

Women's Center of Wake County

Lessons Learned

During their grant cycle, the Women's Center had to close their building for approximately one month because of flooding. Due to the inherently transient nature of the population served by SHAPE it has historically proven difficult to keep women engaged in services. This issue was exacerbated when the Center had to shut the doors for a month. Despite phone calls and mailings to the women, it was difficult to retain women during this period. When services are not available to the women, it is hard to maintain relationships. If and when the women feel abandoned it is likely to lose them. When working with this population of women consistency is crucial. A disruption of services for the women causes a sever in service provision, incentives to stay connected, and increases barriers to medical and mental health care.

Success

- Securing funding from NC CAF was a major success because it provides consistency in services offered to women and enhances programmatic development
- With an HIV/AIDS emphasis SHAPE typically experiences an increase in HIV testing, reporting of risk behaviors, promoted health care, and the detection of other health issues
 - o Better HIV testing behavior
 - More women return to obtain HIV test results because of incentive to do so
- Ability to "follow through" is difficult for these women
 - o Incentives are imperative → funding provides necessary incentives
- First and foremost, the program focuses on improving women's health care. Jeri indicates that 100% of the women see an improvement in their health care while enrolled in the program.
- Secondly, the program attempts to connect women to appropriate mental health services. Jeri stated 80-85% of the women are connected to the services they need
 - o An overall increase in health care involvement is seen among this population of women when involved with SHAPE

Best Practices

- It is critical to the program to create a safe, trauma-informed, and accessible setting to effectively work with this population
 - o Everyone must be trained in trauma
- Must use a harm-reduction model
 - o The only way to engage this population
 - Women need to know they aren't asked to give up anything
 - If you do, you will lose them
 - o Must have a peer support component
 - Peer supporter must be abstinent
 - o Evidence-based practices encourage the use of contingency management incentives
 - Will not retain clients without incentives to return for services