. We projected that we would provide 3213 hours of service (2737 Columbia; 476 Montour), we provided 3719.79 hours (3034.74 Columbia; 685.05 Montour), exceeding over all projections by roughly 16%.

The mental health unit (4 North) at Geisinger Bloomsburg closed down in May 2025. The mental health unit at Geisinger Main Hospital (BP2) closed down at the end of June 2025. The new mental health facility, Acadia, opened in August 2025. We spent most of the year trying to establish a relationship with Acadia. Towards the end of the fiscal year we were welcomed into their facility for both staff training and patient education groups. We are currently working on setting those up and plan to run both staff training and patient education groups in the FY 2026/2027.

This fiscal year we continued to provide both group and individual counseling to inmates at the Columbia County prison (Women's unit). We received kudos from the Warden regarding our presence raising morale and giving the inmates something to look forward to each week. In addition, we had two women continue counseling services after their release.

We continued our efforts to provide individual and group counseling in North Central Secure Treatment Unit, and at the Bloomsburg and Berwick Teen Center, essentially where the children are for nearly half of the fiscal year. September through December we did not have the capacity to host these groups. Unfortunately, we did not have the capacity to provide counseling in the school setting this fiscal year. We are on target to provide school based counseling in the FY 2026-2027 school year.

We provided on-site emergency shelter at reduced capacity for the first six months of the fiscal year. The number of adults and children sheltered were also impacted by the length of the average shelter stay due to lack of affordable housing options in our service area. So, while we did not meet our projections for the number of adults sheltered, we did exceed our projections (1,674) for the number of shelter days provided (2116) by roughly 26%.

We were successful at getting into Danville Head Start to provide primary prevention and education awareness programs this year. In addition, we continued prevention and education awareness programs at North Central Secure Treatment Unit and the Bloomsburg and Berwick teen centers. Despite prevention staff being placed on furlough for three months of the fiscal year, we exceeded our projections for the number of programs to children/youth (80) and the number of persons reached (750); providing 146 programs (86%), reaching 1225 individuals (63%).

We also exceeded our service projections for education and prevention activities to adults/general population (70 programs; reaching 400 individuals), conducting 204 programs, reaching 1088 individuals (191%, 172%, respectively).

2. Briefly describe efforts to promote public and private collaborations with community stakeholders on behalf of aiding domestic violence survivors in your communities.

Throughout the past year, we have actively worked to promote public and private collaboration with community stakeholders to strengthen support for domestic violence survivors in Columbia and Montour Counties. Our Education and Outreach staff have partnered with a variety of local agencies and organizations during awareness month activities and community events to demonstrate a shared commitment to supporting survivors and creating safer communities.

These collaborations have included agencies and organizations representing housing, substance use services, mental health services, and other community-based supports. By working together on awareness initiatives, educational activities, and community events, we are able to increase public awareness of domestic violence, connect survivors with a broader network of resources, and demonstrate that supporting survivors is a shared community responsibility. These partnerships also help strengthen relationships among service providers and encourage continued collaboration to ensure survivors have access to the comprehensive support and resources they need.

We have also continued to strengthen our relationship and maintain open lines of communication with law enforcement and continue to do so by scheduling regular check-ins with our local police chief. During our check-in's we discuss what is working in our relationship and what we can improve on and how law enforcement can take a trauma informed approach with survivors. We plan to continue these check-ins as often as necessary.

3. Please list any successes, innovative programming, and/or best practices developed during this reporting period.

This year we partnered with WinterSpring Sanctuary, who **provides** trauma-informed, equine-assisted mental health services in Central Pennsylvania using the internationally recognized EAGALA model and rescued horses. WinterSpring Sanctuary specializes in supporting individuals navigating trauma, anxiety, depression, grief, emotional regulation challenges, relationship difficulties, and recovery from domestic violence. This partnership provided survivors with another unique option to obtain therapy and healing.

Over the past several years, our agency has worked to identify innovative ways to engage the community in domestic violence prevention education. Traditional awareness activities did not consistently attract participants or create meaningful community involvement. During this past fiscal year, we introduced several interactive, community-focused initiatives that significantly increased engagement and generated continued interest.

One of our greatest successes was hosting our first Domestic Violence Simulation, which brought together community partners from law enforcement, Children and Youth Services, CareerLink, healthcare, and other local agencies. Each partner facilitated a simulation station related to their area of expertise, allowing participants to experience the barriers and challenges faced by individuals experiencing domestic violence. Registration reached capacity, with participants ranging from high school students to community professionals. Participants provided overwhelmingly positive feedback and encouraged us to continue the event. Based on its success, we have scheduled two additional Domestic Violence Simulations for October 2026.

The success of the community simulation also led us to purchase and implement a Teen Dating Violence Simulation for local youth. We conducted our first simulation at Columbia-Montour Vo-Tech, where students were highly engaged and the school requested that we extend the event so additional classes could participate. The school has already requested another simulation for February 2027, and another local school reached out through word-of-mouth to request the program during the new fiscal year.

We also expanded our prevention education efforts by hosting our first Susquehanna Valley Human Trafficking Conference in April. Because domestic violence and human trafficking can intersect through coercion, exploitation, and abusive relationships, the conference provided an opportunity to educate community professionals about these interconnected issues. We partnered with Transitions of PA, YWCA Greater Harrisburg, Pennsylvania State Police, and the FBI to provide multidisciplinary education on trafficking, trauma-informed care, sextortion, Megan's Law, and trafficking risks for individuals with intellectual disabilities. Registration filled within two weeks, with attendees representing law enforcement, healthcare, Children and Youth Services, schools, and other community organizations. Due to the strong response and identified need, we are planning our second conference for January 2027.

These initiatives have provided our agency with innovative, interactive approaches to domestic violence prevention. Rather than simply providing information, participants actively engage in realistic scenarios

and learn from professionals across multiple disciplines. Strong attendance, positive feedback, and continued requests from schools and community partners demonstrate that these programs are meeting community needs and providing effective opportunities to engage new audiences in domestic violence prevention and awareness.

4. Describe any notable activities/trainings to improve the delivery of services to domestic violence survivors in your community.

During the 2025/2026 fiscal year, we focused our in-service trainings on cultural competency, self-care, and strengthening trauma-informed services for diverse and marginalized populations. Trainings included Language Access, Self-Care Yoga, Working with Individuals with Intellectual Disabilities/Autism, Brain Injury and Domestic Violence, Understanding Cultural Competency in the LatinX Community, and participation in a Recovery Simulation. These trainings provided staff with practical knowledge and tools to better understand the unique needs and barriers faced by the individuals we serve, while also emphasizing staff wellness and the importance of providing culturally responsive, trauma-informed services. In addition, staff were provided a multitude of education and training opportunities passed through from PCADV, PCAR, PCCD, and OVA throughout the fiscal year that staff could participate in independently.

We also identified a need to provide additional support and professional development for supervisors within our organization. Throughout the fiscal year, we provided three leadership trainings focused on employee evaluations, effective supervision, and time management and effective delegation. These trainings provided supervisors with practical information, strategies, and resources to strengthen their leadership skills, improve communication with staff, and more effectively manage their teams.

We are also aware that staff doing this work are at an increased risk of burn out, compassion fatigue, and vicarious trauma. Building self-care into the workplace and through trainings has been critical for our staff's well-being and ability to provide quality services to survivors. Through our Healthy Workplace initiatives, we secured another Healthy Workplace Grant that provided staff with several team-building activities, including an escape room, bowling, and axe throwing. These activities provided staff with opportunities to build stronger relationships with their coworkers, strengthen team connections, and take a break from the demands of their work. Creating these opportunities for connection and stress relief has been an important part of promoting a healthier and more supportive workplace. We have also continued to distribute a monthly employee newsletter, which includes self-care tips, nutritious recipes, and highlights employee benefits and wellness resources.

5. Identify any emerging issues or notable trends impacting domestic violence survivors in your jurisdiction.

Our rural communities continue to experience significant issues with infrastructure. Three priority challenges are a lack of readily available transportation, reliable and affordable telecommunications and internet services, and affordable safe housing.

There is no cab service in our service area. UBER and Lyft service is nonexistent to minimal in both counties. At this point, survivors may be able to find a ride using those services in the spring and fall when Commonwealth University Bloomsburg is in session. Our experience with UBER and Lyft is that participants are able to schedule a ride, however, in most cases the ride is cancelled, leaving the survivor scrambling for transportation. The only form of public transportation in our service area is the Stop Hopper. The shuttle stops at various points throughout Columbia and Montour County between the hours of 6:30am and 6:30pm Monday through Friday. Customers use a smartphone app to request a ride to and from anywhere they wish to travel **within the service zone boundaries** and the cost of a ride is $2. The Stop Hopper may work for those survivors who are traveling within the service zone during the times of operation, however, transportation still remains a barrier to access for many survivors.

Affordable, reliable telecommunications and internet also continue to be an issue in our rural service area. While there have been some improvements over the last few years, there are still significant portions of our service area with limited to no reliable internet and cell phone service. The lack of high-speed internet in our rural communities makes it nearly impossible for survivors to connect to telehealth and other virtual services. There are also many areas in Columbia and Montour County where cell service is not available through all carriers.

Our service area was already experiencing a lack of affordable safe housing. Rising rents, and the sale of one of the low-income housing units has further exacerbated the issue. In addition, landlords are requiring that prospective tenants provide evidence that their income is three times the monthly rent, essentially screening out low-income individuals and families. Many housing programs require that the survivor find a rental equal to or less than the fair market rate to be eligible for housing assistance. This continues to be extremely difficult for many of the survivors that we work with.

6. Describe any barriers/challenges to implementing or completing any of the objectives identified in your Workplan. Include corrective actions taken or planned to overcome described barriers. Please include any request for technical assistance needed.

Our biggest barrier/challenge continues to be funding. The effects of several years of level/reduced funding has significantly impeded our ability to hire and retain talented staff and maintain/expand service provision to underserved populations in our service area. Our staff work with individuals in crisis every day, the risk of vicarious trauma and burn out is exponential. Yet, we have struggled to pay these dedicated staff a living wage, let alone a thriving wage. This is hard work, yet we are asked to do this work for a pittance of pay. Our staff **is** our service provision and we are expected to provide that service 24 hours a day seven days a week. If we can't retain and properly support staff, clients are consistently working with a green advocate/counselor. Clients are essentially being robbed of the experience of seasoned advocates. As it stands now, the only way that we can increase wages is to reduce staffing and increase the work of the remaining staff. What an unfair trade. The cost increases since the onset of COVID have significantly impacted our ability to operate, yet there have been no funding increases to match the increased costs of doing business. We are in a rural area where fundraising and local grants are extremely competitive and very small. Level funding coupled with fierce competition for local support and rising costs has significantly impacted our ability to do this work. At this point we have

burned through our reserve funding just to keep up, putting undue stress on the entire agency. Due to funding shortages we had to furlough four of our 18 staff, reduce the hours of the remainder in April of 2025, and enact a hiring freeze on vacant positions. In July of 2025 we determined that we needed to eliminate those four positions because our budget just could no longer support them. Two of those staff positions were 3rd shift advocates, who answered the hotline. This fiscal year, hotline during the hours of 11p - 7a was covered by our Directors (ED, Director of Counseling & Direct Services, and Director of HR), adding additional burden during an already stressful situation. Most of our staff can't even afford to rent an apartment on their own working the full 40 hours, reductions in hours on top was devastating. This year we topped it off with a lengthy state budget impasse which necessitated further furloughs, reducing our staff of 14 to a staff of six just to keep the doors open. Had we not burned through our reserves as a result of years of level funding and significant cost increases, we would have been in much better financial shape to weather the impasse.

As our program continues to face funding challenges and reductions in staff, we've had several community members express interest in supporting our hotline and shelter residents. While we deeply appreciate this outreach, the extensive time commitment for direct service training has made it difficult for these individuals to complete the requirements to assist in the ways we need most. This has been further exacerbated by both PCADV and PCAR's inability to work together to minimize duplication of training topics and develop a comprehensive training for dual programs.

The majority of the fiscal year we were unable to offer a direct service training class, as our limited staff must prioritize covering critical areas of the agency to keep essential services running. This creates a barrier not only for potential volunteers but also for our organization, as we're unable to fully benefit from the support offered by our community.

Developing a more accessible training model—one that eases the burden on both our agency and volunteers—would significantly strengthen our capacity during challenging times. It would also allow us to welcome the help of community members rather than turning them away.

Despite the funding challenges, we met or exceeded our service provision estimates.

Throughout the past fiscal year, developing and maintaining strong relationships with local schools continued to be one of our biggest challenges in prevention education. Several factors contributed to this barrier, including staff turnover, limited scheduling availability, and the presence of other prevention resources within schools.

Staff turnover in the school districts has made it difficult to maintain consistent partnerships. Our team may establish a strong relationship with a school staff member and begin making progress toward implementing prevention programming, only for that individual to leave the district. New staff may have different priorities or may be less familiar with our services, requiring us to rebuild relationships and reestablish partnerships.

Schools also continue to struggle to find time within their academic schedules for outside prevention programming. For example, we worked extensively with Danville Area School District to schedule a new prevention program; however, the program ultimately had to be canceled because the school was behind in its curriculum and approaching the end of the school year.

Additionally, CMSU prevention specialists are embedded in local schools and provide prevention education, including programming on healthy and unhealthy relationships. As a result, some schools feel they already have prevention resources available and do not see an immediate need for outside programming.

Despite these barriers, we continue to reach out to school personnel, request meetings, share information about our services, and seek opportunities for collaboration. We recognize that building sustainable school partnerships requires ongoing relationship-building and remain committed to increasing access to prevention education for students throughout our service area.

7. Describe the steps you have taken to implement measures to promote and foster more diverse, equitable and inclusive services for survivors in your program/community.

As part of our efforts to promote more diverse, equitable, and inclusive services, we translated our agency website into Spanish. This provides Spanish-speaking survivors and community members with greater access to information about our services, resources, and how to seek support. We also have basic client related forms and printed resources in Spanish. We continue to obtain additional resource material in Spanish. Providing information in Spanish helps reduce language barriers and ensures that survivors have equitable access to critical resources regardless of their primary language.

MEDICAL ADVOCACY

Regarding the outcomes listed on the logic model submitted by your program:

1. Which short term outcomes have been the most successful? Please share how your program has measured this success.

This year, our most successful short-term goal has been: "Healthcare providers will gain knowledge about the role of our program in supporting survivors." We measure progress toward this goal through the number of educational programs provided, the amount of medical systems advocacy completed, and the number of referrals made to our program throughout the fiscal year.

During the 2025–2026 fiscal year, MAP provided 36 educational programs to non-hospital organizations, including Acadia, the CSIU, and McBride Memorial Library. We also continued to strengthen our partnerships within Geisinger by providing education and resources to the Emergency Department, Internal Medicine residents, the Health Care Quality Unit, and The Center for Wellbeing. Overall, MAP provided information and education to more than 500 professionals, while 17,199 Geisinger employees participated in the Domestic Violence Goals course.

In addition to educational programming, MAP participated in 127.5 hours of medical systems advocacy. We continue to maintain relationships with established community partners while also connecting with new organizations to ensure that healthcare providers and other professionals are aware of the resources available to support survivors. Through these efforts, we also work to ensure that professionals are better prepared to respond to disclosures in a trauma-informed manner.

Referrals to the MAP program provides valuable insight into the effectiveness of our outreach and education efforts while also helping us identify areas where additional education or support may be needed. During the past fiscal year, MAP received a total of 51 new referrals. These referrals included individuals connected through newer partnerships, such as Acadia and Care Management. The increase in referrals from these connections demonstrates that our outreach efforts are successfully increasing healthcare providers' awareness and understanding of the role our program plays in supporting survivors.

2. What intermediate outcomes have had the most progress this year? Please share how you have continued progress on this outcome. Which outcome has been the most challenging? What strategies have you used to address that challenge?

This year, we have seen success with the intermediate outcome, "Increase in referrals made from healthcare facilities to the Medical Advocacy Program." We believe this continued success is a direct result of the outreach, education, and trainings provided by MAP.

During the 2025–2026 fiscal year, MAP began providing quarterly trainings to the Emergency Department at Geisinger Bloomsburg Hospital. These trainings help educate new staff while also providing important refreshers for existing staff. Topics have included brain injury, our referral process, confidentiality, and the services available through our program.

MAP also began providing training to all new Care Management staff. This allows us to connect with staff before they begin working within the hospital and ensures they receive the most up-to-date information regarding available services and the referral process.

Additionally, MAP developed a new partnership with a local behavioral health facility. Through this connection, we have had the opportunity to provide information and education to staff, which has resulted in several referrals to our program.

These efforts have contributed to an increase in referrals from healthcare providers and facilities. Overall, MAP has made significant progress toward all of the intermediate outcomes identified for the program, making it difficult to identify one specific area as a significant challenge.

Our most significant setback this year was the furlough of our Healthcare Outreach Coordinator from September through December due to the state budget impasse. This impacted our ability to continue outreach and provide trainings during that period.

3. Please share a piece of information that indicates you are making an impact towards at least one of your listed long-term outcomes.

This year, we have been most successful in working toward the long-term goal of "Increasing overall community health." One of MAP's greatest accomplishments was the development and implementation of a new domestic violence and sexual assault bathroom poster for the entire Geisinger Health System.

Through this process, we identified that the phone number listed on the previous poster directed individuals to a phone tree that was no longer an efficient way to connect survivors with services. To address this issue, we collaborated with PCADV, PCAR, the Geisinger Print Shop, and sister agencies serving communities within the Geisinger Health System to develop updated posters. Each Geisinger facility was provided with a customized poster that includes the correct name and contact information for the domestic violence and sexual assault agency serving that specific county.

We also included PCADV's QR code on the poster to provide an additional way for survivors to quickly connect with their local domestic violence program. This is especially important for individuals who may receive healthcare services outside of the county in which they live.

By improving access to accurate contact information and reducing confusion and delays in connecting survivors to services, these updated posters help ensure that individuals can more quickly access the support and resources they need. Strengthening these connections and reducing barriers to services supports survivors and contributes to improved overall community health.

FVPSA Core Grant

(Must answer 3 of the 5 for all FVPSA)

For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative.

We have agreements with a majority of the school districts in Columbia County to provide on-site counseling/support for child victims and significant others, who, if not for on-site services, would not be able to participate in TWC counseling services. In addition, we continue to work closely with the Berwick and Bloomsburg Teen Centers, and North Secure Treatment Unit (Juvenile Correctional Facility), providing on-site group counseling. We lost our Child advocate in February of 2025 and that position was not filled until May of 2026. Limited staffing prohibited another staff member from traveling to the schools during the budget impasse. Despite that, we well exceeded our service projections for the number of children served and hours of service provided in both Columbia and Montour Counties

Describe any efforts supported in whole or in part by your FVPSA grant in meeting needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges.

This fiscal year we continued to provide both group and individual counseling to inmates at the Columbia County prison (Women's unit). We met with incarcerated survivors' and provided group counseling once a week with discussion topics such as coping skills, self-worth, boundaries, and safety planning. We received kudos from the Warden regarding our presence raising morale and giving the inmates something to look forward to each week. We had two women continue counseling services after their release. In addition, we continued our efforts to provide individual and group counseling in North Central Secure Treatment Unit for adjudicated minors.

Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.

We have included the same plea in our year-end report year after year regarding the condition and quality of, and general access to, mental health services and supports in our area. The consequences of lackluster mental health services reached dangerous and epidemic levels years ago. Yet, it continues unabated and domestic violence shelters are continually asked to provide mental health services that are well beyond our mission, scope, and level of expertise. The ongoing risks to victim safety that the weak mental health support system creates are appalling.

The need for mental health services is at an all-time high. Wait lists for mental health services in our service still remain incredibly long. As a result, we are seeing survivors in active mental health crisis. Both of Geisinger Health System's psychiatric units are closed. We have a new psychiatric facility, Acadia, in the area to address inpatient psychiatric needs. The emergency room continues to be a place where patients seeking in-patient mental health services wait for days (as long as a week) with little to no mental health care while hospital staff search the state for beds. Many individuals seeking or needing in-patient mental health care are being discharged from the emergency room without receiving adequate mental health care because there are no available beds across the state. Following discharge, individuals are forced to wait months for an outpatient psychiatric consult.

We continue to advocate locally for increased funding, better quality services, and consistent access to services for this population of victims. We also need strong and consistent state and national level advocacy. We ask, once again, that PCADV and their state and federal level partners engage in advocacy efforts around improving services for mental health and drug and alcohol service consumers.

FVPSA ARP Supplemental Grant

For services supported in whole or in part by your FVPSA ARP grant, share a story about a client, service or community initiative.

We had exhausted these funds in June of 2023.

What does your FVPSA ARP grant allow you to do that you wouldn't be able to do without this funding?

We maintained our partnerships with three hotels in our service area. We had exhausted these funds by June of 2023. We had utilized the majority of our FVPSA Supplemental Grant funding and other funding to continue to provide emergency shelter to survivors via hotel. Without the use of FVPSA grant funds, we would have had to turn survivors away and refer them to other shelter programs. For many survivors this would have meant leaving the area where their support system, employment and children's schools are. One of the hotels we utilize is pet friendly, which also enabled us to house survivors and their pets.

Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant in meeting the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity, sexual orientation, gender identity, or geographic isolation. Describe any ongoing challenges.

Our FVPSA Supplemental grant and other funding had allowed us to strengthen internal capacity for using technology for service delivery, maintain better quality internet service, and maintain Wi-Fi access for survivors utilizing our facility.

FVPSA ARP Mobile Grant

For services supported in whole or in part by your FVPSA ARP Mobile grant, share a story about a client, service or community initiative.

We assisted a family in relocating back to Columbia County after moving out of the area with their offender, and experiencing domestic violence. They had a list of things they needed to accomplish and only about two weeks to do it. We approved shelter for the family, then assisted in applying for child care through the Early Learning Program. Once approved they were able to return to their previous job at a daycare and take their child as well. We then assisted in providing funds for first month rent and security deposit. They are now on the way to becoming independent and providing a stable environment for their children.

What does your FVPSA ARP Mobile grant allow you to do that you wouldn't be able to do without this funding?

Healthcare providers continue to encourage patients to utilize telehealth, including mental health. Mental health services in our service area are extremely limited with long wait lists for in-person services. Telehealth may be the only way that a survivor can access the mental health services they

desperately need. However, many survivors in our service area are not able to take advantage of telehealth as a result of infrastructure issues affecting communications. We have maintained a safe place at our shelter facility, with the resources/supplies and equipment necessary for survivors and their children to safely access medical and mental health care utilizing telehealth services.

Often survivors do not have the financial means to purchase things they need to take care of their own health and the health of their children. We utilized our FVPSA Mobile Health funds to create and maintain a Healthy Survivors Support Fund to fill in the financial gaps and barriers that survivors face in getting and staying well. These resources, coupled with existing resources, have allowed us to assist survivors who are experiencing financial difficulty with food gift cards, gas cards, CVS gift cards, personal care items, cleaning supplies, clothing, etc.

Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA ARP Mobile grant, during the program year.

Our Medical Advocacy and Education Outreach staff continued to network with healthcare providers, community-based resources, pharmacies, etc. in our service area to advertise and increase awareness of the Healthy Survivor Support Fund and provided program referral information. Our Medical Advocacy and Education Unit also participated in community health fairs and community resource fairs to increase awareness of our program and the resources that are available to victims/survivors and their children. Our Outreach staff continued to help distribute flyers for our safe telehealth space. Information regarding the space has also been shared with community based resources through multidisciplinary teams and on all of our social media platforms.

Sincerely,

Christy Roberson
Executive Director

DOMESTIC VIOLENCE SERVICES PROVISIONS ESTIMAT

FY: 25/26
Program Name: The Women's Center, Inc.
County: (Please complete a separate form for each county you serve.) Columbia

Recipients	ESTIMATES	ACTUALS
Number of Victims	335	**467**
Number of Children	75	**88**
Number of Significant Others	45	**65**
Total Number of Recipients	**455**	**620**
Counseling/Advocacy		
Number of Counseling Hours to All Adult Victims	2250	**2180.72**
Number of Counseling Hours to All Children/Youth	375	**659.22**
Number of Counseling Hours to All Significant Others	112	**194.8**
Total Number of Counseling Hours	**2737**	**3034.74**
Emergency Shelter (including hotel)		
Number of Emergency Shelter Days to All Adult Victims	1000	**985**
Number of Emergency Shelter Days to All Children	600	**1024**
Total Number of Emergency Shelter Days to All Recipien	**1600**	**2009**
Number of New Adults Sheltered	30	**18**
Number of New Children Sheltered	18	**20**
Total Recipients Sheltered	**48**	**38**
Systems Advocacy		
Total Number of Systems Advocacy Contacts	**67**	130
Total Number of Hours	**17**	**49.75**
Community Education & Prevention Activities		
Number of Programs to Adults/General Population	50	**135**
Number of Persons Reached (Adults/General Population)	250	**794**
Number of Programs to Children/Youth	40	**95**
Number of Persons Reached (Children/Youth)	400	**774**
Total Number of Education/Prevention Activities	**90**	**230**
Total Persons Reached	**650**	**1568**
Total Number of Community-Wide Events	**7**	**17**
Training		
Number of 45-Hour DV Counselor/Advocate Trainings	1	**2**
Number Completing Training	5	**2**
Number of In-Service Trainings	2	**5**
Number of Persons Trained (In-Service Trainings)	15	**47**
Number of Community/Systems Trainings	4	**16**
Number of Persons Trained (Community/Systems Trainings)	50	**166**
Total Number of Trainings	**7**	**23**
Total Number of Persons Trained	**70**	**215**

End of Year Statistical Verification

According to our end of the year statistical reports, I certify that the "Actuals" data listed above is true and correct to the best of my knowledge.

Signature Christy Roberson Date 9/23/2026

Estimates vs. Actuals - Explanation of Variance

If there is a significant discrepancy between the amount of service you estimated providing and the amount actually provided, please provide an explanation below.

The number of adults and children sheltered were impacted by the combination of residents we had, sheltering at half capacity through the budget impasse, and the length of the average shelter stay due to lack of affordable housing options. Depsite the funding challenges we faced, our focus was on direct services. In prior years we had struggled to schedule and conduct trainings, however, we stayed persistent. This year those efforts paid off.

DOMESTIC VIOLENCE SERVICES PROVISIONS ESTIMAT

FY: 25/26
Program Name: The Women's Center, Inc.
County: (Please complete a separate form for each county you serve.) Montour

Recipients	ESTIMATES	ACTUALS
Number of Victims	95	**133**
Number of Children	22	**38**
Number of Significant Others	11	**25**
Total Number of Recipients	**128**	**196**
Counseling/Advocacy		
Number of Counseling Hours to All Adult Victims	375	**527.28**
Number of Counseling Hours to All Children/Youth	75	**91.15**
Number of Counseling Hours to All Significant Others	26	**66.62**
Total Number of Counseling Hours	**476**	**685.05**
Emergency Shelter (including hotel)		
Number of Emergency Shelter Days to All Adult Victims	37	**52**
Number of Emergency Shelter Days to All Children	37	**55**
Total Number of Emergency Shelter Days to All Recipien	**74**	**107**
Number of New Adults Sheltered	3	**4**
Number of New Children Sheltered	3	**2**
Total Recipients Sheltered	**6**	**6**
Systems Advocacy		
Total Number of Systems Advocacy Contacts	**45**	183
Total Number of Hours	**12**	**66.75**
Community Education & Prevention Activities		
Number of Programs to Adults/General Population	20	**69**
Number of Persons Reached (Adults/General Population)	150	**294**
Number of Programs to Children/Youth	40	**51**
Number of Persons Reached (Children/Youth)	350	**451**
Total Number of Education/Prevention Activities	**60**	**120**
Total Persons Reached	**500**	**745**
Total Number of Community-Wide Events	**5**	**10**
Training		
Number of 45-Hour DV Counselor/Advocate Trainings	0	**0**
Number Completing Training	0	**0**
Number of In-Service Trainings	20	**26**
Number of Persons Trained (In-Service Trainings)	19000	**17584**
Number of Community/Systems Trainings	4	**9**
Number of Persons Trained (Community/Systems Trainings)	40	**11**
Total Number of Trainings	**24**	**35**
Total Number of Persons Trained	**19040**	**17595**

End of Year Statistical Verification

According to our end of the year statistical reports, I certify that the "Actuals" data listed above is true and correct to the best of my knowledge.

Signature Christy Roberson Date 9/23/2026

Estimates vs. Actuals - Explanation of Variance

If there is a significant discrepancy between the amount of service you estimated providing and the amount actually provided, please provide an explanation below.

We did not meet our projections for number of person trained (in-service training). In the past we have included the domestic violence goals course that we developed that Geisinger requires all new employees to complete. Moving forward we will remove that from our service provision estimates. The DV Goals Course will be internally tracked separately.