



WOMEN'S GIVING  
A L L I A N C E  
THE COMMUNITY FOUNDATION

## **MENTAL HEALTH STRATEGIC FOCUS**

**2012-2018**

## **FINAL IMPACT REPORT**

**MARCH 4, 2019**

**"I alone cannot change the world,  
but I can cast a stone across the waters to create many ripples."  
Mother Teresa**

**FINAL IMPACT REPORT  
WOMEN'S GIVING ALLIANCE MENTAL HEALTH STRATEGIC FOCUS**

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**PART I: EXECUTIVE SUMMARY**

Founded in 2001 as a strategic initiative of The Community Foundation for Northeast Florida (TCF), the Women's Giving Alliance (WGA) is committed to inspiring women to be strategic philanthropists and investing in the lives of women and girls in Northeast Florida (NEFL). Through its first ten years, WGA made grants totaling \$3,131,000 to non-profits focused on economic empowerment, education, physical and mental health, and safety and justice across five NEFL counties (Baker, Clay, Duval, Nassau, and St. Johns).

Backed by extensive research and impact studies, WGA elected to focus all of its philanthropic capital on one, high profile NEFL challenge: improving access to mental health services for women and girls. Beginning with the 2012 grant cycle, all (two-year) grants were awarded to provide training to increase the number of mental health professionals; to increase evidence-based, gender-specific practices; to support development of unique models of service (that are being replicated by other local, regional and national organizations); and to support research to develop a gender-specific system of care for women veterans and women and girls involved in the criminal justice system.

Between 2012 and 2016, WGA awarded nearly \$2 million in grants through 23 grants to 17 Northeast Florida non-profits. Results are tangible:

- More than 8,800 women and girls received services through the grantee agencies (grantees).
- At least 35 mental health professionals were added to grantees' staff.
- An estimated 750 mental health professionals were trained either through training sessions and/or had hands-on experience working with the non-profits.
- At least five new programs/protocols were developed and cascaded well beyond NEFL.
- Advanced gender-based mental health support for women veterans and girls/young women impacted by the juvenile justice system.

Through the preparation of this report, WGA learned the dollars awarded in grants were only the beginning of the impact.

- As an organization, WGA grew both in numbers and in activities around the mental health focus.
- WGA developed a robust infrastructure to support the decision, evaluation and impact of grant-making along with communications, education and advocacy around the effort.
- WGA increased its presence among local and state legislators to advance mental health initiatives.
- WGA's partnerships with the grantees became a linchpin to address specific needs on a timely basis.
- Most importantly, many women of the WGA learned the language of mental health issues, shared their awareness of available services, and gained the courage to talk to others.

This report attempts to capture the strength of the effect of this single focus from the perspectives of grantees, the community, the individual WGA member, and the WGA itself. It will:

- Inform WGA members and other donors of mental health grant impact over the 2012-2018 award-to-completion cycle for mental health grants;

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- Influence the resources, services, collaborations and support provided by community-based organizations, social service agencies, and public sector organizations that the WGA understands, researches, acts, evaluates and has impact; and
- Advance advocacy efforts designed to enhance the lives of women and girls and, by so doing, improve our community.

Included in this report:

- **Overarching themes:** Across 23 grants, the report summarizes the recurring challenges and findings as reported by the grantees. This information was augmented by insight provided by community leaders and WGA members on what stands out today from this effort.
- **What's Better:** Across a wide range of efforts, the 17 grantees reported remarkable progress from purposeful pilot studies to approach-changing results. Community leaders offered a high level line-of-sight into what they see as progress. The WGA impact on its expansion into advocacy, education, and member connections amplified progress. Polled online, WGA members offered their own insight into how they are better equipped to discuss mental health services.
- **What Needs Work:** While every grantee met or even exceeded their proposed offering, there were ample examples of hurdles, gaps, To Do's, and surprises that impacted mental health support for women and girls. Community leaders and individual WGA members identified additional challenges
- **Community Ripples:** Even as WGA wrapped up funding mental health grants, many grantees continued to report momentum in the arena, an observation echoed by community leaders interviewed as part of this report. The grants generated some remarkable waves.

This report captures information and perspectives from the following:

- Final reports from all 23 mental health grants awarded and completed from 2012-2018.
- Interviews with key WGA and TCF participants in strategic, research, grant-making and evaluation roles for the mental health focus area.
- A review of WGA research and reports on the mental health focus area.
- An online poll on the impact of the mental health focus area on WGA members' individual strategic philanthropic perspectives.
- Interviews with key community leaders regarding their perception of the WGA's impact on improving the mental health of women and girls in Northeast Florida.

It must be said that this effort was made possible through the support and guidance provided by The Community Foundation for Northeast Florida. Through their example, WGA was encouraged to target their dollars around specific, researched needs. TCF inspired WGA to relate to the non-profits through annual convening sessions of all grantees, creating a robust partnership from the outset of this focus area. Most importantly, TCF taught WGA that the most powerful way to make a difference is to pool minds, intellectual capital and grant dollars.

WGA's decision to invest all of its philanthropic capital into a single, strategic focused approach for six years was a first, nationally, for a women's giving circle. Many considered a single strategic focus to be bold and courageous. Given the results, it was a wise decision.

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### PART II: OVERARCHING THEMES

WGA's focus on increasing access to mental health services to women and girls in NEFL was intended to raise visibility of the challenge. It went further, by opening up awareness to the grantees, the community, and WGA on how much was needed. Focusing on women and girls made an overwhelming topic manageable. Today, there are local articles, at least weekly, regarding mental health service providers, or the opening of a new, gender-specific facility to support women and girls' wellness needs. For a topic that was rarely mentioned even six years ago, there are more – but not enough – discussions.

**Research-Based Priorities Led to Investment in Innovation:** WGA research conducted in advance of announcing the mental health strategic focus (in 2012) was crucial to prioritizing needed funding. The grant decision process became an opportunity for WGA to invest in grantees advancing new therapy models, piloting innovative programs, developing much-needed treatment protocols, and investing in the training on nontraditional interventions (e.g., art therapy, yoga, Tell-Me-A-Story narrative therapy). It facilitated the creation of a national model for female military veterans returning to the workforce. A major effort piloted programs and protocols to reduce using jails and prisons for mental services. Grantees taught WGA that aligning mental health services with medical support, wraparound services, and other mental health needs such as substance abuse counseling produced substantial results. Grantees used outreach services, residential facilities, cohort groups, surveys, and extensive research-based efforts to achieve remarkable, long-lasting outcomes. In all cases, the grantee outcomes exceeded original estimates, demonstrating both the demand for the services offered and a variety of innovative and effective means to deliver service.

**Trauma is Ground Zero:** Key agencies recognized the mission-critical need for trauma-informed counselors to be available at mental health agencies working with women and girls inside and outside of shelters and residences. Traumatic events include physical, psychological and sexual abuse; domestic violence; witnessing violence against others; and accidents. Individuals who have experienced trauma are at an elevated risk for substance use disorders, mental health problems and physical disorders. Trauma interventions were required to help clients develop sufficient coping skills as an alternative to the use of mood-altering substances. Evidence-based expansion of gender-based therapy and increased access to counseling became mission critical. WGA amped up its emphasis on grants for trauma-informed training as a result of this feedback.

**Co-Located Services Brought Considerable Success:** Across a number of grants, the availability of multiple services in one location resulted in higher-than-expected success rates.

- For girls, having mental health service providers co-located at their schools resulted in reduced recidivism and higher educational advancement. Treatment at the facility was considerably less disruptive than referring girls to other organizations.
- Medical clinics for the uninsured that added mental wellness screening found that it led to more mental health diagnoses and treatments for more clients than anticipated.
- Grantees who provided various forms of wraparound support (e.g., financial literacy, food pantry, or group counseling) coupled with mental health services reported better than anticipated mental health outcomes.
- Trauma-informed service providers proved to be a baseline for safety and wellness for a domestic violence shelter. When these providers teamed with other mental health professionals who

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specialized in abuse counseling (substance and alcohol), the progress was substantial. Across several residential facilities, availability of mental health professionals 24/7 at the facilities proved to be a necessity, not a “nice-to-have.”

- Grantees noted that hiring dedicated staff/mental health professionals to train and oversee interns had considerable positive impact across the entire staff and the entire organization.

**Collaboration:** While many grantees’ original proposals focused on their own initiatives, the depth and breadth of mental health issues they encountered necessitated reaching out to other non-profits to support their clients’ needs. In particular, the need for other support services to wrap around the mental health clients heightened the need for collaboration. The timing of WGA’s grantee convening sessions provided a face-to-face opportunity to learn about other agencies’ services and an instant connection. Throughout the five-cycle grant period, grant proposals and final reports continued to note an increase in non-profit organizational collaboration between and among WGA grantees.

**Partnerships:** WGA and its members have always been active in the NEFL non-profit community through volunteer work, fulfilling roles as Board members and making individual donations. Through this strategic focus, however, the relationship evolved to one of an active partnership where grantees and WGA regularly exchanged perspectives and information. It became clear that grantees viewed WGA as more than a funding partner, and WGA viewed these non-profits as much more than a two-year commitment. Through listening to grant seekers, convening grantees for updates and input, and ongoing growth in WGA member awareness, this partnership model furthered WGA’s ability to fund programs that the community needs.

**Call To Action:** Two years after WGA announced its mental health access focus area, Baptist Health Foundation funded Jacksonville Community Council Inc.’s (JCCI) 18-month effort toward “unlocking the pieces of mental health in Northeast Florida.” More than 20 WGA members participated in some aspect of the JCCI effort. The depth and breadth of the JCCI study elevated awareness and importance of mental health issues, and provided an additional line of sight into WGA’s efforts as more grant seekers recognized WGA’s gravitational pull. In addition, WGA’s support through member training, constant communications for member awareness, and active advocacy on key mental health legislative issues carried significant reputational weight.

**Mental Illness is Pervasive in NEFL.** Per the JCCI study, the National Institute of Mental Health (NIMH) estimates that one in every four adults, or approximately 268,384 of the 1,073,534 adults in NEFL are living with a mental illness. About 4% of adults live with a severe mental illness, or more than 42,000 in NEFL. NIMH estimates that one-half of all chronic mental illness begins by age 14, and 75% by age 24. Approximately 22,000 youths age 13-18 in NEFL have experienced severe mental health illnesses at some point in their lives; however, nearly half of these youth received no mental health services in the previous year. Even though most mental illnesses can be effectively treated, allowing the individual to recover and lead a productive life, an estimated 60% of adults and 50% of children with mental illnesses are never diagnosed or treated.

**NEFL Mental Health Discussions Remain Rare.** Again, per the JCCI Study, mental health is rarely discussed, people with mental illnesses are stigmatized in the community, there is a shortage of mental health professionals, the system of care is fragmented, and the public sector is severely underfunded. All of these lead to an undersupply of preventive and rehabilitative services.

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**The Mental Health System is Complex and Costly.** Navigating through the complex system can be intimidating and deferring, with limited capacity and even more challenges to access, whether public or private. The single largest providers of mental health services in the country are jails and prisons, where a disproportionate percentage of incarcerated individuals have a diagnosable mental illness.

**More Professionals Needed:** The shortage of mental health professionals is broad and deep, and funding professional development was a goal from the outset. Grantees quickly recognized the need for more specialized counseling and therapeutic mental health services that go beyond basic individual and group counseling originally offered, and included the need for professionals trained in substance abuse, post-traumatic stress, and severe depression.

Numerous grantees made concerted efforts to collaborate with universities to leverage their mental health and social work interns/graduate students to fulfill their grant programs. The interns and graduate students benefitted from real-time increased awareness of the unique issues and mental health concerns experienced by victims of domestic violence. As importantly, the additional staffing provided by the students allowed several programs to reduce appointment wait time from four weeks to one, critical to women who have come forth to talk. These training opportunities made many grantee agencies, highly sought-after training grounds for post-graduate interns.

A critical short-, intermediate- and long-term issue is the acute shortage of psychiatrists for adults and especially children. Appointments with outside mental health providers can take one to three months, with added months of wait time to see a psychiatrist, especially for the uninsured or those on Medicaid. Nationally, fewer psychiatrists are in medical school, especially in the area of child psychiatry, and older therapists are retiring. Newer therapists may lack the necessary experience. The need for access to more mental health services for severe psychiatric cases only grows.

In addition to the acute shortage of mental health counselors, there is an equal if not higher need to increase the number of residential treatment centers for women. When survivors make the decision to choose residential treatment, most often there is a long waiting list.

**Funding Hurdle:** While WGA's nearly \$2 million in grants provided access to mental health services for women and girls, educated and/or trained professionals, and furthered the establishment of new protocols for state and national organizations regarding the offering and operation of mental health services for women and girls, there was only slight movement in the State of Florida's funding for mental health. While actual dollars increased slightly in the 2015-2016 budget, Florida remains 50th in per capita funding for mental health services. NEFL receives the second lowest per capita funding for mental health services in the State of Florida. The February 14, 2018, shootings at a Parkland, FL high school prompted some additional funding for access to mental health counselors at the schools; however, this was the first new funding since 2015 for mental health.

WGA follows a rigorous process that includes taking risks on proof-of-concept and/or evidence-based pilot proposals. Awarded grants are monitored semi-annually through completion. For every mental health grant awarded, grantees exceeded their original estimates for access to services. However, in some cases, the lack of available funding for continuation of these WGA grant successes is a concern.

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**Medicaid Muddle:** As of early 2019, Florida remains one of 14 states not accepting Medicaid dollars through the Affordable Care Act (ACA). Published research indicates that over one million Floridians would benefit from this Medicaid expansion, many of them in the mental health arena. Many grantees commented regularly on this lack of Medicaid funding and the 1990-level reimbursement rates, both greatly limiting availability of affordable mental health services and a co-occurring issue, treatment for substance abuse. WGA is stalwart in pursuing advocacy for better access to mental health services in the face of a legislature challenged both by the stigma of mental health and seeming unwillingness to address additional Medicaid funding.

**Ripple Effects:** From the outset, WGA's philanthropic crosshairs were aimed squarely at women and girls in NEFL. Investment in evidence-based protocols and pilots ended up creating ripples of innovation that crossed county lines. The grantees made this happen. Like sustained physical health, there is an economic benefit to sustained mental health. There is an economic benefit to the community of women and girls seeking and obtaining mental health support that allows them to continue to function in the workforce, attend and advance in school, and maintain a safe home. This impact attributable to mental health support is known to reduce trips to the Emergency Department (ED) and/or reduce detention or incarceration because of a mental health issue. Again, grantees made this happen. WGA cannot quantify these ripple effects, but knows there are substantial waves.

### PART III: WHAT'S BETTER

In assessing the impact of the 2012-2018 grant cycles, the consensus is that WGA's mental health initiative was "bold" and even "courageous" and moved the needle on the mental health front in a number of arenas. The grants brought attention to female mental health needs and increased access to services. Member awareness on mental health issues increased through 125 events on the subject, and members invested in in-depth committee work to support the initiative. Thanks to support from [The Florida Times-Union](#), community awareness increased through greater news coverage and more attention from other community stakeholders.

In six years of grant-making focused on mental health, 23 two-year grants to 17 agencies totaling \$1.9 million have:

- Provided access to mental health services for more than 8,800 women and girls in Baker, Clay, Duval, Nassau and St. Johns Counties;
- Provided training to increase the number of mental health professionals, volunteers and Board members supporting evidence-based, gender-specific practices of a trauma-informed culture;
- Supported development of five unique models of service that are being replicated by other local, regional and national organizations;
- Supported research to plan and execute on a gender-specific system of care for women veterans;
- Convened mental health grantees annually to learn about gaps in services and to adapt grant-making as appropriate to achieve greater impact;
- Advanced advocacy efforts to improve mental health services for women and girls including:
  - Successfully advocating for a \$3 million state program, Open Doors, to help sexually exploited children;
  - Individually joining coalitions to advocate successfully for an increase of \$53 million in the 2015-2016 state budget; and

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- Advocating for passage of the Child Marriage Law change, raising the minimum age to marry from 16 to 17 in Florida. Note: The statistics for the 2000-2015 periods demonstrate that 16,400 minors were married, with 87% of those being girls (some as young as 13).
- Made knowledge and progress accessible. Per the grantees, WGA captured results and shared them across all the agencies, a key component of the partnership between WGA and its grantees.
- Stimulated dialogue about mental health issues, services and access among agencies and the media.

In 2012, WGA was one NEFL philanthropic organization to ask what is happening in the field of mental health services, gathered research, and engaged with grant seekers on how to go about improving access to mental health services. In 2014, the Baptist Health Foundation-funded JCCI study complemented and confirmed the depth and breadth of the mental health challenges. The JCCI study brought together numerous NEFL organizations including 23 WGA members to further qualify and quantify the needs, considerations, and an operational set of next steps, further raising awareness that grant support for access to mental health care was/is much needed.

Over the six years of WGA's mental health strategic focus, Baptist Health Foundation and United Way embarked on a number of mental health initiatives in conjunction with Florida Blue and other non-profits. While the needle moved slowly and, at times, seemed stuck, the WGA and JCCI initiatives positioned NEFL with some additional "infrastructure" poised for action should funding appear. The tragic Parkland shootings and the intense response of the high school students and their parents triggered funding action. As NEFL received some funding for mental health counselors assigned to every school, the needle moved ever so slightly.

#### RIGOROUS, RESEARCH-BASED PRIORITIES

On its 10<sup>th</sup> anniversary, WGA embarked on a research effort to update its 2004 study, ***Voices Heard...Women and Girls Speak***, to identify new perspectives on gender-specific needs in Northeast Florida. Agencies at roundtable sessions hosted by WGA and follow-up secondary research identified mental health and well-being as one of the top issues meriting particular attention. In the decision to focus all its philanthropic capital on improving access to mental health services for women and girls, WGA defined its intent to direct and measure this strategic focus in ***Stronger Voices ... Better Lives***:

- Inform others that WGA grants are targeted toward areas of greatest need and potential for impact.
- Influence the resources, services, collaborations and support provided by community-based organizations, social service agencies and public sector organizations.
- Provide information to assist advocacy efforts designed to enhance the lives of women and girls, and by doing so, improve our communities.

This single, strategic focus approach prompted WGA to add additional rigor to its grant execution program to ensure this historically underfunded issue received impactful, targeted funding. The grants' processes were formalized under a Grants Leadership Team composed of a Decision and an Evaluation Team. The teams developed a Request for Proposal (RFP) protocol and timetable. The decision process included RFP review, scrutiny of the grant seeker's financials, and an on-site agency visit. The Decision Team thoroughly vetted each request, culminating in grant award recommendations driven by available grant pool dollars plus a portion of investment earnings from the endowment fund. Grant awards were member-ratified and announced at the annual October meeting. Grantees were visited semi-annually by the Evaluation

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Team to evaluate progress, performance, and to authorize the next cycle of funding. Per roundtable urging, all grants were awarded for two years to allow grantees time to initiate, fine-tune, and fully execute the proposed work. In 2014, WGA began an annual convening of all active grantees for sharing feedback on progress, issues, and needs, and initiated reporting on the impact of all completed grants.

The rigors applied to research and decision making were only exceeded by the performance achieved by the grantees. In summary:

Agency	Award	Women/ Girls Served	% of Goal	Included Training	New Protocol/ Pilot/Program
<b>2012-2014</b>					
PACE Center for Girls	\$115,000	158	116%	Yes	Yes
Volunteers in Medicine	\$10,000	594	119%	Yes	Yes
Women's Center of Jacksonville	\$100,000	456	188%	Yes	Yes
Sulzbacher Center for the Homeless	\$91,656	271	263%	Yes	Yes
<b>2013-2015</b>					
Delores Barr Weaver Policy Center	\$100,000	426	189%	Yes	Yes
Betty Griffin House	\$130,000	1,248	200%	Yes	Yes
Starting Point Behavioral Healthcare	\$110,000	250	125%	Yes	Yes
<b>2014-2016</b>					
BEAM	\$100,000	34	100%	Yes	Yes
ReStorHER (NEFL Women Veterans Assn.)	\$100,000	Survey/plan	100%	No	Yes
RISE! Hubbard House	\$98,000	454	103%	Yes	Yes
The Way Free Medical Clinic	\$20,000	200	100%	Yes	Yes
Women's Center of Jacksonville	\$135,000	479	133%	Yes	Yes
<b>2015-2017</b>					
Barnabas Center	\$110,000	274	219%	Yes	Yes
Gateway Community Services	\$29,300	567	150%	Yes	Yes
Mental Health America of NEFL	\$84,000	495	100%	Yes	Yes
Rethreaded	\$74,680	12	150%	Yes	Yes
Sulzbacher Center for the Homeless	\$97,020	231	175%	Yes	Yes
<b>2016-2018</b>					
Betty Griffin House	\$100,000	313	212%	Yes	Yes
Delores Barr Weaver Policy Center	\$100,000	448	150%	Yes	Yes
RISE! Hubbard House	\$100,000	580	116%	Yes	Yes
Jewish Family & Community Services	\$100,000	128	100%	Yes	Yes
Volunteers in Medicine	\$22,000	1,278	100%	Yes	Yes
Non Profit Center Impact Grant	\$10,000	NA	NA	NA	Yes
TOTAL	\$1,956,656	8,893*			

\*Women/Girls Served based on reported results.

***"...There is truly a model in the way that you so thoroughly and personally collect your data to determine the funding needs that exist." Grantee, WGA 2014 Convening Session***

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A review across all grant awards from 2012-2016 revealed that WGA invested in three key areas:

- **Trauma-Informed Support.** Eight grants totaling \$801,356 were awarded to grantees focused on trauma-informed counseling and support at and for domestic/sexual violence centers. The grants supported 3,361 women and girls over the six years.
- **Co-Located and Wraparound Services:** Eight grants totaling \$597,000 were awarded to grantees that provided mental health services as part of their array of services either co-located or on an outreach basis. Nearly 3,500 women and girls had access to mental health services from these grants.
- **Investment in Innovation:** Seven grants totaling \$538,300 were awarded to grantees developing protocols for women veterans, girls impacted by the juvenile justice system, and advanced training for mental health professionals. More than 2,000 women and girls received access to mental health services.

### TRAUMA-INFORMED SUPPORT

Per WGA research and roundtable discussions, individuals who have experienced trauma are at an elevated risk for substance use disorders, mental health problems and physical disorders. Research shows they have greater difficulty maintaining sobriety and increased difficulty in healing from traumatic memories. Traumatic events include physical, psychological and sexual abuse; domestic violence; witnessing violence against others; and accidents. Findings indicated the population of women clients suffering from substance use disorder had a high prevalence of trauma experience.

WGA learned up front that trauma interventions were required to help clients develop sufficient coping skills. To provide these interventions, there was a very high need for (many more) trauma-informed counselors, putting trauma training and mental health services access as the top grant award priorities.

WGA awarded eight grants to providing or advancing the training for women and girls impacted by trauma. There were many lessons learned – and some progress on treatment - during the grant cycle. The following grantees highlight efforts of trauma-centric programs.

#### **I. M. SULZBACHER CENTER TRAUMA-INFORMED THERAPY FOR HOMELESS FEMALES**

Single mothers head 90% of the families at the Sulzbacher homeless shelter. If a woman has been on the street, almost 100% have experienced trauma, and many have experienced sexual trauma. In response, the Sulzbacher Center provides onsite crisis management and mental health services to resident homeless women and girls. It is also active in establishing linkages to community resources and to coordinate wraparound services while providing ongoing support.

During the grant cycles, the number of women needing services was greater than projected, and the need for both trauma-informed peer support and individual counseling increased during this time. Part of the success story from the grant stemmed from the Center's ability to provide both physical and mental health support and proper referrals. The grant enabled the Sulzbacher Center to provide mental health services access to an additional 502 women and girls at the Center between 2012 and 2017.

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Today, Sulzbacher has an Intensive case manager in the shelter and has conducted trauma-informed training for their entire staff. There are now two staff Psychiatrists on site.

Key takeaways: (1) Having the Licensed Mental Health Counselor imbedded "in shelter" has been critical, as the women need someone there "right now" to help when they are ready to talk; and (2) Timing of peer group meetings (during the dinner hour) maximized attendance.

#### **RETHREADED SURVIVOR ADVOCATE PROGRAM**

Rethreaded's Survivor Advocate Program included the training of 100% of employees, all Board members, and key volunteers on trauma-informed practices to provide a trauma-informed workplace vital to success of its survivor-employees. With this environment, Rethreaded exceeded its grant goals and achieved a 75-90% annual retention rate for current and newly hired employee survivors, and provided services to 100% of employee survivors seeking mental health treatment. Twelve women completed the program.

Key Takeaways: (1) Rethreaded learned most survivors reach a level of stability after one year. This stability brings realization of the deeper trauma experienced, and a need for long term counseling. (2) The grant facilitated a Counselor or intern to be available by telephone or in person to attend to after-hours mental health crises. Betty Griffin House, Hubbard House, I. M. Sulzbacher also reported a similar 24/7 need.

#### **BETTY GRIFFIN HOUSE (BGH) C.A.R.E. AND HOPE IN RECOVERY**

The first WGA grant, the C.A.R.E Program, provided timely counseling services to survivors of domestic and/or sexual assault with particular emphasis on female military to help move them into a safe, healthy lifestyle. The WGA grant allowed BGH to leverage their counseling services by moving a part-time counselor to full-time and by using Master's Level Interns to provide assistance to 1,248 women during the first grant.

Because BGH knows there is a clear intersect between domestic and sexual abuse, substance abuse, and homelessness, they found that most women dealing with substance abuse are victims of child molestation, rape and/or domestic violence, which is the root cause of the substance abuse. The therapists in the C.A.R.E Program addressed the underlying trauma history rather than just working on the substance abuse issue.

The second BGH grant, Hope in Recovery, increased BGH's capacity to provide timely counseling to 313 survivors of domestic and sexual abuse and to strengthen and increase the accessibility of comprehensive empowerment-based services to survivors with co-occurring substance abuse issues. As part of this effort, BGH increased the capacity of both the BGH and the substance abuse provider by cross-training the center's respective counselors to make a significant difference toward providing services that are both sexual/domestic abuse and substance abuse-informed. As importantly, Betty Griffin House co-located a substance abuse/misuse therapist at the BGH, finding it was easier to get shelter residents to go to counseling because the office was "right there."

The Hope in Recovery Team held monthly meetings to discuss strengths and challenges impacting BGH's ability to provide services. During these meetings, other non-profit agencies were invited to provide

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information on their services and how to make appropriate reciprocal referrals, a simple process that provided significant lift to building community partners for both BGH and the agencies. As a result, BGH established relationships to facilitate providing holistic services which placed an emphasis on the physical and emotional safety of survivors. When self-referring participants completed a safety plan, felt empowered for their own self-determination and exited the program with an after-care plan that met their individual safety and recovery needs, they exited the program with resources in the community to aid in their sobriety.

Betty Griffin House successfully leveraged counseling services by moving part-time counselors to full-time, and using Master's Level Interns or advocates to provide crisis counseling for up to three initial sessions to perform safety planning, answer questions on the criminal justice process, and to get referrals for other types of services needed. With many questions answered, the woman in crisis could fully focus on therapy when meeting with the full-time counselor.

Key Takeaways: (1) The greater than anticipated need for coordination of services with other agencies led to the introduction of the Hope In Recovery monthly meetings and emphasis on addressing survivors' trauma. (2) Client-to-client referrals sent a powerful message. (3) BGH thought "outside the box" and offered a variety of therapies. These "alternative" approaches engaged a lot of women to come in for services.

#### **HUBBARD HOUSE RISE! PROGRAM**

The RISE! Program offered integrative, gender-specific mental health counseling to victims of domestic violence leading to an increase in personal empowerment and coping skills, a reduction in trauma symptoms, enhanced knowledge about mental health resources, and augmented safety strategies. During the two, two-year grant cycles, the RISE! counselor recruited, trained and utilized on average three Master's Level interns each year. The RISE! counselor and interns coordinated with other advocates and services providers to provide wraparound services in outreach and the community. In addition, the RISE! counselor or an intern was available by telephone or in person to attend to after-hours mental health crises. As reported by Hubbard House, the grant enabled 1,034 additional women access to mental health services.

The RISE! Program provided trauma-informed therapy, cognitive/behavioral therapy, art therapy, yoga therapy and spiritual enrichment opportunities through individual and group counseling. In addition, the program was able to offer individual counseling to outreach program participants as well as shelter clients. The RISE! counselor continued ongoing counseling with shelter clients who had exited the program and moved to independent living, increasing outreach to clientele by marketing the individual counseling offered with the program to outreach participants and extending services to include yoga and spiritual enrichment for the shelter participants. The RISE! counselor conducted five workshops on trauma-informed care with battered women and created collateral materials specific to mental health services for victims of domestic violence.

The RISE! counselor provided four workshops to students studying for their Master's degree in mental health and/or social work. Between these workshops and use of interns/practicum students, RISE! enhanced the counseling skills of future mental health practitioners, thereby increasing the capacity of gender-specific/specialized mental health counselors available to victims of domestic violence. RISE! was

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able to increase the number of clients served by using Master's Level Interns and Practicum students during the grant period, and RISE! clients benefited from the distinctive skill set of each individual intern (MSW or mental health counseling). The Interns and Practicum students benefitted from their increased awareness of the unique issues and mental health concerns experienced by victims of domestic violence.

Key Takeaways: (1) Trauma-informed training for EVERYONE on the staff was important. (2) The program used a number of tools to measure the level of personal empowerment in clients, and measurement became a strategic priority in five-year strategic plan. (3) With the "Tell Me A story" project, the Center reached out to various universities in the area to share the narrative storytelling project with their Master's students in both mental health and social work fields. This has generated multiple requests for individual counseling using this technique.

#### **STARTING POINT BEHAVIORAL HEALTHCARE NEEDS OF WOMEN (NOW) TODAY**

Starting Point is Nassau County's primary non-profit provider of outpatient mental health and substance abuse treatment services. The NOW Today program, a collaboration among Starting Point, Micah's Place (shelter and support for domestic violence victims) and Barnabas Center (crisis and healthcare services) empowered women to learn to maintain a healthier lifestyle, take an active role in their own care, and to improve health and wellness for themselves and their family.

Starting Point confirmed the need for mental health treatment to be available to women and girls in the Nassau County community. The NOW Today Program allowed 250 women and girls to receive behavioral health services in any of the collaborative settings. These services included individual counseling, group counseling, and medication management to treat a wide range of trauma, mood, and substance-related issues. Without this program, these women would likely have never received needed treatment due to financial and transportation-related barriers to care.

The NOW–Today Program utilized a combination of brief crisis counseling, brief and longer-term Cognitive Behavioral Therapy, motivational interviewing, relaxation and communication skills training, substance abuse treatment, and medication management. Of the clients that completed four or more counseling sessions, 80% showed a decrease in their overall amount of depressive symptoms (per the PHQ-9 results, or Patient Health Questionnaire, a standard assessment tool).

Key Takeaways: (1) The NOW Today Program established an ongoing collaboration between Starting Point Behavioral Healthcare, Barnabas, and Micah's Place, creating a streamlined connection between a Starting Point Counselor, crisis assistance/food/affordable healthcare provider, and domestic violence shelter; and (2) Created a domestic violence support group set up by NOW counselor and Micah's Place.

#### **CO-LOCATED AND WRAPAROUND SERVICES**

Another WGA early research learning was that the need for mental health support was not a stand-alone issue. To offer access to more services, WGA provided nearly a third of its funding to either center-based mental health providers that also provided wraparound support, or to outreach mental health providers who brought wraparound services to the women and girls. More than 3,500 women and girls were served by eight grants providing wraparound and/or co-located medical and mental health services.

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#### **BARNABAS CENTER WOMEN'S HEALTH INITIATIVE IN NASSAU (WHIN)**

The Barnabas project addressed the mental health needs of 274 women who had each experienced a severe life event including child abuse, divorce, homelessness, incarceration, physical/sexual abuse, unexpected loss of a loved one, and/or serious medical conditions. Activities served women incarcerated in jail, women housed in a domestic violence shelter, and women housed in a local homeless shelter. Licensed clinical staff trained in trauma care provided interventions. The need for this work was obvious and very individualized with the different groups of women served. Art Therapy provided by Master's Level therapists coupled with Barnabas' wraparound services (medical, dental, emergency food, and crisis assistance) focused on the survivor's strengths and improved overall health and well-being.

Key Takeaways: (1) Women who participate in group therapy create bonds. (2) Women who go through this group approach (instead of individual counseling) become more self-aware. They realize how much their mental health issues impact them. It helps to know others have the same issues. Then, they are more interested in participating in individual counseling. (3) This group therapy will become more integrated into their future approaches.

#### **THE WOMEN'S CENTER MENTAL HEALTH COUNSELING**

The Women's Center provided gender responsive, trauma-informed mental health services to more than 935 women while enhancing professional development for their counselors and interns. This emphasis on professional development and staffing innovation led to effective use of resources allowing the Center to serve considerably more women.

- Professional development funding and a train-the-trainer approach led to expertise in the new mind/body approach to resolving trauma (Emotional Freedom Technique or EFT). Clients who were ready and open to using this technique resolved trauma much faster (e.g., PTSD for one trauma can be concluded in four to six sessions rather than 20 sessions using traditional methods.)
  - Better professional development allows a better match of therapy to client and gives the Center more options.
  - Integrative therapies—to include yoga, art, and movement—made a difference and “really helped.”
- Having a full-time Licensed Mental Health Counselor plus four graduate student interns allowed Center callers to talk to a real person on their first call. By increasing staff to handle administrative functions, interns and advocates could focus on addressing immediate caller needs, allowing the administrative staff to book the first appointment within one week while the women were still ready to talk.
- Graduate students were leveraged as part of “full time” staff augmentation, allowing the Center to serve more women and train future mental health professionals. The Center viewed this grant phase as an exciting time of growth, and made the Center a proven highly sought after training ground for postgraduate interns.

Key Takeaways: (1) Clients used phones (not computers) and didn't listen to voicemail but did respond to texts. Texting improved Center productivity and reduced missed appointments. (2) Augmenting administrative staff provided significant lift for interns to provide immediate non-counseling support and

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prepare new clients for counseling sessions. This pre-prep and administrative support enabled the counselor to focus on counseling, not admin or legal questions. (3) Trauma is not a short-term crisis intervention, and the Center had to be flexible about how and how long they treated the clients.

#### **BEAM (BEACHES EMERGENCY ASSISTANCE MINISTRY) SINGLE PARENT PROJECT**

BEAM provided intensive wraparound services to low-income single mothers to help achieve long-term self-sufficiency, minimizing the damaging psychological, social and economic consequences that a life of poverty brings to women raising children alone. A total of 34 women completed the program, which included group interventions around parenting, financial management as well as mental health.

Key Takeaways: (1) Though mental health services were a component of the wraparound project, offering mental health counseling didn't mean the women would accept the help (though those who wouldn't accept help fell out of project). BEAM leveraged Sulzbacher Center to provide the counseling services; (2) While many participants had multiple improvements (e.g., regular jobs, jobs with benefits, educational advancement, monthly budgeting, credit scores, self confidence, matched savings accounts, worked with dietician, partnered with collaborators to provide mental health counseling at no cost), BEAM learned it was not a program for everyone. Women had to be ready to want to improve their lives; and (3) The power of women supporting women in a cohort group was a first-time experience for many of the participants.

#### **JEWISH FAMILY AND COMMUNITY SERVICES (JFCS) SLIDING FEE SCALE MENTAL HEALTH COUNSELING**

The JFCS Sliding Fee Scale program provided for individual and family mental health counseling to women and girls "caught in the middle" of holding down a job, caring for children without the support of family or others, or ineligible for Medicaid but without adequate insurance. The JFCS Sliding Fee Scale program was an innovative and very effective way to provide the co-pay needed for mental health counseling for 128 women and girls who couldn't afford it otherwise, and one of a few places where psychiatric services were available on a sliding fee scale. The sliding fee scale allowed the client to afford counseling and take ownership of her treatment.

The program paired well with JFCS' in-home abuse prevention programs that include individual wraparound services such as financial, food and in-home therapeutic services. As an outreach program, the in-home mental health treatment offered reduced barriers to wraparound services offered by JFCS. During sessions, clients were offered therapies (e.g., art therapy, poetry, journaling) that complemented their treatment. Each client participated in a bio-psychosocial evaluation. JFCS psychiatrist provided psychiatric evaluation and medication management (only) once per month. There is a growing demand to meet these critical services.

Key Takeaways: (1) JFCS was surprised at the large number of women seeking services – well in excess of their grant estimate. (2) As an outreach, wraparound services provider, JFCS was able to help eliminate barriers to therapy (including stigma) by performing services in the women's homes. (3) While in the home, the Case Manager saw evidence of childhood trauma, self-harm and mental health crises among girls, which they were able to address.

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**VOLUNTEERS IN MEDICINE HEALING THE MIND, BODY, HEART AND SOUL**

The Volunteers in Medicine programs conducted mental health screenings for patients during their Well Woman exams and viewed mental health services as a key component to the integrated care model essential to a woman's overall health. The grants supported mental health screening, counseling, medications and psychiatric services for 1,872 women as well as offset indirect costs for women in Duval County. The program budget was underestimated by a 25% increase in the total appointments.

Volunteers in Medicine remains one of the best examples of integrated care - combining primary health and behavioral health in one setting - in Duval County. Addressing the whole person and her physical and behavioral health is essential for positive health outcomes. Mental health services are a key component of an integrated care model and essential to an individual's overall health, lifting the women's ability to manage daily challenges and personal interactions at work, with their children and family members. An outcome, though not measured by this grant, is to keep patients healthy, stable, employed and out of expensive hospital EDs.

Key Takeaways: (1) Volunteers in Medicine engaged students from UNF Nursing, UNF Nurse Practitioners and St. Vincent's Family Residency programs who continue to learn the importance of mental health screening and care as part of an integrated care model. (2) The addition of a data analytics program to the electronic medical records system enabled more accurate and detailed reporting.

**THE WAY FREE MEDICAL CLINIC NEW ROOTS AND ABUNDANT FRUITS: GROW WHERE YOU ARE PLANTED**

Founded in 2006, The Way Free Medical Clinic provides access to medical care and services to the uninsured and indigent men, women and children of Clay County, the majority of whom are Hispanic immigrants. With the grant, The Way Free Clinic was able to assess 200 and treat 100 uninsured women who may have been struggling with depression or other mental illnesses (and no other access to services) in Clay County. Many women received services that otherwise would have gone undetected or lost in the system. One hundred percent of the women who scored at risk for a mental health disorder were further evaluated and treated because of this program.

Adopting the use of a culturally-diverse assessment tool (PHQ-9), the Clinic was able to identify patients at a higher risk for mental health disorders much sooner, and began appropriate treatment sooner. Those with high scores on assessment tools were successfully further evaluated and treated by a licensed mental health provider within the clinic but very few continued their care at Clay Behavioral Health Center as hoped.

Key Takeaways: (1) The clinic provided more mental health visits per patient than originally planned. Despite the severe lack of mental health resources in the community, the clinic ended up meeting the ongoing treatment needs once a patient was identified, independently. (2) There were many lessons learned in offering mental health services in this diverse environment. For example, a multi-cultural support group using a community therapy modality met for approximately six months but was not self-sustaining. (3) Going forward, the bulk of mental health services will come from the primary care providers. Additional training in the area of mental health disorders, including assessment, the variety of treatment modalities available, and population outcomes, is the planning stage.

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### INVESTMENT IN INNOVATION

Since its formation, WGA has applied its rigorous grant decision process to award grants others might consider "high risk." These awards included grants for pilot programs, inventive training or therapies, and reform-minded efforts, all of which were unique and undeniable successes. WGA followed this "risk-based" protocol with seven grant awards to known grant seekers and a handful of new ones to add innovation and breakthrough access to mental health services. Outcomes exceeded risk, again.

*"...It is key that WGA is willing to fund a pilot – take a chance on implementing an idea. This allows an agency the space to do the evaluation, determine if the idea is working, and what needs to change. If the grant is right and evaluations show merit, they can go after continuation funding." Lawanda Ravoira, DBWPC*

### PACE CENTER FOR GIRLS, JACKSONVILLE.

To improve PACE's capacity for addressing the increasingly challenging mental health needs of girls, the PACE grant integrated mental health access at the Center by expanding the depth of psychological services offered (using gender-specific responsive, trauma-informed and strengths-based approach), increasing the documentation of services, and developing a model for other centers. Many of the girls who come to PACE are in need of more specialized counseling and therapeutic mental health services that go beyond basic individual and group counseling originally offered through the program, including substance abuse, post-traumatic stress, and severe depression.

At the outset, PACE was only able to address the needs of a quarter of the regularly enrolled girls identified as needing intensive therapeutic services. Grant funding increased access from 25 to 158 girls through individual and group therapy. The numbers continued to grow as group therapy sessions included smoking cessation, substance abuse, yoga, healthy living, healthy relationships, Seeds of Change gardening club and many more options to heal mind, body and soul.

The overall goals and objectives of PACE are to decrease the girls' involvement in the juvenile justice system and increase their academic performance. During the two grant years, PACE girls met or exceeded both goals. Rather than referring girls to other organizations, the funding made treatment at the PACE Center facility possible.

*"...We were able to demonstrate success in increasingly challenging mental health needs of girls due to a gender-responsive, trauma-informed and strengths-based approach." Renee McQueen, PACE Center Jacksonville*

Key Takeaways: (1) The program served as pilot program for Florida PACE Centers, and supported the creation of a statewide program for gender-responsive mental health services. (2) The program assisted in codifying program standards, assessments, procedures and training for comprehensive therapeutic community mental health services using evidence based practices in trauma-informed and gender responsive care. (3) Through the program, PACE increased the use of tracking capabilities while in the program and new initiatives once they leave the program, always a difficult measurement to complete.

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**DELORES BARR WEAVER POLICY CENTER (DBWPC) GIRLS MATTER: GIVING GIRLS A VOICE AND GIRL-CENTERED PRACTICE COLLABORATIVE**

The first WGA grant, Girls Matters: Giving Girls a Voice (GGAV), facilitated gender responsive therapeutic groups for 155 girls court-ordered to attend diversion for first time misdemeanor offenses. DBWPC also facilitated SAVVY Sister Groups for 236 girls at the Duval Juvenile Detention Facility. When the group sessions identified 35 girls with more intense needs, long term individual therapy was provided, and services were provided to 11 girls in residential programs via telemental health counseling. The WGA grant allowed DBWPC to build a continuity of model that impacts the needs of girls at various stages of the juvenile justice system. DBWPC developed a robust tracking system that allowed them to track the progress of 426 girls in detention, in individual therapy, while on probation, or in a commitment program.

This WGA grant allowed DBWPC to utilize a total of four graduate interns. This allowed them to serve more girls and families while also training future mental health professionals to work with this greatly underserved population.

GGAV Key Takeaways: (1) Through this effort, DBWPC identified a high percentage of girls with emerging personality disorders or histories of commercial sexual exploitation of children. (2) The grant also allowed DBWPC a line of sight into generational trauma, and mothers with unresolved trauma experiences that impacted their ability to be present for their daughters. (3) The DBWPC through additional funding brought on a case manager to support the families so that the therapist could focus on the needs of the girls.

The second WGA grant, The Girl-Centered Practice Collaborative, focused on the co-creation of a continuity of care model to reduce the use of the juvenile justice system as a mental health provider for girls. The program established partnerships with direct service providers, girls and families in Duval, Clay and Nassau counties and developed a strategic plan with a shared vision of how to integrate girl-centered practices into programming and funding strategies. As a result, the program increased the capacity of direct service providers to effectively provide girl-centered, trauma-informed mental health services through specialized training with national experts for an estimated 448 girls.

Girl-Centered Practice Collaborative Strategic Plan was submitted with the DBWPC final grant report. The Plan documents the background for the care model designated to reduce the use of the juvenile justice system as a mental health provider and to increase the use of community based solutions with and for girls. The Plan document identified 32 agencies representing citizens, government agencies, education-based agencies and service providers involve in the development (the original grant planned for 10).

Collaborative Key Takeaways: (1) The housing crisis for girls discussed by the Collaborative was the catalyst for a new housing initiative led by funders. (2) The difficulty experienced throughout the Collaborative in keeping the focus on girls and young women and to taking ownership over what the community can be doing better and/or differently. The solution was to use an outside facilitator and to add a specialized workshop "Having Difficult Community Conversations" to the Policy Center's See The Girl Summit in October 2019.

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#### **NEFL WOMENS VETERANS ASSOCIATION: REStORHER**

Working with the Emergency Services Homeless Coalition, NEFL Womens Veterans Association identified systemic inequalities facing female veterans in Duval County by defining gender-based solutions to problems experienced across various systems of care, and to develop a strategic plan on how to address the solutions. The two-phased project drove the development of an evidence-based approach:

- Used research and analysis to develop a survey of women veteran needs and barriers to service. Conducted a survey of 1,088 female veterans' needs and barriers. Summarized survey findings in a report, and created a website, Facebook page and a Twitter account for information gathering and sharing;
- Developed criteria for a research-based system of care plan with gender-specific solutions to provide greater access to benefits, services and community resources. Leveraged an Advisory Team to guide and create the Strategic Action Plan, a 14-page plan to determine next steps, completion timeframes, resources needed and the person responsible for leading the charge.

Key Takeaways: Since grant completion, NEFL Womens Veterans Association's plan became the HerTOTALWellness program, which, using a new facility donated by the city, began operations in 2017. This Program targets women veterans with multiple barriers to healthy lifestyle (e.g., lack of employment, service connected disabilities, mental health challenges, military stress trauma (MST), PTSD, lack of child care access, ex-offender status, homelessness, etc.) with tools for success. In 2018, its first full year of operation, HerTOTALWellness provided 130 women with support defined during the grant period.

#### **GATEWAY COMMUNITY SERVICES GENDER RESPONSIVE, TRAUMA-INFORMED PROFESSIONAL DEVELOPMENT**

Gateway provides treatment and recovery services to help people suffering from alcoholism, drug addiction and related mental health issues. Through the grant, Gateway provided 63 counselors (up from eight) with training on evidence-based protocols that integrate gender-specific trauma treatment with substance abuse treatment, positively impacting 567 women and girls. In addition, Gateway expanded this training to interested staff at nine other addiction service providers, and developed plans for a systemic change in treatment.

Gateway also identified and trained two adult and two adolescent counselors to become trainers for trauma interventions, expanding its ability to address the ever-increasing demand for these services. As of October 2017, 100% of Gateway's existing primary counselors received trauma treatment training. Because of this training, Gateway incorporated trauma treatment methods into all adult and adolescent residential treatment services.

A behavioral health organization, Gateway deals with substance abuse and serves a large female population. Gateway found that many of the women in substance use disorder treatment who experienced early life stress, particularly sexual abuse, reported the use of mood altering substances as a coping mechanism to deal with this chronic stress. The repetitive use of substances led to the development of substance use disorders. It was critical in treatment to provide trauma interventions to help clients develop sufficient coping skills as an alternative to the use of mood altering substances.

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Women exposed to violence in adulthood also demonstrated a higher risk for drug and alcohol dependence. Moreover, alcohol and drug abuse placed the women at risk for repeated victimization, thus perpetuating the cycle of victimization and substance use.

Key Takeaways: (1) With the additional trained counselors and research, Gateway plans to make a systemic change in treatment with trauma-focused protocols for over 200 women and girls seen each year in residential treatment. (2) As of grant conclusion, 100% of residential women and 60% of outpatient women now receive trauma-focused treatment.

### **MENTAL HEALTH AMERICA OF NORTHEAST FLORIDA (MHA-NEFL) WOMEN AND GIRLS TRAINING INSTITUTE**

Mental Health America of Northeast Florida leads community efforts to raise awareness of mental health, advocates for resources for those dealing with mental illness and connects community partners to improve mental health services. Through the grant, MHA NEFL offered trainings for 495 mental health professionals and interested parties working with women and girls. Topics included Grief and Loss, Social Exclusion, Love Goes Wrong, Perinatal Disorders, Mental Health Female Vets, and Disability Rights. At the grant midpoint, WGA requested MHA NEFL increase training session participation to 100-150 participants, an effort achieved on all but one topic thwarted by Hurricane Irma.

Key Takeaways: (1) Post-session polling indicated overall use of information in participants professional capacities of ranged from 88% to 95%. (2) A number of non-professionals attended the sessions, especially the perinatal mood disorders and mental health for female vets trainings.

### **THE NON-PROFIT CENTER IMPACT GRANT**

The negotiated grant studied the need for and the benefits from managing to outcomes and impact measurements for the non-profit community. Matched by grant funding from Baptist Health Foundation, the pilot project funded research on the status of evaluation and the tools available to the WGA Mental Health grantees, with focus on how to extend the impact of the mental health grants beyond grant conclusion.

The Nonprofit Center assessed the 2012-2018 mental health grantees who provided feedback for the study. Using insights and themes emerging from the grantee feedback and a literature review, a scope of work, timeline and recommendations for next steps were developed. Key takeaways were incorporated into the Nonprofit Center's strategic planning process with a resultant plan for grantee Capacity Building Framework based on four pillars, with possible project continuation in the future:

- Developing high performing leadership teams;
- Prioritizing organizational learning and impact measurement;
- Increasing access to capital; and
- Strengthening external awareness and advocacy.

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### STRONGER VOICES

The 2012 WGA research on issues in NEFL that led to the recognition and subsequent decision to invest all WGA strategic capital into increasing gender-specific access to mental health services was captured in a WGA publication entitled *Stronger Voices...Better Lives*. The original intent was for WGA to lend its "voice" to the grantees to collectively help build better lives for women and girls. As it turned out, that was just the beginning.

As an organization, WGA explored ways to influence public policy through non-partisan activities. From time to time, legislative issues arose that were relevant to WGA's work in a current or past focus area, and WGA was able to step forward with an advocacy position that supported the issues in the focus area. In 2016 and 2017, WGA tackled the serious issue of sex trafficking and its impact on NEFL. Grantees made WGA aware that many girls who are in the criminal justice system, or at risk of such involvement, are in fact victims of sex trafficking. (This can impact girls as young as 12.) WGA rallied to support a program called "Open Doors" that places advocates and services for sexually exploited children in regional locations throughout Florida. Working with others, WGA was successful in securing \$3 million in new funding in Florida.

WGA's primary method of advocating for women and girls is grant-making. The rigors of the WGA research and grant decision processes allowed WGA to gain clarity around grant seekers' approaches, processes, infrastructures, finances, and cultures, but it also gave the grant seekers a perspective on the depth and breadth of the commitment both of WGA and its individual members on the initiative. When grant seekers became grantees, many noticed the grant was more of a partnership than a funding source. Collectively, many grantees felt they had a stronger voice and for that and many reasons, began joining WGA. Already active in the community, they engaged in a number of WGA activities and committees. In this capacity, these newer members educated other members on the language, the complexities, the pervasiveness, the stigma, and the treatments for mental health. WGA members began volunteering at the grantee agencies and increased their donations. Many became active in Board roles. What began as a grant decision became a partnership with many individuals, giving them the knowledge, confidence, and courage to talk and act on this difficult subject. *Stronger voices ... Better lives* became just as bold a mantra for the individual WGA member as the original mental health initiative.

Per Vicki Waytowich, Executive Director, Jacksonville System of Care Initiative, and now a WGA member:

"I was concerned [when WGA announced its strategic initiative] but then I realized how much effort and research was put into the process. I became very excited about the concept and actually sat at more than one roundtable with colleagues to plot out an approach to the RFPs from WGA so that the work would cover the gaps that were known to exist. The mental health community actually tried to organize to avoid duplicate requests so that the grants would be approached collaboratively. The spirit of cooperation had begun prior to the grant process, but it solidified the concept."

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### PART IV: WHAT NEEDS WORK

The WGA grantee convening sessions begun in 2014 gathered input from all active grantees on what was occurring in their programs but also what was needed in the mental health arena. Their input between 2014-2018 was consistent with the 2014 JCCI findings and recommendations: (1) the need for advocacy and community engagement; (2) a plan and mechanism(s) for coordinated care; (3) capacity, capacity, capacity; and (4) public awareness and education. A follow-up to a JCCI recommendation to raise community awareness through public service announcements and campaigns, particularly around the stigma of mental health, met with resistance rather than action. Without JCCI and WGA focused on mental health, ongoing awareness of mental health issues and access is a genuine concern.

The stigma tied to mental health issues and treatments continues to hang heavy over providing access to those who need it. *"The only way to conquer the stigma is to educate."* Denise Marzullo, President and CEO, Early Learning Coalition of Duval.

#### **MENTAL HEALTH NEEDS ARE PERVASIVE IN NEFL**

Every grantee reported the demand for their services was greater than expected with no decrease in sight. When queried on why the pent-up demand exists, the responses were broad and deep and consistent:

#### **TRAUMA IS GROUND ZERO.**

Every grantee providing face-to-face services to women reported an increase in violence/trauma/sexual abuse. With more women coming forward to talk about their sexual abuse (well in advance of the #MeToo Movement), the demand for trauma-informed care and for special training to treat trauma only increased. Women are acting out with anger and becoming more violent. There is a reported increase of alcohol abuse by women. *"... (the) Number of women needing services was greater than projected. The need for trauma-informed peer support groups for women increased during grant period as well as the number of women needing individual counseling."* I. M. Sulzbacher Center

Grantees reported a dearth of trauma screening up front, leaving the depth and breadth of trauma among women and girls "unquantified." While there is now more regular screening, there is a need for more data collection on the extent of the challenge.

Grantees saw more serious diagnoses (e.g., bipolar and PTSD) in younger girls who required special interventions. Even more distressing was learning girls were being diagnosed as bipolar when they had PTSD. Unscreened for trauma, the trauma went untreated, and they were given unnecessary drugs. In the face of the wrong diagnosis and/or access to trauma-focused training, the long mental health downward spiral begins. Baker Act requests increased in St. Johns and Duval counties.

#### **ECONOMIC DISTRESS AND HOMELESSNESS.**

Since 2008, grantees reported working with more women in long-term homeless situations. Pockets of women are not recovering from 2008 recession and are worse off in terms of basic needs not being met. Many women are unemployed or underemployed. The economic situation has beaten them down; they are unmotivated and depressed. *"...Sometimes women have to come and go; it's a journey to recovery."*

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*They have to be ready. All you can do is plant a seed and hope they come back when they are ready. It does make the evaluation tough.” Teresa Miles, The Women’s Center*

Grantees reported an increase in single mothers who are chronically homeless coupled with a higher acuity level (medical interventions for seriously ill patients) in single women. With more single mother-headed families, there is a noted drop in educational level including a reported 59% that do not have a High School GED. Almost 100% of homeless women have been victimized. More female veterans are homeless.

### **NEED FOR COORDINATION OF CARE**

There was a greater than anticipated need for coordination of services with health care providers, substance abuse counselors and advocates that address survivors’ trauma. Even with the coordination, the various agency qualification processes make it difficult for the people who need the help the most to get help. Each agency seemed to have its own qualification process which was time consuming and complex. Two grantees reported signing a Memorandum of Understanding (MOU) that if a person qualifies for services at one organization, they are automatically qualified for the other. This qualification process requires further streamlining.

Grantees reported difficulty keeping track of services offered in the behavioral health arena, and requested clarity and access to: (1) who has various services; (2) when are the services offered; and (3) what are the requirements to qualify for services. Agencies want to share information for other agencies to leverage, but there is no mechanism to do so. Volunteers in Medicine reported something that seemed so simple: *“...Group therapies haven’t worked for (our clients) because of the work timing issues. Volunteers In Medicine is looking to collaborate with other agencies if the women are interested in groups...”* Mary Pat Corrigan, *Volunteers in Medicine*

Clients needed a warm hand-off to other services, and reported the importance of giving the client an agency contact name. Without a specific name, the clients were less likely to make the contact. The warm hand-off was important. While many grantees reported it best to serve women where they were, others reported piggybacking onto other groups (e.g. an aging wellness group) which proved very instructive. Others collaborated with several shelters and clinics, both of which were very positive.

Women exposed to violence in adulthood also demonstrated a higher risk of drug and alcohol dependence. Alcohol and drug abuse placed the women at risk for repeated victimization, thus perpetuating the cycle of victimization and substance abuse. Services that combine treatment for substance abuse with services related to domestic and sexual abuse are in high demand. Despite the high incidence of co-occurrence, almost all treatment programs focus on only one of these problems. The need to continue cross training on the intersection of domestic/sexual abuse and substance abuse, and misuse, will make a significant difference.

Grantees reported the need for more uniform tracking tools across the agencies, particularly when care needed to be coordinated; however, tracking tools needed to be tailored to the particular program or the tracking effort is diminished. Some grantees reported considerable success in using tools in an improved way to track assessments, population tracking and improving measurement of outcomes. Of note, grantees reported tracking tools/results and timing were uneven (depression screening tool use

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depended on client showing up) along with how many appointments “moved the needle” for the women. Unfortunately, women stopped coming to appointments with no notice, and tracking for the most part ceased.

#### **COMMUNITY ENGAGEMENT**

Mental wellness suffered from a long list of gaps in the basic needs hierarchy throughout the 2012-2018 grant years:

- Safe transitional and permanent affordable housing.
- Access to a transportation agency that provides 24-hour response. Transportation is a huge barrier. [Note: The fact that WGA funded bus passes and allowed therapists to go into the home did not go unnoticed.]
- Safe and affordable day care, especially for minimum wage workers.
- Availability and access to wraparound services that include financial literacy, employability support and life (parenting) skills, and access to a food pantry to support the whole woman.
- Access to healthcare besides the ED.
- Funding to improve literacy.
- Training for, and availability of, jobs that pay a living wage, provide benefits and a career ladder for the future.
- Affordable legal services – a woman can't leave an abusive situation because she can't afford an attorney.

In Nassau County, grantees reported housing and transportation limitations put up huge barriers for older women in the county. Older women living alone without family also had no access to Medicaid and therefore no access to mental health services. These seniors were/are falling through the mental health service cracks.

In Clay County, there were no mental health services for uninsured women prior to The Way Free Medical Center grant. After screening 110 women, half of them screened positive for depression, bipolar, or some other mental health disorder. Isolation in Clay County leads to depression, and there is a high need to use community activities to combat isolation.

#### **INNOVATION IN TREATMENTS**

The grantees consistently identified the need for innovation in the following areas:

- Treat family issues when working with trauma victims. Girls who have experienced trauma are being treated like 18 year olds, not kids.
- Bring more innovative trauma counseling techniques to NEFL. Yoga, art, poetry, music therapies have proven very successful.
- Develop gender-specific anger management care.
- Create an environment where women will remain in treatment. It takes time for long term success.
- Provide mental health services across a broader time of day access. Women needed help at night when they were not working. One grantee implemented phone access counseling which women found beneficial.

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### LIFE TRANSITION SUPPORT

Grantees identified an increased demand for mental health services for women and girls in transition:

- More wraparound services especially for those leaving prison, a homeless shelter or suffering from sexual abuse. [Note: Since 2012, I. M. Sulzbacher has operated a very successful program for wraparound services for homeless women leaving the shelter that could be leveraged elsewhere.]
- More affordable housing with landlords that understand the background check does not tell the whole story, which they should ask for. Without this, a woman coming out of jail, or a girl released from an incarceration cannot rent an apartment or live with a relative because of her record. She has nowhere to go.
- Additional recognition for the unique challenges of women veterans. Large numbers are dealing with homelessness, joblessness, and family dysfunction.
- With a reported 65% of women veterans not engaging with military service organizations, access to community resources is heightened. These veterans have trust issues, different from their male counterparts. From a small sample, 40% screened positive for depression and 38% screened positive for anxiety. Over 35% lack suitable employment. Rather than re-invent the system, there is a strong need to coordinate their transitions.
- Broader retraining for women going through these life transitions. Women vets need retraining for civilian jobs when they do not have access to the GI Bill. Women and girls leaving incarceration need job training and new skill sets to move forward.

### DWINDLING CAPACITY

Grantees reported an overall shortage of trauma-informed counselors, cross-trained abuse and other counselors, and residential facilities for women in recovery. The challenges are not new:

- To meet the increases in demand for mental health services, grantees continually invest in training and skills across many grantee personnel. Skills building was/is an ongoing need, as well as increased access to funding for training, particularly for trauma care.
- Grantees reported numerous examples of deepening relationships with educational institutions in the community to provide a learning environment for graduate students, and increasing the number of clinicians who provide services to patients.
- Several grantees, particularly in counties outside of Duval, mentioned there were fewer options for mental health referrals for adults. All grantees agreed there is a need for funding more services for adult women who are uninsured or under-insured.
- Hospitals are clamoring for “step down” units for those hospitalized for behavioral health issues; however, the number of beds is limited and the ED remains a treatment source for many. There is an ongoing, increasing treatment need for more severe psychiatric cases.
- There are a limited number of residential treatment centers for women. When survivors become stable and can make the decision to choose residential treatment, they were/are usually faced with a long waiting list for entry.

One concern with no remedy in sight is the acute shortage of psychiatrists (particularly those trained in child psychiatry) and the decreasing number of pre-med students entering medical school to become

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psychiatrists. Older psychiatrists are retiring at a higher than normal rate (some attributed it to burnout), and the newer psychiatrists lack the training and hands-on experience needed for female gender-specific and severe mental health issues.

#### **PREVENTION PROGRAMS**

Most of the grantee issues dealt with what can be done to increase capacity and/or treatment needs. However, several grantees identified the need for prevention programs—most effective when taught in the schools—that would, hopefully, reduce some of the need for mental health services. Grantees shared that:

- Communities need to address the issue of “Why are we raising perpetrators?” Instead, communities should offer true prevention programs to stop them. Too often, females are taught how to protect themselves rather than teaching boys not to be perpetrators.
- Among those needing mental health services, there is a lack of family cohesion and a breakdown of the family. Unfortunately, generations of abuse make it seem “normal.” How can we make girls know that abuse is not “normal”?
- Poor diet and nutrition are causing behavioral issues.
- There is no great system for separating children with trauma coming through Florida’s Department of Children and Families (DCF) from their perpetrators. Sibling sexual assault is difficult to handle. The system doesn’t have a way to keep the girls safe in their own homes, and there are no services for the perpetrators.
- There is a high need for advance training of foster parents. When a child has experienced trauma and enters foster care, many foster parents aren’t trained in trauma, and don’t know what is causing behavior. Effective foster parent training would teach them how to react in a supportive rather than a counterproductive way.

#### **GIRLS, GIRLS, GIRLS**

A number of grantees who focused on protocols, pilot programs, and evidence-based research around girls attributed many of their findings (and results) to a legacy of root causes that began early in life.

- Research shows that girls are feeling unsafe at home, at school and in their community in Florida – more than any other state. Florida ranks 39<sup>th</sup> in the nation for the status of girls.
- 89-94% of women in prison reported being victims of childhood sexual abuse.
- The culture of violence begins very early. Social media and access to violence and language online or on TV and cyber bullying have created problems for girls. There is a notable increase in violence against girls and exploitation of girls. Per the DBWPC, by the time the girls are referred to the Center, they have been through an alarming number of systems that have failed them. One key takeaway is the necessity of working with girls and, most importantly, the mother or mother figure. Mothers want something better for their daughters.
- Counselors have learned to see the family through the eyes of the girl. Generational conversations bring counseling to a higher level, and families need to be engaged in care for girls.
- Girls in middle school are very vulnerable. More than 33% of Duval middle school girls have considered suicide. With the significant influx of refugee girls following Hurricane Maria, these girls

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not only struggle with language and become invisible within the school, they become even more vulnerable.

- Now that the Group Home system has gone away, there is no place for difficult kids.
- It is very important to follow girls before, during, and after juvenile justice involvement. Seeing all the entry points helps to keep families together. Transportation is a huge issue. If you build a relationship, they will stay in touch, even if they run away. There can't be stipulations – the backstop has to be unconditional.
- One in four girls incarcerated has a history of being trafficked.
- DBWPC found relationships are key to retention and success. Advocates try to walk girls through the system to ensure a smooth intake experience. Once the girl has a relationship with someone at DBWPC, they will come back.

#### MENTAL HEALTH DISCUSSIONS REMAIN RARE

WGA interviewed nine community leaders in early 2019 on the community's mental health status and WGA's 2012-2018 focus. All community leaders interviewed were asked if there was/were champion(s) for mental health in NEFL. While Baptist Medical Center was consistently mentioned as spearheading initiatives with other corporate and non-profit efforts to augment and innovate access to mental health services, there was no identified mental health champion. These interviews provided some insight as to why more mental health discussions are in short supply:

*"Jacksonville continues to treat mental health counseling and solutions as a family issue, not one for the community to address."* Mike Clark, Editorial Page Editor, [The Florida Times-Union](#).

*"Finding a champion for Mental Health remains an unresolved challenge. The biggest barrier is that many like candidates have a family member with a mental health issue, and they don't want to expose their family member to the onslaught a 'champion' role would mean."* Denise Marzullo, President and CEO, Early Learning Coalition of Duval.

Coupled with the absence of a NEFL community mental health champion or spokesperson, and the end of JCCI's Quality of Life measures, [The Florida Times-Union](#) has become the de facto leader in the discussion of mental health issues. Numerous NEFL non-profits engage to coordinate activities that help to keep discussions ongoing however, discussions from and among women and girls needing or receiving mental health services remain the anomaly.

Across the board, grantees reported the challenges in getting women seeking services to open up and discuss their mental health issues and needs. Whether group or individual, by telephone or in person, by appointment or at midnight, the range and timing of mental health discussions were very individualized. Two examples of the challenges around mental health discussions with clients follow:

- *"...Women who are fighting to survive (in homeless and/or domestic violence shelters) don't prioritize their own mental health; there is still a lot of 'I'm not crazy' feeling. The counselors still have to explain the effect of trauma. Trauma takes a long time to develop, isn't going away in a snap..."* I. M. Sulzbacher Center

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- The ReStorHER research project (NEFL Women Veterans Association) focused on surveying women veterans to identify gaps in services for women vets and strategized on how to try to fill them. What ReStorHER found was they were not willing to talk, making it challenging to get them to open up and get the help they need.

#### **FUNDING HURDLE**

Between 2012 and 2018, the Florida budget grew from \$69 billion to \$88.7 billion. During these years, the only increases in funding for mental health occurred in 2015 and 2018 (in response to the Parkland shootings). Per the 2018 budget, a total of \$718 million (or 8% of the total budget) is allocated for mental health, putting Florida 50<sup>th</sup> among states in per capita mental health funding.

Florida ranks 44<sup>th</sup> for access to mental health care. Per Florida Health Behavioral Association, approximately 61.7% of FL adults with any mental illness did not receive treatment against the national average of 55.8%. Duval County fared better than St. Johns with respect to access (which includes access to insurance, treatment, quality and cost of insurance, special education, and workforce availability), while Nassau, Clay and Baker counties had the least “access” in NEFL.

Safe, affordable housing, ranked by grantees as one of the highest basic needs thwarting mental wellness, continues to be undermined by legislative raiding of the Sadowski Trust Fund (established to fund affordable housing). Additional legwork is needed to focus those dollars on housing for mental wellness.

Local, state and national funding for mental health services are of considerable concern when WGA grantees’ successful, evidence-based and thorough programs do not receive follow-up funding from these and other sources. Three WGA grant programs which identified and filled in gaps in mental health services—but which other government funding requirements did not address – stand out:

- The Hubbard House RISE! Program provided counseling services to 1,034 adult female victims of domestic violence in Duval and Baker counties. The RISE! counselor had to be released.
- Starting Point Behavioral Healthcare’s Needs of Women Today (NOW Today) program was a Nassau County collaboration with Starting Point, Micah’s Place and Barnabas Center that provided support to 250 women in crisis. The program has ended with no further support.
- The Jewish Family and Community Services Sliding Fee Scale Mental Health Counseling program filled the deductible/co-pay gap to provide treatment to 128 working women (and girls). All women and girls had to be discharged.

#### **MEDICAID MUDDLE**

Per the grantees, very few agencies or providers in NEFL offer low-cost mental health services. Medicaid services were not expanded to additional citizens in FL and the majority of insurance plans under the ACA have high deductibles to meet before access to mental health services is available. Demand is steady. The ability to pay is very low. For professional mental health providers, the Medicaid reimbursement rate has not increased since the early 1990’s. In fairness, there is only so much in-kind donation their time permits.

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The Medicaid coverage gap (the “Medicaid Gap”) continues to leave a large number of people with behavioral health needs uninsured and untreated. The state budget, failing to address Medicaid expansion as authorized by the Federal Affordable Care Act, leaves 567,000 Floridians who are currently in the coverage gap without health insurance. People in the coverage gap have incomes too low to qualify for financial help through the federal health insurance marketplace, but too high to qualify for Medicaid under Florida’s eligibility rules. Currently, adults with dependent children are eligible only if their income is below 34 percent of the federal poverty level, or \$8,262 annually for a family of four. **Adults at 138% of the federal poverty level without dependent children are not eligible for Medicaid.**

Were Florida to expand Medicaid eligibility to cover Floridians with incomes up to 138 percent of the federal poverty level, or \$33,534 for a family of four, federal Medicaid expansion funding would cover 90 percent of the cost for all newly eligible Floridians. [NOTE: At present, federal money covers approximately 60 percent of the costs of Medicaid in Florida.] Per the Florida Policy Institute, it is estimated that the federal Medicaid expansion funding would inject \$16.7 billion into Florida’s economy between 2019-2023 and would help create 54,000 jobs in the health care industry. Closing the coverage gap would support the physical and economic health of the state.

### **MORE, STRONG VOICES NEEDED**

There is much that needs work. For WGA, additional legwork is needed to preserve and expand upon the results of WGA’s mental health strategic initiative:

- WGA’s strategic mental health initiative was foundational and attracted other philanthropic donors to contribute to mental health non-profits. Keeping these interested donors engaged expands the depth and breadth of available grant dollars and voices for this and other strategic focus areas.
- Now in its third (of five) grant decision cycles on Breaking the Cycle of Female Poverty: Intervention and Prevention, WGA is building an awareness of the interdependencies between poverty, mental health and other possible focus areas. Mental health and poverty have clear dependencies. Focus and funding should be hand-in-hand as well.
- WGA has access to the Donors Forum and the Florida Philanthropic Network. Using the reported impact of the mental health strategic focus and a clear set of To Do’s, WGA could advance similar initiatives with other non-profits and other communities.
- WGA has an opportunity to communicate the results of its grantees’ accomplishments during the grant cycles to facilitate – and ensure – ongoing funding upon conclusion of the WGA grant. The Florida Times Union and other community publications are potential partners to further awareness on an ongoing basis.

### **PART V: COMMUNITY RIPPLES**

In looking at gender-based mental health in NEFL today, it would be easy to dwell on all the things that still need to be done. However, the purpose of this report is to focus on impact including any groundswell that occurred during and after this grant period. If nothing else, WGA is aware there were many ripples from the initiative across the community, the grantees, and the WGA members themselves. At a high level:

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*By Women's Giving Alliance focusing on a long view of Mental Health initiatives, it became an excellent example for other philanthropic groups. ...” Audrey Moran, EVP, Social Corporate Responsibility, Baptist Health and President Baptist Health Foundation.*

### FROM THE COMMUNITY

In March 2019, nine community leaders shared their insights on progress, innovations, treatments, and funding to increase gender-specific access to mental health services over the past six years. In their own words:

From Audrey Moran: “Since funding the JCCI study on Unlocking the Pieces: Community Mental Health in Northeast Florida, Baptist Health Foundation has increased 2014 funding levels six times over to improve access to mental health services, providing innovations in the treatment of mental health issues, and partnering with other corporate and non-profit partners to advance awareness of the challenge.

- In 2018-2019, Baptist Health Foundation partnered with Florida Blue to open two comprehensive care centers to offer physical and mental health services to the uninsured in parts of Jacksonville without prior access.
- With other not-for-profit hospitals in the city, Baptist Health Foundation funded a Health Needs Assessment, and 10,000 people have been scheduled for training in Mental Health First Aid. Training emphasis include professionals who see the issues on a daily basis (police, firemen, school teachers and counselors). To date, over 6,000 have been trained.
- A key target of the training includes ED personnel who talk to opioid overdose patients as they are revived with Narcan, and connect them to mental health counselors while in the ED. This program has had excellent traction in Nassau County with counselors from Starting Point by integrating mental health services into all aspects of patient treatment and reducing ED recidivism for mental health issues by 70%. NOTE: A similar pilot is in place with Gateway Community Services and St. Vincent's Medical Center in Riverside, with plans to expand the program to at least eight EDs by October 2019.
- Baptist Health Foundation has initiated a fetal and maternal health program, training obstetricians how to assess the risk of post-partum depression in expecting mothers. The program has been well received by obstetricians.
- For the past four years, Baptist joined with approximately 100 community faith-based leaders to conference on mental health, recognizing many people used their faith leaders as their mental health counselors. The 2019 conference will be a mental health conference with a faith component, with the intent of advancing awareness, access to services, and innovations.
- In February 2019, a call from newly-elected Governor DeSantis' office requested Baptist Health Foundation take the lead in preparation of a white paper on mental health issues in the State of Florida. It is a start, and may be a first for a Governor to take this lead.”

From Michelle Braun, CEO, The United Way of Northeast Florida: “Greater access to mental health care will soon be available to all students in Duval County. The traditional Full Service Schools model, initiated in 1991, provides students at 76 more schools and their family's access to mental health, physical health and social services that aim to address non-academic barriers to success in the classroom. The centers and services are off-site, but specific schools are linked with certain centers.

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- In the Ribault pattern (12 feeder schools into Duval's Ribault High School), mental-health services are integrated directly into the school. Instead of students being referred to an off-site provider, they're referred to a therapist in the Ribault Family Resource Center, a Wolfson's Children's Health Center. Recently, the clinic on Jean Ribault High School's campus opened and anyone in the community under age 21 can come for care.
- As part of the \$2.3 million contract with United Way of Northeast Florida (approved by the Duval County School Board in October 2018), there will be a total of 62 therapists, serving 148 schools in the Full Service Schools model. The funding comes from state dollars attached to the Marjory Stoneman Douglas High School Public Safety Act. This new plan is in conjunction with an existing contract with the Kids Hope Alliance (KHA). This plan provides funding for the district's "Full Service Schools Plus" (FSS Plus) program, which places a dedicated therapist at 12 high-needs schools. With the funding from local and state community partners, all district students will have access to mental health services. "

From Denise Marzullo, President and CEO, Early Learning Coalition of Duval: "Access to mental health has definitely improved in NEFL. There have been a few big wins, specifically the \$53 million that was added to the state budget focused on Mental Health initiatives in 2015. This has enabled more training, more therapists and increased comfort in working with women and girls."

Per Mike Clark, Editorial Page Editor, The Florida Times Union: "As a result of the JCCI study, a delegation from Jacksonville went to Miami to study the approach there, where a separate facility other than jail is available to treat young inmates for alcohol and drug abuse issues. Miami had a judge with the foresight to make that happen, and now has a ten-year success story. We need the good advocacy of the importance of establishing a treatment facility for these issues, and not rely on a jail as a solution."

WGA has taken the risk to support several grass roots programs that help women and girls in the mental health area. They (the non-profits) do not have the capacity to scale the message up despite the success stories. These remain life and death issues, so there is a need for continuing the focus."

Vicki Waytowich, Executive Director, Jacksonville System of Care Initiative, indicated: "Training has changed considerably with emphasis (finally) on trauma and associated behavioral health. Innovative programs such as DBWPC and PACE receive more mainstream coverage. Medicaid itself has become a drag on advancing the conversation. Medicaid reimbursement rates are the same as in the '90s. Transportation to/from treatments is not reimbursed by Medicaid. Poverty definition has not changed since the '60s. Aligning need with Medicaid would help so many more needing mental health services."

So much has happened since 2012. Denise Marzullo did a fabulous job with MHA NEFL. Rethreaded got traction from the WGA grant, grasped onto the mental health aspect of victims of trafficking, and was able to elevate seed money and capitalize on it. We had no organizations for these victims before. Philanthropic dollars took risks, seeded many innovative projects for organizations like Rethreaded which have little to no infrastructure and have a difficult time competing with the larger non-profits."

WGA put philanthropy as a mental health services partner on the national stage. I have attended several national conferences where WGA taking on mental health for women has been prominently featured."

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From Darnell Smith, NE Florida Market President, Florida Blue: "Funding (for mental health issues) at the national and state levels has increased, and lifelines have been offered, although with less impact in Jacksonville than other parts of the state. The lifelines have been focused on homelessness, hunger and child-wellbeing, but there needs to be a focus on poverty as well. Florida Blue is starting a large project in the Orlando area focused on opioid treatments and incorporates the recognition of the major focus needed for help with poverty, too."

### FROM THE GRANTEES

During and after completion of their individual grants, the 17 grantees reported some remarkable advancements in improving access to mental health services for women and girls. In their own words:

Joyce Mahr, Betty Griffin House: "In the Betty Griffin House work with Veterans, an intern from the Florida National Guard (FNG) explained there were no established protocols within the National Guard for dealing with domestic violence and sexual assault. BGH worked with FNG on a local and state level, piggybacking on work Hubbard House did with the Navy, to set up best practices to assist in the safety of survivors, awareness training and work group exchanges. A Statewide Crisis Hotline was established. Since the protocols have been in place, BGH has learned to ask about military involvement, and seen a 35% increase in military survivors seeking services. More recently, FNG signed a Memorandum of Understanding with Florida Coalition Against Domestic Violence."

From Lawanda Ravoira, Executive Director, Delores Barr Weaver Policy Center: "Thanks to the initial start-up funding by the Women's Giving Alliance, the Giving Girls a Voice program has evolved into the Policy Center's signature continuity of care model. We are currently documenting and evaluating the impact of the model, plan to publish it and present it at various conferences. Through this model of increased access to services, we are building a reputation for trust. Girls are talking and families are talking; they know that Policy Center will do the right thing for their daughters. We are consistent in helping families through crisis situations. For example, girls are texting staff while on the run, and parents/caregivers stay in contact with the staff.

DBWPC regularly receives referrals from attorneys, juvenile probation officers, care/case managers, commitment programs, and numerous other community agencies. In the community, the Policy Center is seen as "present." The future of the model depends on continued relationship building with judges, attorneys, JPO's, FSS, parents and girls-and an understanding that the Policy Center will call out and be consistent in our advocacy."

Per Teresa Miles, Executive Director, The Women's Center: "The Women's Center of Jacksonville (WCJ) was the first flagship-funding partner of the Women's Giving Alliance (WGA) and has been the recipient of WGA funds for a number of years, providing counseling and educational programming for women in NEFL. The impact of this partnership, though measureable in demographics and numbers, is truly immeasurable. The healing that is needed for women to survive tragedy is often unquantifiable. The most important outcomes are found in the connections made with the individuals we serve...

It is important for the WGA to know that the funding that was dedicated to mental health counseling allowed the Women's Center to hire additional counselors and interns. This advancement helped us to serve each woman who requested counseling services. We were also provided the opportunity to extend

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counseling sessions to specific clients who may have experienced greater levels of trauma, who needed greater support. Due to the multitude of stressors and special needs of these clients, the counselors continually sought innovative trainings and approaches to better serve each client. For example, in response to this specialized need, we have counselors providing Eye Movement Desensitization Reprogramming (EMDR), a professionally recognized short-term treatment for victims of trauma.

It should be noted that the WGA funds were also used as matching dollars to leverage funding through the federal government, thereby allowing for some extended therapeutic services after the end of WGA funding. Additionally, the support of the Women's Giving Alliance has allowed us to successfully apply for and receive funding from Baptist Health Foundation, Florida Blue, and Jacksonville's Community Development Block Grants. These collective partnerships happened because the WGA believed in the work we were doing and supported our efforts to provide gender-specific, trauma-informed care in ways that we would not have been able to do without that support."

From Gail Patin, Hubbard House: "Although the WGA funding for the Hubbard House Rise! program sunsetted last year, Hubbard House seeks to continue the essential services provided by the Rise! counselor. Rise! continues to provide counseling to shelter residents. Yet, until we find another funding source, counseling to outreach participants is limited. However, we are able to augment outreach counseling opportunities with the use of Master's Level interns. We continue to use a volunteer certified yoga instructor to provide trauma-informed yoga to shelter residents. We also hope to introduce dance and movement therapies as well. Since spirituality is one of the key elements of gender-specific counseling, the Hubbard House chaplaincy program continues to offer spiritual guidance for all participants. Moving forward, Hubbard House is exploring different funding sources and collaborations to continue the important work of Rise! Thank you, WGA, for helping us launch Rise! and sustain it through the years."

From Lori Richards, Executive Director, BEAM: "BEAM has continued the Single Parent Project beyond the initial grant cycle and to date has served a total of 71 parents... As the program has evolved, few changes were made to the curriculum as we continue to see gains in the participants overall wellbeing and increased financial stability. Over half of the participants who continue in the program for more than 24 months have engaged in programs to increase or enhance their income potential..."

What we learned is that there are a great number of individuals from challenging circumstances who are ineligible for financial assistance due to poor performance at community colleges just after high school. Even years later, when they are more mature and more driven, BEAM learned they lack the ability to further their education without access to financial assistance. BEAM has since assisted one additional single parent who will complete her course work the summer, and we intend to offer an additional scholarship to a third participant next fall."

Cindy Funkhouser, President and Chief Executive Officer, I. M. Sulzbacher Center, on 2011 to today: "In 2011, Women's Giving Alliance funded a start-up idea at Sulzbacher that was new, and somewhat daring. It was the idea that women moving out of emergency shelter into housing be assigned a case manager who would continue to give them support by helping with such things as household budgeting, health and job appointments, and securing daycare for their children so that they could work, the final step to self-sufficiency."

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No one knew at the time that it would be the beginning of aftercare support for all individuals and families moving out of emergency housing and into stable, permanent housing. And, certainly, no one could have guessed that now, eight years later, hundreds of individuals and families have participated in Sulzbacher Aftercare and that the success rate of this program is a phenomenal 94% of individuals, and 99% of families assisted by Aftercare, have remained stably housed after 18-months of participation (at which time assistance ends).

Again, in 2012, the Women's Giving Alliance spearheaded another new idea by funding the position of a Women's Intensive Case Manager, someone trained to help women deal with and overcome the trauma of homelessness. In 2014 the role of the Women's Intensive Case Manager was expanded into developing a Trauma-informed matrix for the entire Center. During this time, Sulzbacher saw a dramatic decrease in the number of women expelled from the Center because of behavioral problems and a dramatic increase in the number of women successfully placed into stable, permanent housing."

Dee Quaranta, Executive Director, NEFL Women's Veterans Association. "With an estimated objective to assist 60 women a year, approximately 130 women participated in HerTOTALWellness and other supportive programs in 2018, the first full year of operation. Learnings included the need for a strong fundraising campaign at the outset to ensure development of a permanent infrastructure (it is still an all volunteer organization), which would have allowed them to reach further and perhaps have more of a presence in the community. Dee is working with WJCT to offer a panel on Women Who Lead, Women Who Served, a follow up to the strategic plan developed under the WGA grant.

In 2016, then WGA President Paula Liang received a phone call from Renee McQueen, then statewide PACE Centers CEO, to advise WGA that PACE would be placing a mental health counselor in all PACE Centers in Florida. The seeds for this were planted in the 2012-2014 WGA grant when, as CEO of PACE Jacksonville, the grant enabled placing a mental health professional on campus, intending it to be a scalable pilot. PACE now uses the same model throughout Florida, and will soon be implementing it in Georgia and New York. Paula Liang, WGA

### FROM WGA MEMBERS, IN THEIR OWN WORDS

From time to time, WGA surveys its members for their insight and input. In February 2019, members were polled online to identify and clarify the impact from the mental health strategic initiative on their lives. In summary:

**If you were talking to a friend, family member, or a possible new WGA member about the impact the WGA participation in the mental health initiative had on you personally, what were the ... things that changed you the most?**

- "The incredible innovation and resourcefulness of the area non-profits."
- "The ability to help organizations with mental health initiatives at a much greater scale than I could have done on my own."
- "Unique risks for and impacts of mental health and related issues on women and girls specifically."
- "Learned more about the dearth of resources in our community compared to other cities and states."
- "Florida's poor ranking in terms of providing mental health services."
- "The impact mental health has on every part of a women's life."

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- “Being able to bring both light and heat to an issue that wasn’t being discussed before we took it on.”
- “The grantees went above and beyond expectations. The Decision and Evaluation Teams did as well. This was a true partnership.”

**How has your opinion of ... changed since WGA’s strategic focus on mental health?**

**On gender specific mental health support:**

- “I’ve learned women have unique mental health needs and gender-specific intervention can have a greater impact.”
- “As with medical issues, women respond differently. To not focus on women’s mental health is to ignore it completely. “
- “When I first heard it I figured it was because of WGA’s mission. Since then I learned it was a brilliant stroke as the female gender-specific support is SO important, specific, and NEEDED.”

**On the mental health needs of a family member, friend, or self:**

- “That it’s okay to get help.”
- “Referred numerous women to services.”
- “I am much better-informed about options for support and much better at listening to those around me.”
- “...When a friend said her daughter was having ‘issues,’ my friend was very vague...I started asking questions. You could hear the calm in her voice that ‘someone understood’ and she opened up on what was really happening... I think it helped her that I was willing to talk about this and she should not be embarrassed to have the conversation.”

**On the stigma of mental health:**

- “I didn’t realize Initially I had any biases on this topic and through all I’ve learned I am now aware of them.”
- “I have been judgmental, viewing it as a weakness versus a disease in the past.”
- “I always knew the stigma was there but didn’t realize how extensive the impact was on seeking help.”
- “(It is) easy to forget how much stigma and shame there is... “
- “Mental health issues are as legitimate as physical health issues. We should treat them as ubiquitously.”

**The public policy issues (funding) for mental health services:**

- “I did not realize how little the state of Florida was funding these services.”
- “I thought it was poor before. Now I think it is criminal.”
- “This continues to frustrate me. We need to find better ways to PREVENT issues that deteriorate into bigger problems.”
- “More complex than I realized...”
- “The fact that more people need to understand the issues.”

**The need for more non-profits to offer mental health services:**

- “Definitely there is a greater need than I realized.”
- “It became clear that Mental Health issues are entwined in many of the issues WGA is trying to fix. I liked that WGA offered funding for some alternative therapies that seem to be more effective for some women...”

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**The willingness to talk about mental health services and/or issues:**

- “Continues to be a need to normalize mental health and reduce stigma through education and awareness.”
- “I think we all need to work on this.”
- “I knew this was a tough one.”
- “Now that I am better informed I am better able to discuss. “
- “Became a community discussion for several years. Opioid crisis has overtaken it.”

**...Did the mental health initiative make you more or less proud to be a WGA member? What other impacts ... did it have on you as a WGA member?** Overwhelmingly, members reported being very or more proud as a result of tackling this issue:

- “Very proud. I actually joined because I was impressed that WGA was taking on such a substantial issue!”
- “Mental health is a problem that needs many resources dedicated to understanding causes and assisting those suffering. I am proud that WGA recognizes these needs.”
- “Much more than proud. At first, I was downplaying the impact that we had on mental health. But, as the JCCI study played out and so many members of WGA worked on the implementation of the recommendations, I began to believe that we really did MOVE THE NEEDLE. We picked a really, hard, dark topic and brought it to the surface. That choice was a brave, courageous decision and it made an impact!”
- “It made me more proud. Together, we are powerful and we changed the conversation in the community around mental health. “

**... Did WGA's mental health initiative impact the NEFL community in the short-term and/or long-term (3-5 years from now)?**

- “Short-term: Impact from funding on those using services of grantees. Longer term: Need to keep our voices raised so community is aware of need – need for mental health services doesn't suddenly go away.”
- “Great impact in the short term. I think we will see a waning in the programming without the increased focus and increased funding.”
- “Long term policy and research funded will help change programs and help focus on areas that can help make a difference. Short term help start up programs to assist individuals and or help programs that are successful continue to operate and other assistance.”
- “This is such a complex issue that 3-5 years was not enough to make the significant impact that could have been made. I think it was not enough time. We were just seeing some great results. “

**Other thoughts about the impact?**

- “I had an experience that kind of highlights how our whole focus could impact a member. I attended a session at Hubbard House and kept the card they gave me in my wallet. One day, I was sitting in a Wendy's restaurant and overheard a conversation of a woman talking about being in a domestic violence situation. She was confiding in a friend but it didn't sound like she had a plan. When she left, I followed her to her car and gave her the Hubbard House card and told her they could help her. She

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got a huge tear in her eye, took the card, and rolled up the window. I will never know if she sought help, but I never would have known enough to TRY to help her before our focus on Mental Health.”

- “If we can have this type of effect on mental health, there is no stopping us on other important issues.”

A number of the community leaders interviewed for this report identified Nina Waters, President of The Community Foundation for Northeast Florida, as an early adopter to the strategic focus on mental health initiative, and, with Mike Clark of The Florida Times-Union, first to join the bandwagon to advance WGA’s announcement of the initiative. In interviewing Nina Waters and Amy Crane, Program Director for TCF, for this report, both women viewed WGA’s commitment to mental health as courageous, and viewed the approach as able to do more using best practices. WGA’s 360 degree “surround the initiative” approach – the decision process, the ongoing evaluation inquiry, and the measurement of impact – is leading-edge and produces results.

Was there impact? At least 8,893 women and girls received access to mental health services. From this we know there are many ripples.

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