



TWENTY YEARS
Twenty Voices

ANNUAL REPORT 2025

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Twenty Years, Twenty Voices.

For the past twenty years, Give an Hour has learned that meaningful mental health work does not begin with a program or a metric. It begins with people.

This report is intentionally structured around twenty voices because real impact happens in the lived experience of the communities we serve. Service members and veterans. Survivors of violence. People impacted by incarceration, financial fraud, and rare disease, and those who support them. Across every population, progress has come when individuals were invited to speak from inside the experience. When people are heard without being corrected or categorized, something essential shifts. Trust forms. Belonging emerges. Capacity follows.

The individuals featured here were not selected to represent perfection or resolution. Many are still in process. Some are holding grief, uncertainty, or responsibility alongside purpose. Others are shaping systems they once struggled to trust. Each voice marks a moment where lived experience was not only invited, but elevated into leadership, design, and care.

These voices also reflect gratitude. Many were nominated by staff, partners, facilitators, and peers who recognized the ways they strengthen the work: by showing up consistently, by naming what others cannot yet articulate, by holding space when it is heavy, and by helping ensure that the next person's path is less isolating than their own.

As you read, we invite you to engage with this report the way the work itself unfolds. Not all impact is immediate. Some change accumulates quietly: a survivor who feels understood rather than blamed; a clinician who feels confident rather than hesitant; a system that begins to respond with coordination instead of fragmentation. Each section begins with a human perspective because the work begins with understanding the conditions it emerged from, and the voices that shaped it.

After twenty years of listening, we know this much: when people are seen, acknowledged, and trusted with their own experience, transformation becomes possible, not just for individuals, but for the systems meant to support them.

Letter from the CEO.

This year marks a milestone for Give an Hour. For twenty years, you have helped make support accessible, credible, and human.

Dr. Trina Clayeux
CEO, Give an Hour

What began as a simple belief, that mental health care should not be out of reach, has grown into a national model powered by people. Behind every milestone is someone who chose to show up, often quietly and without recognition, because they believed connection could change a life. Together, that belief became measurable impact: thousands of providers mobilized, millions of individuals reached, and communities better equipped to respond.

While we have grown, adapted, and expanded, we remain committed to a core truth: healing happens through human connection. It happens before a program, before a referral, and before someone has the words. It begins when a person feels seen, heard, and understood. The voices featured in this report embody that truth through the steady work of showing up for one another.

This annual report honors what you helped build over the past two decades. With you, we established a national model that mobilizes people, not just services.

We expanded access to informed clinical care through partnerships and a growing network. We strengthened peer support and community-based belonging. We elevated education and training so more communities can respond earlier and more effectively. You helped prove that those closest to the challenges often hold the clearest path to solutions.

You also pushed us toward clarity, and that clarity will shape our next chapter. Clarity about who we serve and what we offer. Clarity about which outcomes matter. Clarity about what to stop doing when it does not create value for the people we aim to support.

That is the intention guiding our path forward. We will continue to design with the people we serve, not around them. We will measure what matters, using real feedback as a discipline for improvement. We will refine quickly, protect quality as we scale, and sustain what works by building durable systems, not short-term fixes.

Human connection will remain the core of what we do and how we do it. It rebuilds trust and reduces stigma. It moves people from isolation to belonging. It helps communities shift from reacting to crises to strengthening protective factors upstream.

The challenges ahead are real. Demand continues to rise. The workforce remains strained. Systems still fragment care across too many doors. Access is not accessible to all. Technology accelerates both connection and harm. Funding structures too often reward volume over impact.

We will not solve these challenges through individual therapy alone. We will solve them by strengthening people and communities, then building a continuum of hope where informed clinical care, lived experience peer support, and mental health literacy work together.



This is the future we are building. A network of fifty thousand mental health professionals, lived experience peers, and wellness ambassadors. Licensed professionals giving an hour of pro bono, informed care as part of a coordinated support network. Peer groups facilitated by lived experience leaders so people can access affirming support within days, not months. Communities where more people recognize the five signs of distress and have the confidence to engage in conversations that someone access care or comfort. Workplaces trained in mental health literacy, so we meet mental health upstream, before crisis becomes the only entry point. If you have walked with us over these twenty years, thank you. You helped build trust at scale, and you helped prove that human connection is not soft. It is strategic.

If you are new to Give an Hour, welcome. We invite you to join us on this journey. Invest in the network. Partner with us to expand access. Bring this model into your workplace or community. Help us design, measure, refine, and sustain what human connection can make possible at scale.

The next twenty years begin now with all of us.

Warmly,
Trina

Letter from the Board Chair.

Twenty years ago, Give an Hour was founded on a simple but radical belief: that listening, really listening can change lives. Today, as we mark this milestone through 20 Years & 20 Voices, it has become clear that this belief has done more than endure. It has shaped a movement.

What strikes me most as Board Chair is not the number of programs we run or the scale we have reached, though both matter, but the consistency of what people tell us when they speak about Give an Hour. Across survivors of violence, veterans in transition, clinicians, caregivers, public servants, and national partners, the same truth keeps emerging: healing begins when people feel seen, believed, and understood.

The voices in this report are not just testimonials. They are evidence. They show what happens when peer support is treated not as an add-on, but as a foundation; when lived experience is valued alongside clinical expertise; when systems are built to support people, not the other way around. From financial fraud survivors finding relief from shame, to rare disease families discovering they are not alone, to facilitators holding space for those rebuilding their lives, these stories reveal what a trauma-informed organization can become when it listens deeply and acts with integrity.

The Board's responsibility is to ensure that Give an Hour remains a place where this kind of work can thrive, ethically, sustainably, and without compromising the people it exists to serve. Over two decades, that has meant protecting independence, strengthening governance, and investing in partnerships that expand impact without diluting purpose. It has meant trusting that the organization's greatest asset is not any single initiative, but the relationships it builds and the trust it earns.

As we look to the next twenty years, the path forward is illuminated by the voices you will encounter here. They remind us that the future of mental health care will not be defined by volume alone, but by connection; not by systems alone, but by humanity.

On behalf of the Board of Directors, thank you to every person who has shared their story, their expertise, and their hope with Give an Hour. Your voices are not just part of our history, they are guiding our future.

"The Board's responsibility is to ensure Give an Hour remains a place where this kind of work can thrive, ethically and sustainably".



Give an Hour's North Star, Mission, Strategic Goals, & Values

At a moment when mental health needs are rising faster than systems can adapt, Give an Hour is helping shape what comes next. Rapid social, economic, and institutional change continues to place new strain on an already overextended mental health system, deepening gaps in access and care, especially for those impacted by human-made trauma. We believe solutions are within reach when responses are rooted in people.

By investing in human connection, strengthening clinical capacity, and elevating peer support and lived experience, we are building pathways to care that foster belonging and resilience. At Give an Hour, we are not only responding to today's challenges. We are cultivating a future where mental health care is accessible, compassionate, and sustained for individuals and communities across every stage of life.



Our North Star

We envision a society in which every individual is equipped with the knowledge, resources, and opportunities to take charge of their mental health journey. We promote self-awareness, self-care, and self-advocacy that empowers individuals to make informed decisions and actively participate in their own mental wellbeing. Together, we will ensure every individual has the opportunity to live a mentally healthy, fulfilling, and purposeful life.



Our Strategic Goals

- 1) to impact 8 Million Americans via stigma-free, no-cost mental health services and support.
- 2) to be the premier platform of choice for 50,000 mental health professionals, wellness ambassadors, and peer supporters.



Our Mission

Give an Hour's mission is to develop resilient individuals and communities and grow our social impact through responsive, scalable, and individualized mental health programs aimed at closing access and delivery gaps.



Our Values

Give an Hour's organizational values serve as our compass, guiding us through challenges, ensuring alignment with our mission, and propelling us toward the achievement of our strategic goals.

- Seek Excellence
- Be Curious
- Lead with Integrity
- Embrace Humility
- Inspire Entrepreneurship

Give an Hour's Listen, Lean-In, Learn, Lead methodology is a customer-informed approach designed to improve mental health support by centering the lived experiences of those we serve. It begins with Listening, mapping individual journeys to identify critical touch points and needs. We then Lean-In by offering tailored, empathetic responses that reflect those unique needs. Through Learning, we collect meaningful feedback and customer-informed measurements to refine services in an ongoing cycle of improvement. Finally, we Lead by using these insights to co-create resilient communities through personalized, effective mental health solutions.

The Give an Hour Model



Building Momentum

Advancing Our Strategic Goals

Give an Hour continues to build meaningful momentum toward expanding mental health capacity and reach nationwide. Each year, our growing network of volunteers and partners enables us to extend support to more individuals and communities, strengthening the foundation needed to meet rising mental health needs and sustain impact at scale.

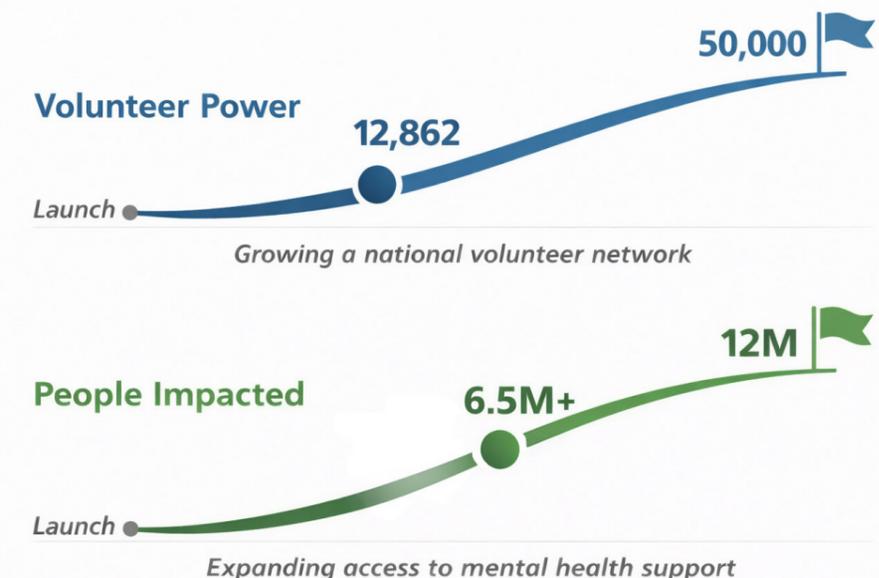
Building Capacity. Expanding Reach.

Volunteer Power

12,862 clinical and non-clinical volunteers engaged as of year-end 2025, strengthening our path toward a 50,000-volunteer network.

People Impacted

6.5+ million people impacted through Give an Hour programs and partnerships, on track toward our 12 million-person impact goal.



The People Behind the *Support*

Meet Your Peer Facilitators



Rebekah E
Military and
Veterans



Chris G
Military and Veterans



Jillian R
Military Family &
Loved Ones



Diana G
Female Military and
Veterans



Tracy S
Military Family &
Loved Ones



Terra M
Financial Fraud Family
& Loved Ones



Victoria A
Financial Fraud



Michael B
Returning Citizens



Aliza N
Interpersonal Violence

Peer Support: Where *Healing* *Begins* with Belonging

“There are times where we can keep going on our own, but there are times when having someone who gets it is what really helps. Just talking to someone else who’s been in similar situations makes a difference. When people feel safe enough to share and realize they belong, even if it’s just one person, that’s when peer support really works.”

Jillian Ryan, Peer Support Facilitator,
Military and Veterans

HOLDING THE CIRCLE

Supporting Those who Support Others



"Participants began calling it family. They lingered long past the hour. "People say, 'No, you hang up. No, you hang up,' There's a lot of love." Rebekah Edmondson, Peer Support Facilitator

Peer support begins with recognition. The relief of being understood without explanation. The quiet relief that comes when someone across the circle says, "Me too." At Give an Hour, peer support is built on that shared recognition. It is also built on something less visible, but no less essential: clinical integrity. Across communities shaped by trauma, fraud, violence, military service, and loss, Give an Hour's peer support spaces are intentionally peer-led. Facilitators are survivors, caregivers, veterans, and community members who bring lived experience to the center of the room. The groups belong to them. What makes the model distinct is not control, but care. Clinical oversight exists not to dominate peer support, but to protect it.

The Role of Clinical Oversight

Vanessa Zinke, a Give an Hour provider and Peer Support Clinician, describes facilitators as "the heart of all of this work." She is equally clear about what they need in order to sustain that role. "They're on the front lines," she says. "But they need to be supported. Especially when we're working with vulnerable populations and sensitive topics." That support is practical and immediate. Facilitators meet regularly with clinicians. They debrief. They troubleshoot. They ask hard questions in real time. Sometimes they text. Sometimes they need reassurance. "It feels really good," Vanessa explains, "to just validate them and say, yes, you did the right thing. They always do. They just need to know they're not alone."

Sustaining the People Who Hold the Space

Support does not come without weight. Facilitators hear stories of extreme violence, fraud, grief, and despair. Aliza Nichols, a domestic violence survivor and one of Give an Hour's earliest peer support facilitators, names the intensity honestly.

"These people have been through some of the most horrible things I have ever heard in my life." What keeps her grounded is knowing support is there when she needs it. "Anytime it's hard for me," she says, "I just ask Vanessa or Jess. They help guide me to the right place."

A Model That Strengthens

The presence of clinical oversight does not dilute peer support. It strengthens it. "Peer support lived experience offers something that therapy just can't," Vanessa explains. "But clinicians are trained to work with crisis, trauma responses, and complexity. When you put those together, everyone is supported."

That balance is also visible in Give an Hour's military and veteran peer support spaces. Rebekah Edmondson came to the organization as an MSW intern and veteran; she helped develop peer support curriculum delivered on military bases to active duty soldiers. Over time, she stepped into facilitation herself. At first, she admits, she was nervous.

"You worry that someone's going to show up and need something you're not qualified to help with."

What eased that fear was knowing help was close at hand. "There was such an underbelly of support," she says. "Between Sean and Vanessa, consultations with Jess, people on the ready. If something happened, I could reach out immediately."

In practice, that support allowed the group to do what peer support does best. Members began caring for one another. They noticed when someone was quiet. They followed up. "I don't even have to be the one to ask anymore," Rebekah says. "The group does it. It feels like a reunion," she says. "An hour-long warm hug from people all over the country and the world."



Vanessa Zinke, LCSW provides clinical oversight to Give an Hour's peer support groups.

When she was invited to facilitate a peer group, the **trauma was still fresh**. What allowed her to say yes was knowing she would not be carrying it alone. **"I felt like I had support."**

For another peer support facilitator, the safety net of clinical support made it possible to step into facilitation at all. A survivor of financial fraud, she first entered Give an Hour as a participant. "It was such a relief to be among other people that experienced something similar," she recalls. "I felt a little lighter. A little more forgiving of myself." When she was invited to facilitate a peer group, the trauma was still fresh. What allowed her to say yes was knowing she would not be carrying it alone. "I felt like I had support," she says. "From the training, from supervision with our peer support clinicians Vanessa Zinke and Dr. Shawn Silverstein. I didn't feel like I was just out there by myself." That assurance proved essential. In moments of crisis, it was clinicians who helped her process what she was holding. "That was really hard for me," she says of a particularly devastating situation involving a group member. "Vanessa called me right away to offer support. That mattered so much."

For Give an Hour, this is what clinical integrity looks like inside peer support. Not hierarchy, but humility. Facilitators lead the way. Clinicians walk alongside them. The result is a model where peer spaces remain what they are meant to be: places of shared ownership, safety, and transformation.

PEER SUPPORT BY THE NUMBERS



902 Peer Support Group Participants



600 New Wellness Ambassadors and Peer Supporters



369 Peer Support Sessions Offered



9 Trauma-Informed Peer Support Groups



Jillian Ryan, Peer Support Facilitator for Military Families and Loved Ones.

"When people reach out for clinical support, I always let them know **peer support exists too**. And once I describe it, a lot of people say, 'Actually, send me the links.' For some people, just filling out the contact us form is a huge step. I treat it that way, because **how we respond can be make-or-break**."

FROM PARTICIPANT TO FACILITATOR.

REENTRY AND THE POWER OF BEING WITNESSED

The power of peer support unfolded in a very different context for Michael Brewster, Jr. a returning citizen navigating life after incarceration.

Reentry was isolating. Employment systems were confusing. Resources were fragmented. And the emotional toll of starting over with nothing was constant.

"You're forced to jump jobs because you're chasing more money, because you're starting again with nothing," Michael shared openly. "And that hurt me more."

When Michael Brewster joined Give an Hour's peer mentorship training for justice-impacted individuals, he did not expect leadership to follow.

He was there to listen, to understand what support might look like in a system that had repeatedly shut him out. Instead, he found himself naming experiences others had not yet put words to, helping shape the conversation in real time.

"You never know what type of turbulence someone is going through because they can't find a job," he explained. "That's why support groups like this are so important so we can help each other. We have no idea in what way these connections can support us."

The space worked because it did not rush people toward solutions or minimize the realities of reentry. It allowed participants to speak honestly about what was broken, and to be met with understanding rather than judgment. Michael's presence in the group evolved from participant to peer leader.

He was invited to train as a peer support group facilitator, supporting others navigating reentry and helping hold space for conversations he had once needed himself. In that role, he brought credibility that could not be taught, grounded in lived experience and reinforced through training.

A full-circle moment came when Michael helped co-lead the very peer mentorship training that first brought him to Give an Hour. Standing at the front of the room, he was no longer only receiving support. He was helping build it.

In that session, he thanked the group for something deeper than guidance or resources.

"Thank you for inviting me to be a part of this group," he said. "We're going to make it. We're here for each other."

Belonging did not just help Michael heal. It positioned him to shape the system from the inside, transforming experience into leadership and connection into capacity.

// We're going to make it. We're here for each other. Let's lean on each other. We share a past, but we also share hope for the future."

- Michael Brewster, Jr.
Peer Facilitator

Trust After Injustice

For people whose harm was caused or compounded by the justice system itself, trust is often the highest barrier to care.

After 24 years of wrongful incarceration, Jon-Adrian (JJ) Velazquez approached mental health support with caution.

"When I think about the mental health support my family and I needed after my release, trust was the biggest barrier," he explains. "Systems had failed me repeatedly, so trusting any form of institutional support did not come easily. "What changed that dynamic was how Give an Hour showed up. Not as an institution asserting expertise, but as people willing to walk alongside him.

"I was not rushed, categorized, or treated as a case number," JJ says. "Instead, I was guided, patiently and respectfully, through my options." That approach mattered because it restored agency. Support was not something done to him. It was something built with him. And it extended beyond him alone.

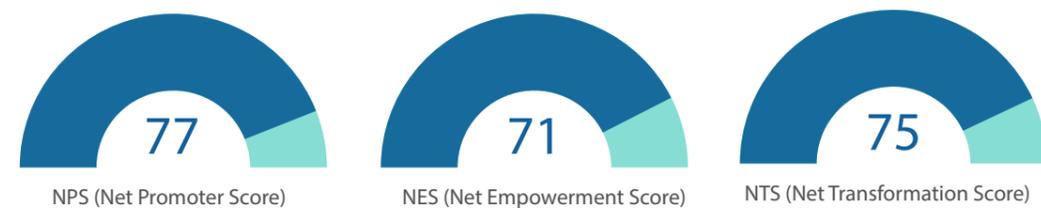
"When I shared that mental health support would only be truly effective if my family had access as well, Give an Hour didn't hesitate," he says. "You helped my fiancé and my mother seek care, and now my two sons are our next priority."



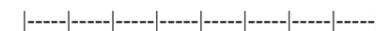
The Power and Purpose of Peer Mentorship

The Montgomery County Workforce Development Training was delivered across three cohorts to over 50 individuals, with each cohort completing three in-person sessions. The training demonstrated the impact of trauma-informed, community-centered programming for justice-impacted individuals navigating employment barriers, stigma, and reentry challenges. The multi-session format allowed participants to build trust over time, deepen engagement, and apply skills progressively, reinforcing both personal growth and peer connection.

Customer First Metrics



-100 -75 -50 -25 0 +25 +50 +75 +100



A Net Promoter Score (NPS) of 0 is considered good, indicating a balance of promoters and detractors. Each increase reflects stronger strength of score in either direction.

Key Outcomes and Learning Gains

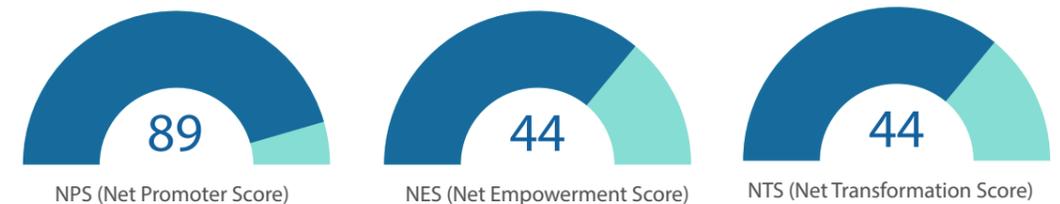
-  **Confidence managing workplace stress and burnout: +13%**
-  **Confidence managing mental health during workforce reentry: +9.9%**
-  **Confidence building supportive relationships: +18%**
-  **Improved communication and boundary setting: +19%**
-  **Ability to respond to workplace challenges and crises: +18%**

In 2025, Give an Hour delivered two Help the Helper trainings focused on burnout prevention, boundary setting, and sustainable well-being to WorkSource Montgomery staff and partners. Participant feedback demonstrates strong impact and relevance, with 100% of attendees rating the training as useful or extremely useful and reporting that the format effectively met their needs.

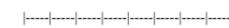
Key Outcomes and Learning Gains

-  **Confidence in inspiring positive change in organizational mental health culture + 26%**
-  **Significant improvements in peer mentorship skills +24%**
-  **Managing workplace stress and burnout +20%**

Help the Helpers Customer First Metrics



-100 -75 -50 -25 0 +25 +50 +75 +100



A Net Promoter Score (NPS) of 0 is considered good, indicating a balance of promoters and detractors. Each increase reflects stronger strength of score in either direction.

Client Testimonials

"These last three days have been absolutely amazing. All three days we had tremendous interaction in a packed house. Thirty individuals engaged and receptive to what was being shared. I can say count me in as Ashley's partner going forward. I am truly thankful and appreciative of this opportunity. It was an awesome 3 days and I look forward to partnering with Ashley going forward. Thank you!"

"Thank you for inviting me to the seminar. I have been struggling with feeling seen and/or heard for a long time. I appreciate you and what you have done."



Legacy Voices: From Grief to Purpose

Across every community

Give an Hour serves, one truth has surfaced again and again: healing does not begin with a program. It begins with belonging. Clinical care matters. Systems matter. But long before people engage with either, they are asking quieter questions. Do I belong here? Will I be understood? Can I trust this space with what I carry? For individuals shaped by violence, incarceration, displacement, rare-disease, financial fraud, or military service, those questions are not abstract. They are survival-oriented. Over time, Give an Hour learned that the most effective way to meet those questions was not only by providing support, but by elevating the voices of people who had lived through the harm themselves and inviting them into leadership. Lived experience became infrastructure.

For Michael Morissette, that journey began after the Borderline mass shooting in Thousand Oaks, CA, where he lost his daughter, Kristina. In the aftermath, he joined one of Give an Hour's first peer support groups for families of victims, unsure what he was looking for beyond a place to exist inside the grief.

What emerged was not advice or answers, but recognition. In that space, people did not need to explain their pain or justify its persistence.

Over time, Michael began to notice something else. His presence mattered. Not because he had solutions, but because his experience resonated with others navigating their own versions of loss. He became a staff member with SoCal Route 91 Heals and was later trained as a peer supporter, through which he began working with the 14,000 California survivors of the Las Vegas Route 91 Harvest Festival shooting and interacting with survivors from other incidents as well.

"Even though it was different, at a different time, in a different place, for different reasons, the survivors were willing to connect at a really vulnerable level with me. We had something in common."

"I felt like part of a community"



"My story was not going to be *the biggest story in the room* anymore,"

"That was probably the most obvious thing to me, the fact that my lived experience mattered to someone else," he reflects.

Being in that space also allowed Michael to speak his story out loud, without pressure to resolve it or move past it.

"I got a ton out of telling my story. It was so therapeutic to be able to speak the words out loud and hear them reflected back." As he continued participating in peer support, the role itself came into focus. The work was not about recounting his story or leading with grief, but about making space for others to feel less alone.

That growing sense of belonging sparked curiosity about the work behind the space itself. "I asked Give an Hour about volunteer opportunities because I wanted to know more. I wanted to see more."

In his role with the Give an Hour team, working directly with families and survivors impacted by mass violence, Michael encountered a message that reshaped how he understood the value of the support he could provide.

"My story was not going to be the biggest story in the room anymore," he remembers. "And that's how you know the program is working." Stepping into that role required a shift away from self-focus and toward service of others.

"I'm not there because of me. I'm there to help them." In that shift, grief did not disappear. But it changed. What had once felt isolating became connective.

"If working with Give an Hour and Route 91, out of the 14,000 people, if I only touched one person that made a difference there, then it was worth it," Michael says.

INTEGRITY AND TRAINING.

At Give an Hour, integrity is not a standard to be met; *it is an organizational value that guides* how we design, deliver, and steward our work.



BEYOND THE DIAGNOSIS

Nowhere is clinical integrity more evident than in *Beyond the Diagnosis, Give an Hour's eight-part mental health provider training series* focused on rare disease, developed in partnership with the Alexion Charitable Foundation and intentionally designed to strengthen and support Give an Hour's volunteer mental health workforce, equipping clinicians with the knowledge, context, and trauma-informed tools needed to effectively serve individuals, caregivers, and families affected by rare conditions.

Rare diseases affect more than 30 million people in the US alone, nearly one in ten individuals, yet most mental health professionals receive little to no training on the realities that shape the rare disease experience. Diagnostic odysseys that stretch for years. Medical gaslighting. Profound isolation. Caregiver burnout that has no clean endpoint. Grief that is ongoing, ambiguous, and socially invisible.

Beyond the Diagnosis was created to prepare clinicians to meet these challenges, competently, ethically, and with humility.

The First Training of Its Kind

The trauma-informed and lived-experience-driven curriculum was built through a two-stage review process, clinical validation by a Mental Health Advisory Board and lived-experience alignment by a Rare Disease Advisory Board, ensuring the material was not only

evidence-based but also emotionally accurate and accountable to the people it aims to serve. That dual commitment to clinical rigor and lived truth runs through every module.

Beth Sperber Richie, a psychologist who has worked with Give an Hour for nearly two decades and now provides CE oversight across its training portfolio, names this responsibility plainly: "We have a responsibility to make sure this content is not just meaningful, but clinically sound." For Beth, training quality is not secondary to access; it is the mechanism that protects both learners and the populations they will serve, she notes,

"We know a lot about what traumatized people need, but the question is how that knowledge gets translated into real systems and real practice without re-traumatizing people."

One of Give an Hour's defining strategic objectives over the last five years has been to invest not only in direct service, but in training clinicians who can multiply care across systems.

Beth describes this evolution as natural: individual therapy offers depth, but education offers reach. "The depth of impact you can have with one person in therapy is enormous, but it's narrow. When you train clinicians, you multiply that impact, because they go on to do that deep work with so many more people."

A Framework Born of Lived Experience

At the center of Beyond the Diagnosis is Al Freedman, PhD—a psychologist, educator, and father to Jack, who lived with spinal muscular atrophy for twenty-six years.

Dr. Freedman's credibility has been forged over decades of navigating hospitals, school systems, insurance challenges, and moments of profound adaptation and loss. The framework he brought forward for the series blends clinical training with the lessons learned through parenting a medically complex child into adulthood. For him, professional authority does not originate in academic credentials alone, but in lived experience.

"It's not my PhD that makes me feel qualified to do this work," he says. "It's the twenty-six years of my son's life."

That distinction matters. Dr. Freedman is clear that his work in rare disease mental health is inseparable from Jack's life. "Jack is the only reason I feel credible doing this," he explains. "Anybody can get a PhD in psychology. What qualifies me is the lived experience."

It is this experience that compels him to share what he has learned. "If I have a set of skills that could benefit other people," he says, "I feel obligated to use them." The obligation is not abstract. It is rooted in decades of learning things the hard way, often without a roadmap, and carrying the weight of knowing that other families would follow the same path.

That ethic shaped the structure of the eight modules, creating a foundation clinicians can stand on. Topics move beyond symptom management to include ambiguous loss, caregiver identity, systemic trauma, ethical boundaries, and the clinician's role within long-term, high-stakes care contexts. The series acknowledges what many providers quietly fear: that good intentions are not enough. Rare-informed context expands a clinician's ability to recognize and respond to the layered emotional and caregiving realities that shape life with rare disease.

Training That Multiplies Impact

Vanessa Zinke, a Give an Hour provider and Peer Support Clinician, sits at the intersection of clinical insight and lived experience and sees the downstream effects clearly, stating:

"I just remember getting feedback from clinicians who come to our trainings and them saying, 'Oh, I feel supported,' or 'I feel confident.' That's probably my favorite thing; when they say, 'I actually feel good now to support this population. Your training really helped me feel confident that I can do this work.'"

Vanessa Zinke, GAH Provider

When clinicians complete Give an Hour trainings, they often report something rare in continuing education: readiness and confidence grounded in understanding. That confidence changes how clients are received, referred, and supported. Vanessa equates this to systemic change: "Being able to hear professionals say that they actually feel ready, that they feel confident to support this population, is really how we make systemic change."

"Honestly, I'd never looked at the trauma aspect of being diagnosed with a chronic illness and how our patients have to process that... But when you look at it through a lens of trauma, personally, I've learned so much about how we approach things."

Joyce Kullman, Executive Director, Vasculitis Foundation on understanding the rare disease experience as trauma.



Pictured: Jack and Al Freedman

Building Capacity in the Rare Disease Ecosystem

In the rare disease space, mental health needs are often profound, while the infrastructure to support them remains limited. .

Advocacy leaders, caregivers, and individuals living with rare conditions navigate chronic uncertainty, isolation, and sustained emotional strain, often without systems designed to hold that complexity. Through its partnership with Amgen, Give an Hour has focused not only on expanding access to mental health support, but on strengthening the capacity of rare disease communities themselves.

For Michael Salazar, Manager of Advocacy Relations at Amgen, what distinguished the partnership was Give an Hour's willingness to begin by listening.

"There was already a lot of conversation about mental health being a challenge in the rare and ultra-rare space, What was missing was clarity around what meaningful support actually looked like for these communities, and how to build it in a way that would last."

In his experience, many available mental health resources were too broad or too surface-level to meet the realities of rare disease. Clinicians could address distress in general terms, but often lacked insight into the day-to-day constraints, isolation, and cumulative stress that shape life with a rare condition.

What stood out, Michael recalls, was Give an Hour's value of humility. "You guys took the time to sit down with the groups, meet with the groups, and just have natural human conversations," he says. "There was honesty about not knowing everything and a real willingness to learn from the community." That approach made it possible to build programming that resonated. Rather than imposing a predefined solution, the work evolved in response to what advocacy leaders named as most urgent. Over time, the partnership expanded beyond individual support to include peer-centered spaces that brought rare disease leaders together to learn from one another, share responsibility, and reduce the isolation that often accompanies leadership in this space.

Michael has seen the impact of that work repeatedly, both firsthand and through the organizations Amgen supports.

"Any opportunity to elevate Give an Hour, I'm here for," he says. "Sometimes people are hesitant. They ask, 'What does Give an Hour do here? What are they doing at this town hall, or this organization, or this community meetup?' But every time I've been there in person, or heard from secondhand accounts, the outcome has been the same."

"Every time you enter a space, you leave it better," Michael continues. "You leave people with more options, more resources, and feeling more supported than when they first walked in."

From the outset, Amgen saw Give an Hour's role as helping communities build skills, confidence, and leadership that could be sustained over time. "Our goal was to build that capacity so that if funding changes or partners step away, the community is still prepared," he explains. "They're trained. They're ready. And they have champions within their own community who can carry the work forward."

For Michael, that focus on long-term resilience is what defines meaningful partnership.

"You really can't talk about anything more valuable than that."



AMGEN 13 PARTNERS

In partnership with Amgen, Give an Hour is leading a capacity-building initiative to strengthen the strategic, operational, and mental health infrastructure of rare disease patient advocacy organizations. This effort is grounded in equipping leaders with the tools, resources, and training needed to sustain mental health support within their communities.

Give an Hour is supporting a collective of 13 rare disease organizations through tailored programming designed to enhance their ability to address both organizational effectiveness and community mental health needs. In doing so, the initiative intends to foster greater wellbeing and empowerment among leadership, the staff they lead, and the communities they serve.

One of those organizations, IgG4ward, has already seen the impact of this collaboration. Katharine Provencher, Director of Advocacy & Community Engagement, reflected on how the partnership has helped integrate mental health into the organization's work supporting the rare disease community.

"As we continue building programs and advocacy efforts, the perspective of Give an Hour helps us remain thoughtful about how emotional wellbeing is integrated into the work we do. By bringing mental health expertise and emotional science into our community conversations, Give an Hour helps normalize discussions that are often overlooked in the rare disease space."

Beyond its role within the Rare Collective, the partnership has also translated into something deeply tangible for the IgG4ward! community: access to mental health support that recognizes the emotional realities of living with rare disease.

"Hearing the relief in their voice when they shared that they finally felt heard and supported was incredibly powerful. It reinforced how important access to compassionate, trauma-informed mental health care is for our community."

That impact has also expanded through educational opportunities created through the partnership.

"Julie led a breakout session at our patient event in Atlanta and also facilitated a session during our Canadian virtual community event. In both settings, she created space for patients and caregivers to talk openly about the mental health aspects of living with a rare disease. One of the discussions that resonated most was her explanation of the difference between self-care and self-preservation. That conversation helped many participants recognize that protecting their emotional wellbeing is not selfish or optional—it is necessary when you are navigating the ongoing challenges of chronic illness."



The Partners

- CGDAA
- Connecting Families UCD
- Conquer MG
- Cystinosis Research Network
- IgG4WARD!
- MG Holistic
- MG-MI
- MGA (KC)
- MGWPA
- Mission Cure
- The Guthy Jackson Charitable Foundation
- The Sumaira Foundation
- Vasculitis Foundation

Changing the Conditions Inside Public Systems shaped Give an Hour's partnership with the DC Office of Victim Services and Justice Grants, led by Director Jennifer L. Porter, MPH, MCHES. From the beginning, the work was integral to strengthening a system already carrying immense responsibility. Director Porter approached the partnership from a public health perspective, one shaped by scale and sustainability. "How we heal matters," she says. "It's not just about the service, it's about the process." Early collaboration centered on trauma-informed training for mental health professionals serving victims of crime and violence across Washington, DC. The goal was to improve practice at the point of care, but it quickly became clear that training alone was not enough.

As the work deepened, a broader set of needs came into focus. Providers were skilled and committed, yet many

were operating inside systems that offered little protection against cumulative stress and secondary trauma.

"If we don't invest in the mental health and wellbeing of helpers," Porter explains, "the system won't hold."

Give an Hour and OVSJG worked to embed trauma-informed, capacity-building care as a structural norm, something reinforced through leadership, policy, and everyday practice. "Trauma-informed care can't live at the margins," Director Porter says. "It has to be embedded."

That embedding required cultural change, not just new tools. Psychological safety had to be named, modeled, and protected, particularly for those in high-exposure helping roles. "Cultural change happens when healing is institutionalized, normalized, and modeled from

leadership," she notes.

Over time, the partnership's impact extended beyond individual services. It reshaped how sustainability itself was defined inside the system.

"Psychological safety isn't a nice-to-have, it's a requirement for sustainable systems."

Director Jennifer Porter



In that shift, the work moved upstream. The focus became not only how to respond to harm, but how to build public systems capable of holding the people who respond to it every day.

Supporting those who support others has long been central to Give an Hour's approach.

Help the Helpers reflects that commitment as a workforce wellness initiative focused on strengthening the resilience and wellbeing of agency personnel, community-based providers, and frontline staff working with trauma-impacted populations. The program expands access to trauma-informed support through tailored trainings, practical self-care tools, and psychoeducational resources designed to reduce burnout, compassion fatigue, and vicarious trauma. By investing in the mental health of helpers, Help the Helpers strengthens staff retention, organizational stability, and the overall capacity of systems to sustain care over time.



Help the Helpers: Training for those experiencing vicarious trauma and burnout



2025 Enhancing the Districts Response to Trauma (EDRT) PROGRAM SUMMARY

Program reach and client Impact

- **41 individuals** served through clinical & peer-based support
- **24 new clients** engaged in counseling
- **1 continuing clients** supported
- **0 waitlist** for services throughout the year
- **100% of clients** received trauma-informed care

Primary needs addressed:

- Interpersonal violence
- Gun violence
- Sexual assault
- Financial exploitation

Provider Training and Workforce Development



5 Professional Trainings Delivered
• 3 virtual
• 2 in-person



188 Professionals Trained
88 Evaluations Completed



100% Reported Increased Knowledge & Skills
100% Reported Training Relevance
100% Reported Improved Confidence Supporting Survivors



CE-Accredited Content Delivered Across:
Trauma-Informed Care
Financial Fraud Recovery
Survivor-Centered Engagement

Peer Support and Direct Services

- **52 peer support** sessions held
- **26 unique participants**
- **Average weekly attendance:** 5-6 participants
- **100% of participants** reported feeling supported

Peer Groups Focused on:

- Emotional Regulation and Trauma Recovery
- Community Connection Coping and Resilience

Provider & Partner Engagement

- **7 mental health providers** committed to pro bono care
- **3 graduate-level clinicians** on-boarded for supervision
- Active partnerships with:**
 - Office of Victim Services and Justice Grants (OVSJG)
 - Office of Neighborhood Safety and Engagement (ONSE)
 - ACT Now Mental Health
 - DeafDAWN
 - DASH
 - JCADA
- **Engagement with 30+** DC-based organizations
- **Participation in ACA, NASW and NCVC** national conferences

Outreach and Awareness

- 2,900+ digital interactions
4,375 total reach
- Provider newsletter distributed to 3,000+ clinicians
- Weekly Wellness newsletter reached 40,000+ subscribers
- 51 direct provider contacts at conferences
- 23 follow-up engagements with interested clinicians

Resources and Tools Developed

- Victim Blaming Educational Guide
 - Court of Hope survivor support tool
 - Peer Support Development Guidebook
 - Lighthouse DC resilience framework
- All tools designed for:
- Trauma-informed use
 - Provider training
 - Survivor empowerment
 - Community scalability

The Fraud Fallout

Building What Didn't Exist Before .

When early conversations began, the FINRA Investor Education Foundation and Give an Hour saw a gap in victim support that had gone largely unaddressed..

Dr Trina Clayeux, Rob Mascio, Dr. David Camacho, and Julia Weinman present at the American Society on Aging (ASA) On Aging Conference, 2025.

There really wasn't mental health support for individuals who had been victimized by financial fraud," according to Rob Mascio, a Director of the FINRA Foundation. "Fraud was typically framed as a financial crime or regulatory concern, while its psychological impact remained poorly understood.

At the same time, mental health providers were encountering survivors without a clear framework for how to respond. "A lot of mental health professionals don't feel equipped to work in this space at first," Rob explains. The issue was not lack of skill; it was lack of translation. Clinicians understood trauma, but fraud victimization did not yet have a place in the mental health field's shared language.

The partnership began by mapping that disconnect. Together, Give an Hour and the FINRA Foundation examined the landscape, including what resources existed, where providers felt uncertain, and how fraud-related harm actually showed up in clinical settings. What emerged was the recognition that education could serve as a systems lever, if it was built with enough depth and specificity.

The result was something that hadn't existed at this scale: a six-part, trauma-informed mental health training series focused specifically on fraud victimization. Designed to be comprehensive and evergreen, the series offers up to nine continuing education credit hours for mental health professionals and is approved for CE through the American Psychological Association (APA), the Association of Social Work Boards (ASWB), and the National Board for Certified Counselors (NBCC).

By translating financial harm into psychological frameworks clinicians could recognize and respond to, the series equipped providers to engage this work with confidence, without requiring them to become fraud experts. "What we saw was clinicians realizing, 'I actually do know how to help,'" Rob says. "Training builds confidence, competence, and readiness in providers."

That shift mattered. As clinicians gained clarity, hesitation gave way to engagement. Re-victimization is both common and widely misunderstood in fraud-related crimes, and without trauma-informed recognition, victims are often blamed, rushed, or left unsupported in ways that increase their vulnerability to being targeted again. By equipping providers to understand the psychological dynamics at play, the training helped interrupt that cycle. The work didn't just expand individual competence; it began to change how institutions respond.

"It changes how systems respond to victims," Rob explains, "not just after harm happens, but before it repeats."

For Rob, the significance of the partnership lies in how it bridged worlds that rarely intersect. "Fraud trauma is widely misunderstood, especially by providers," he says. By aligning regulatory insight with mental health infrastructure, the work helped establish fraud victimization as a legitimate and necessary focus within trauma-informed care. But the impact did not stop with clinicians.

The training was designed to function across the broader system, reaching institutions and frontline professionals who are often the first to encounter fraud victims.

Banking departments, fraud teams, and prevention partners have access to tools and frameworks developed through the series to engage customers more effectively and respond in ways that support recovery rather than compound harm. In these settings, trauma-informed practice became operational, shaping how conversations unfold, how decisions are made, and how trust is preserved at critical moments.

Fraud education, in this context, became both restorative and preventative, supporting recovery while reducing the risk of re-victimization. Importantly, it also created a foundation others could build on. The effects were visible inside Give an Hour's own network as well. As clinicians moved through the training, confidence translated into action. More providers stepped forward, indicating readiness to take on fraud-related cases and accept referrals for this emerging area of need, expanding capacity where little had existed before.

"This wasn't just funding a project," Rob reflects. "It was building something together."

"What we saw was clinicians realizing, 'I actually do know how to help, Training builds confidence, competence, and readiness in providers.'"

Rob Mascio, FINRA Foundation

Across these partnerships, a pattern emerges. Peer support becomes infrastructure.

Workforce wellbeing becomes a systems requirement.

Education becomes a lever for prevention.

The work is deliberate, and its impact is cumulative. It shows up in moments that compound over time: a survivor who feels understood rather than blamed, a clinician who feels equipped rather than hesitant, and a system that begins to respond with coordination instead of fragmentation.

This is what systems change looks like when it is built in partnership, shaped over time by the people closest to the work and sustained by the systems willing to evolve alongside them.

"It was shocking, but once it was laid out, it became very clear, I had never thought about fraud as trauma in that way before. Initially, the realization was unsettling."

Ethan Israelsohn, LCSW, LICSW Give an Hour Provider on the Fraud Fallout Series



116 Peer Support Sessions for Financial Fraud Victims and Loves Ones Offered

6 MODULES

WWW.GIVEANHOURL.ORG
CE THROUGH NBCC | APA | ASWB

9-CE On-Demand Training Series

FINANCIAL FRAUD KEY METRICS

- 115 CE Credits Awarded
- 144 Providers Trained
- 6 CE Eligible Modules Delivered Live and On-Demand
- 6 Financial Fraud Cadre Sessions
- 33 Financial Fraud Clients Matched with a Provider
- 86 Financial Fraud Survivors and Loved Ones attend Peer Support



99% of participants rated the content relevant to their experience



100% of participants said the training supported their professional goals



100% of participants said the content matched or exceeded their expectations



98% of participants said they gained meaningful knowledge



97% of participants said the training supported confidence when working with a financial fraud client

Customer First Metrics Across All Trainings



NPS (Net Promoter Score)



NES (Net Empowerment Score)

-100 -75 -50 -25 0 +25 +50 +75 +100



NTS (Net Transformation Score)

-----|-----|-----|-----|-----|-----|-----|-----|

A Net Promoter Score (NPS) of 0 is considered good, indicating a balance of promoters and detractors. Each increase reflects stronger strength of score in either direction.

"Great space to ask questions and bring up thoughts around the trainings."

"This training has helped me *finally* feel confident that I know enough about financial fraud experience, effect, and how to help survivors and their families to be able to work with a financial fraud survivor or family member."

"I knew nothing about financial fraud when I started this training series. I've been learning a lot about financial fraud and how to help victims of financial fraud"

For more than twenty years, Give an Hour has mobilized a national network of volunteer licensed mental health professionals to provide one-on-one clinical care to individuals and communities navigating trauma. Grounded in access, trust, and service, this work established Give an Hour as a reliable entry point into care for people who might otherwise go without support.



Over time, a clearer picture emerged. The challenge was not a lack of commitment or compassion; it was a fragmented system struggling to meet growing and increasingly complex need. Clinical capacity alone was insufficient to keep pace. Many providers were willing, eager even, to support victims and survivors, but lacked the specialized training required to address emerging forms of trauma, including financial fraud and rare disease, that sat outside the mental health field's traditional focus.

At the same time, many of the people holding the system together, advocates, caseworkers, clinicians, and other helpers, were themselves carrying cumulative stress with little structural support.

As Give an Hour listened to survivors, to clinicians, and to public agencies, its understanding expanded, and its vision evolved alongside it. The organization moved beyond a single mode of intervention toward a more expansive role, asking what emerging needs were taking shape, how systems were enabling or constraining healing, and what it would take to strengthen the conditions that make recovery possible.

That shift led Give an Hour to work alongside mission-aligned partners to shape systems, build workforce capacity, and translate lived experience into durable infrastructure, extending its impact upstream, where lasting change begins.

“If you don’t center survivor voice, you can build a system that technically works but doesn’t actually reach people.”

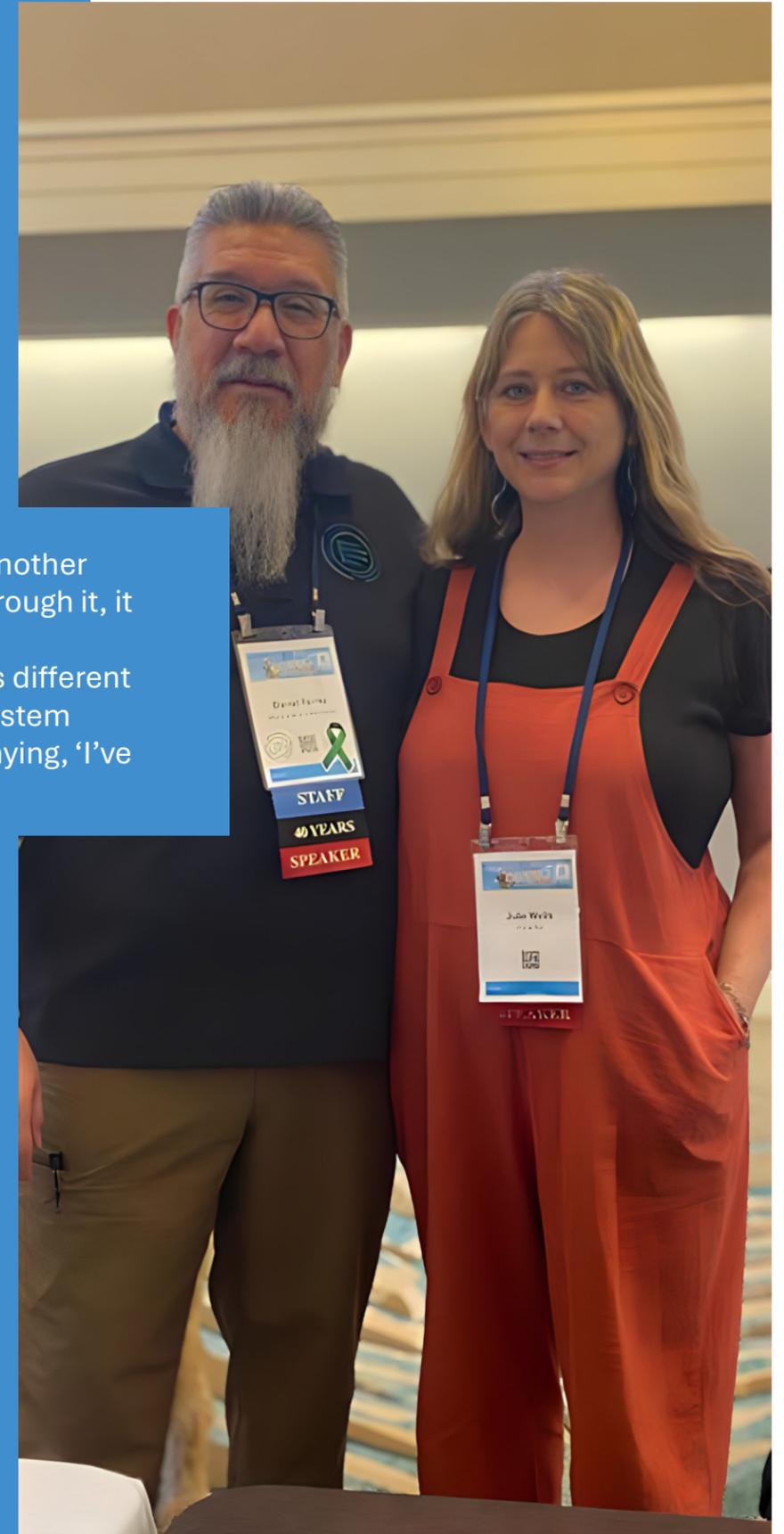
For partners at the National Center for Victims of Crime (NCVC), that question was already familiar. Survivors could comply with every requirement, access every formal service available to them, and still feel deeply alone. Daniel Torrez, Deputy Director – Center for Victim Service Professionals (NCVC) had seen it repeatedly. “Peer support creates connection that formal systems often can’t,” he explains.

In conversations with Give an Hour, peer support was not treated as an informal supplement. It became a central design principle. Survivors responded differently when the person across from them was not a system or an institution, but someone with lived experience.

“When someone hears from another person who’s actually been through it, it reduces isolation and shame immediately,” Daniel says. “It’s different when it’s not a clinician or a system talking to you, but someone saying, ‘I’ve been there too.’”

The partnership focused on building peer support as legitimate infrastructure, something intentionally designed, supported, and sustained. For Daniel, that distinction mattered. “The strongest partnerships are grounded in survivor voice and trust,” he says. “If you don’t center survivor voice, you can build a system that technically works but doesn’t actually reach people.” In this work, lived experience was not framed as anecdotal. It was treated as expertise. And when that happens, Daniel says, “systems start to work differently.”

**When
Systems
Don’t
Reach
People.**



Military, Veterans & Project Valor



Give an Hour's work in the military and veteran space began in 2005, in direct response to the wars in Iraq and Afghanistan. At the time, the need was urgent and unmistakable. Service members were returning home carrying visible and invisible wounds, and the country lacked the clinical capacity to meet the scale of the moment.

Give an Hour facilitator, Nickie Silverstein, delivers Veteran MILE training.

In those early years, Give an Hour focused on what it knew best: mobilizing licensed mental health professionals to provide direct clinical care to those who had served. Over time, however, it became clear that therapy alone, while essential, was not sufficient. Veterans were not only navigating trauma. They were navigating identity loss, isolation, disrupted purpose, and the absence of the structure that had once shaped every day of their lives.

The organization evolved accordingly. What emerged was a more holistic model of care, one that integrates clinical and nonclinical support, peer connection, prevention, and leadership development. That evolution ultimately led to programs like Military MILE, Veteran MILE, and now Project Valor. Each reflects a growing understanding that suicide prevention is not just about crisis response. It is about connection, belonging, and upstream support.

Living the Transition

After separating from the military in 2019, Chris Garcia, Give an Hour's Military MILE and peer support facilitator, found himself unprepared for how abrupt the shift would feel. "I did all this stuff to prepare to go active duty, to be a soldier," he says. "When I walked out and was on the other side now as a veteran, there was a bit of a period of being pretty much lost and isolated. When you get out, all that structure goes away, and it really becomes all on the individual. I went from being surrounded by all these people, and now it's just me and my family."

Chris, sees the impact most clearly in the active-duty peer support group he co-facilitates. Military MILE serves as an entry point, with service members invited to join ongoing peer support spaces where foundational skills are strengthened through connection, reflection, and shared experience.

"The community is just so loving towards each other and very supportive and encouraging," he says. "Every time we get someone new, a common response I get is, 'I'm just here to check it out.' But it's so awesome that as the more experienced peers start to share, they start talking, and we start seeing the reactions."

He has watched that transformation happen in real time, sometimes within a single session.

"Someone was interacting through the group chat, and towards the end of the session, they actually felt empowered to turn on the camera and turn on their mic. They were like, 'I didn't think I was gonna do this today, but hearing everyone share allowed me to speak up myself.'"

We witness empowerment happening within one session," he adds. "It's a privilege. Whether they stay for one session or many, we hope they take that positive impact wherever they go."

UPSTREAM PREVENTION



Give an Hour Facilitator and Veteran, Chris Garcia, delivers Give an Hour's flagship Military MILE training to active duty soldiers on base.

What followed was a period of deep isolation, compounded by the COVID-19 pandemic. "It was hard for me to want to reach out to really anybody outside of my family," he recalls. "I didn't want to be a burden to somebody else."

Over time, Chris found his way back to purpose through education, community service, and peer support. Today, he serves alongside Give an Hour, helping active duty service members and veterans build resilience before crisis hits.

"When I got this opportunity," he says, "it really was about challenging the narrative of 'do it all by yourself.' I've had a lot of pride. I've been stubborn. I've been arrogant at times to say, 'No, I don't need anything. I'll figure it out by myself.'"



Upstream Prevention on Base

That philosophy first took shape in Chris's work as a facilitator, delivering upstream prevention training on bases to active duty service members. The program focuses on mental fitness, leadership, integrity, and empowerment, not as abstract concepts, but as practical tools for managing stress, building peer connection, and strengthening resilience early. "When I go to the Military MILE side of things, with active duty soldiers, we see real growth from day one to day three."

He describes the goal in simple, practical terms. "I like to tell service members that we hope that we planted the seeds, but now it's on them to water them so that they can grow."

As Chris's work expanded into the veteran space, that same approach carried forward into Veteran MILE, a 90-minute gateway training designed to support veterans navigating civilian life. Together, Military MILE and Veteran MILE form a connected pathway, meeting service members where they are, both in uniform and beyond it.

Belonging in Uniformed Communities

Belonging looks different inside military communities, where identity, service, and family are deeply intertwined, and where stigma often shapes how, when, and whether people seek support. For Jillian Ryan, that reality became clear early in her work with Give an Hour. As a Military MILE facilitator, she saw how peer support created space for conversations that rarely happen in uniformed settings.



"We're not just lecturing at the group," Jillian explains. "Everyone in the room is an expert in their own lived experience."

That shift in posture mattered. Rather than positioning mental health as something delivered by an authority, the training normalized conversation and shared responsibility.

"There's so much value in other people in the room hearing about others' lived experience," she says. Jillian understood why those conversations were often missing in the first place. "Because of the stigma, there's not that opening," she explains. "So people feel like they have to do it themselves."

Peer support training, in her view, functions as an intentional intervention against that isolation. "Peer support training creates that opening in these formations and units to be able to have those conversations," she says. "More people want to talk than people realize. They want to get it out and move on."

She witnessed that shift unfold in real time. Trust did not appear instantly, but it grew when people felt safe enough to test the space.

"Day one, people are pretty quiet," Jillian notes. "They're trying to figure out, 'Can I trust this?'" By the end of the training, the tone changed. "By day two and day three, people are sharing examples. There's absolutely a shift."

What surprised many participants was not that they were capable of supporting others, but that they had overlooked their own needs in the process.

“They realized they were already being a peer supporter for others,” Jillian says, “but they never thought about how to be a peer supporter for themselves.”

That understanding of belonging, as something practiced rather than declared, carried forward as Jillian transitioned into her role as a full-time Give an Hour staff member. Today, she works on the frontlines as Give an Hour’s Client Navigator, often serving as the first human point of contact for individuals seeking support.

“Each person that comes into Give an Hour could be anyone that was sitting in one of those rooms,” she says. “I don’t just see numbers. I see individuals.”

She is acutely aware that even small steps require courage. “For some people, just filling out the form on the Give an Hour site is a huge step,” Jillian explains. “I want to acknowledge that. I treat it that way.”

That mindset shapes how she approaches her role. “I’ll go extra to find additional resources if I can help that person further,” she says. “I push beyond what is just a job description.” Across Jillian’s journey, the pattern holds. Belonging opens the door. Training builds confidence. And lived experience strengthens the system for those who come next.

Designing Suicide Prevention

As Give an Hour’s military and veteran work evolved, so did its responsibility to understand not only what was being offered, but why it worked and how it created change. That question led to a partnership with the CDC Foundation and to collaboration with public health expert Tanha Patel, who supported the development of Give an Hour’s logic models for Veteran MILE and Military MILE.

Rather than approaching evaluation as a compliance exercise, Give an Hour approached it as a learning tool. “Not a lot of organizations have that passion and enthusiasm when they start thinking about evaluation,” Tanha says. At the center of that work was the logic model, a framework that helps clarify purpose, strategy, and outcomes.

“The logic model is really a *road map for the program*,” Tanha explains. “It helps you understand *what this program is, why it exists*, and what changes it’s working toward.”

For Military MILE and Veteran MILE, that roadmap connects upstream prevention activities, such as on-base training and gateway sessions, to longer-term goals like increased help-seeking, strengthened peer connection, and ultimately, suicide prevention.

“It helps you see why Veteran MILE is important,” Tanha says. “What it means operationally, what the key activities are, and how those activities help change knowledge, attitudes, and behavior.”

Importantly, the process itself mattered as much as the product. “The logic model itself is helpful for external audiences,” Tanha notes, “but internally, it’s the process of building it that’s more important.” Those critical evaluative insights inform the work of on-the-ground facilitators.



As Tanha reflects, “Over time, if enough participants make those changes, it should lead toward reduced suicide in that population. Now that you have the Logic Model in place, I’d want you to use it as your North Star.”

For Give an Hour, our work is not about proving success once. It is about building a culture of learning that can adapt as needs change. “Just because we do something doesn’t mean we have to keep doing it the same way,” Tanha says. “It’s okay to say we need to shift and evolve.” The impact is not loud or immediate. It is cumulative. It lives in the quiet moments when someone speaks up for the first time, stays a little longer, or shows up again the next week. This is what prevention looks like when it is rooted in belonging.

After twenty years of listening to those who serve, Give an Hour has learned this much: prevention lives upstream. Connection saves lives. And the strongest systems are the ones built with, not just for, the people they are meant to support. That learning culture is embedded in Give an Hour’s veteran workforce work, where Project Valor and Veteran MILE are guided by a logic model designed to evaluate how stigma, belonging, and support structures influence outcomes for veterans in civilian workplaces.

Beyond the Uniform: Veterans, Stigma, and Work

Through its Veteran MILE programming, Give an Hour has consistently focused its psychoeducation on stigma, peer connection, belonging, and stress management as core workplace realities, not individual shortcomings. This on-the-ground experience helped inform **Beyond the Uniform**, a collaborative research study led by Dr. Scott Phillips, co-authored by Yaojie ‘William’ Lii (data analysis), in partnership with Dr. Trina Clayeux and Dr. Rodney Luster, examining how mental health stigma shapes workplace outcomes for veterans after transition. As Dr. Phillips explains, “stigma doesn’t just discourage help-seeking. It actively shapes workplace outcomes. Veterans either over-perform until they burn out or disengage entirely, not because of who they are, but because of the environments they are asked to navigate. We have now empirically identified that stigma is in fact a moderator of workplace outcomes.” The study’s findings reinforce the importance of Give an Hour’s focus on stigma reduction, belonging, and peer connection, underscoring that sustainable veteran employment depends not only on individual resilience, but on workplaces designed to support it.

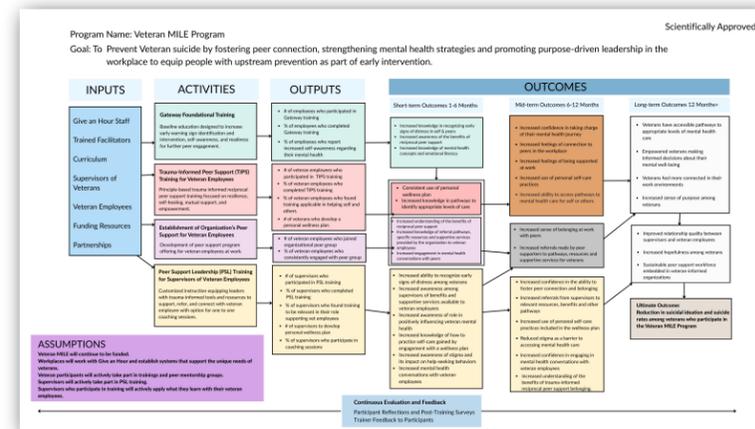
Project Valor

Project Valor builds on Give an Hour’s Trauma-Informed Peer Support model by expanding access to both peer and clinical pathways and matching veterans to the level of care that fits their needs and preferences. With the support of The Pedersen Foundation and Veterans United Foundation, this initiative also invests in rigorous evaluation, asking not just whether peer support works, but why. The goal is not expansion for its own sake. It is sustainability, fidelity, and impact. For Chris Garcia, the mission is personal.

“Even if we only reach one person,” he says, “if someone walks away feeling like they belong here, it’s worth it.”

That is how this work begins. One person finding their voice. One person realizing they are not alone. From there, something shifts. One voice becomes another. A story invites a story. Confidence grows quietly, not all at once, but in moments, in listening, in being witnessed.

For Rebekah Edmondson, a female veteran peer support facilitator, that shift is something you can see over time. “People call it family,” she says. “There’s a consistency here that people haven’t always had in their lives. You can see people change over time. You can see them start to trust again.” What starts as individual connection becomes something shared. A sense of responsibility to one another. A space people return to, not because they have to, but because it holds them.



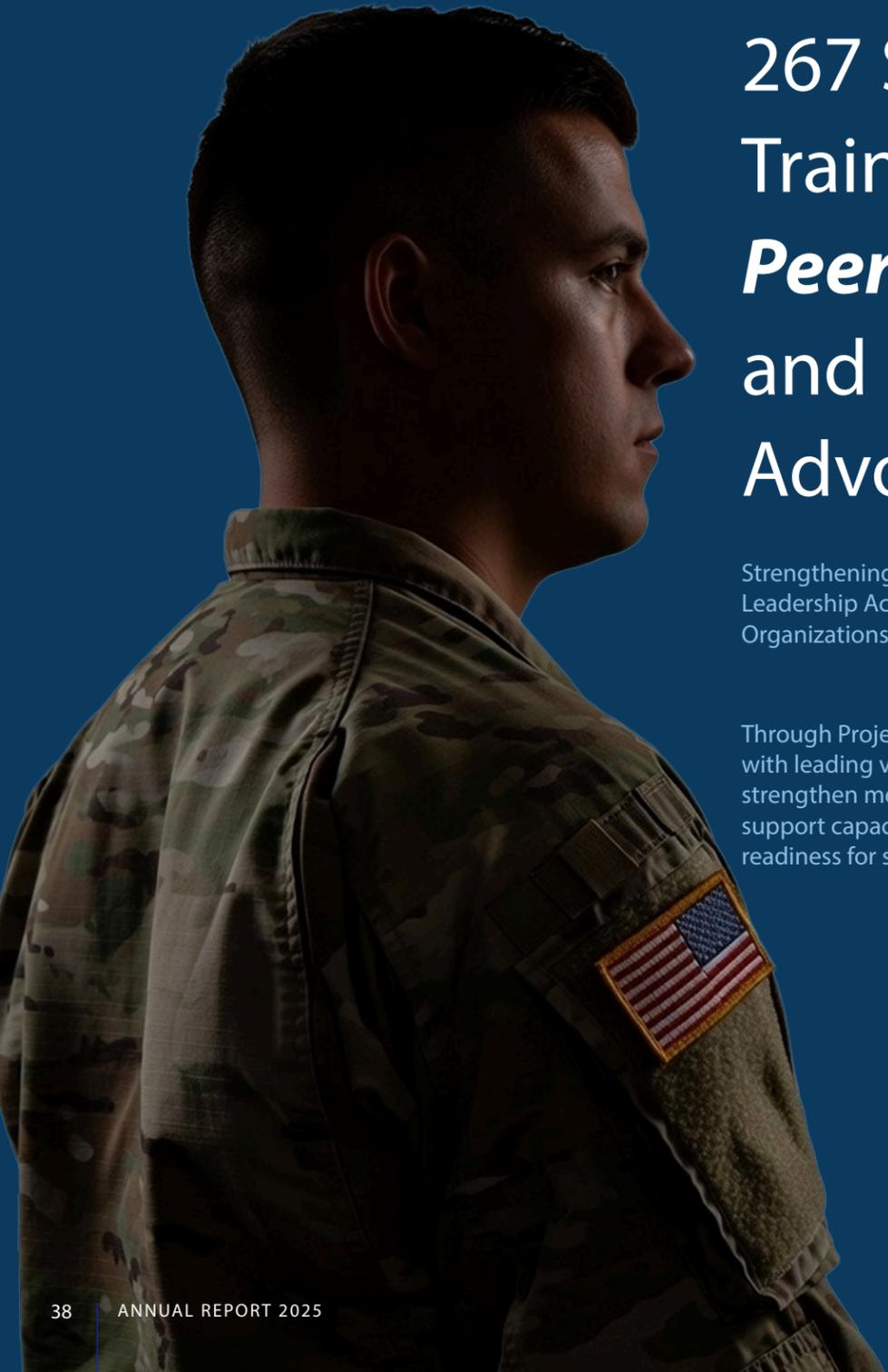
Give an Hours Scientifically Approved Logic Model for the Veteran MILE Program, developed with the support of the Center for Disease Control (CDC) Foundation as part of the Violence Surveillance and Prevention through Engagement (VSPE). A program that funds and supports Community-based violence intervention and preventable public health issues.

Military and Veteran Training Impact Metrics

267 Soldiers Trained to be *Peer Leaders* and Resilience Advocates

Strengthening Mental Health Literacy and Peer Leadership Across Veteran-Serving Organizations.

Through Project Valor, Give an Hour partnered with leading veteran-serving organizations to strengthen mental health literacy, expand peer support capacity, and build organizational readiness for sustainable care.

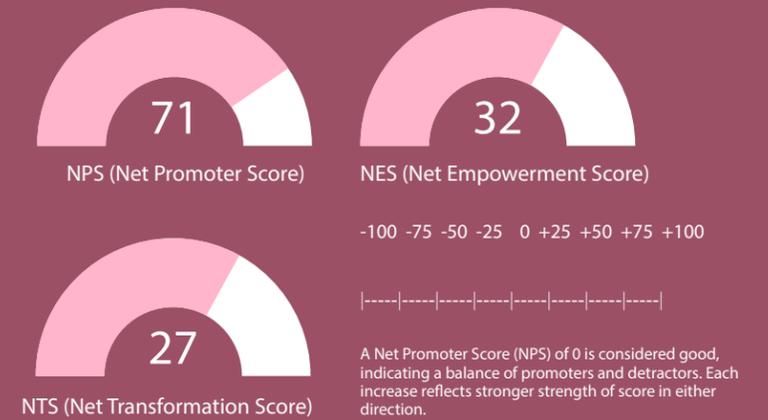


Veteran MILE FY2025 Cumulative Impact Metrics

Key Data Points

- Foundational understanding of mental health: +20%
- Confidence in understanding peer mentorship: +10.5%
- Knowledge of stress management techniques: +9.5%
- Ability to recognize emotional distress in others: +20%
- Comfort addressing personal mental health needs: +13%
- Comfort having open conversations about mental health: +13.6%
- Confidence inspiring positive change among peers: +8%

Customer First Metrics



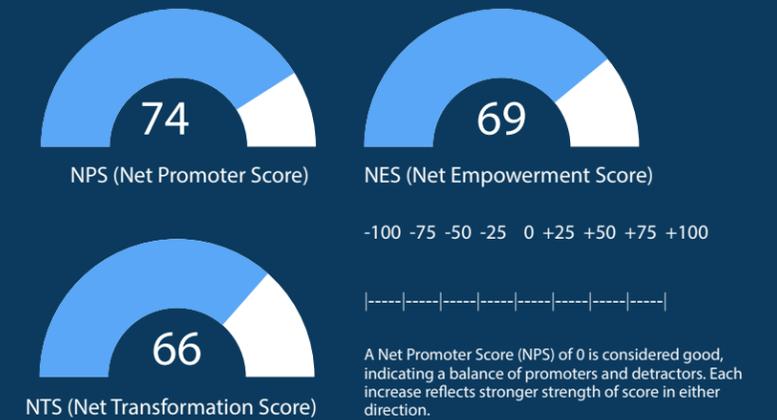
"I valued the discussion on burnout – I've never seen the different types of burnout before. The activity on helping us visualize our purpose/why was so fun... it helped me put things into perspective."

Military MILE FY2025 Cumulative Impact Metrics

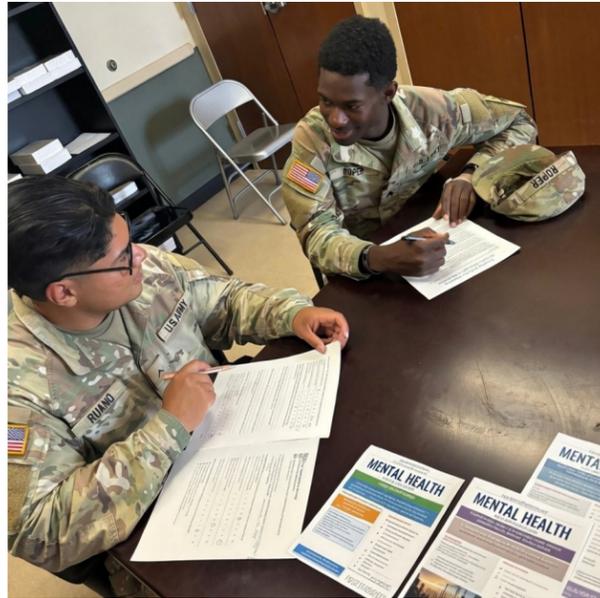
Key Data Points

- Confidence in Active listening: +13%
- Empathy: +7.5%
- Emotional regulation: +8.5%
- Recognizing emotional distress: +15%
- Stress tolerance: +6%
- Setting boundaries: +3.5%
- Peer support: +5%
- Confidence sharing personal experiences: +47.5%
- Comfort asking open-ended questions: +36.5%
- Confidence discussing mental health with peers: +74.5%
- Comfort seeking mental health support: +53.5%
- Confidence engaging in mental health conversations: +26.5%

Customer First Metrics



"My views since taking the training have changed because I know that people will listen and also people are going through similar situations."



LONG TERM SYSTEMS CHANGE

Systems-level evolution depends on partners willing to invest beyond short-term outcomes. For the Veterans United Foundation, the partnership with Give an Hour has been shaped by both values and structure, rooted in a long-standing commitment to the military and veteran community.

Veterans United Foundation is funded through employee giving, with employees choosing to donate a portion of their paycheck and the company matching those contributions. Each year, employees are asked to identify the causes they care most about. “Mental health treatment and awareness has been the number one priority for our employees year after year,” says Foundation Coordinator, Piper Brintnall. That clarity of purpose has guided where, and how, the Foundation invests. From the beginning, Piper understood that meaningful mental health support could not be confined to a single intervention.

“Mental health treatment is not one-size-fits-all,” she says. “It’s important to support the full spectrum of care, not just one channel.”

As the partnership evolved, that belief translated into flexible support across clinical matching, peer support, training on military installations, and family-centered approaches. It also meant paying close attention to the systems veterans and service members were navigating outside the partnership, including long wait times for care, limited provider availability, and private practice settings that often lacked cultural competence around military and service-related experiences.

In that context, access alone was not enough. Veterans needed care that felt informed, responsive, and immediate, care that acknowledged the realities of military life and the barriers many encounter when seeking support, from long wait times to providers unfamiliar with service-related experiences. Give an Hour’s model addressed those gaps through hand-matched clinical care delivered by a volunteer network with deep ties to the military and a shared commitment to serving those who have served.

Built over more than twenty years, that network represents a deep well of cultural competence shaped by sustained clinical work with military and veteran communities. That foundation is reinforced by frontline staff and facilitators with military roots and lived experience, as well as peer support spaces veterans can access quickly, sometimes the very next day, without having to retell their story again and again.

“If someone has to keep telling their story over and over again, they’re going to get frustrated and give up,” Piper explains. “Getting that first match right really matters. That’s what keeps people engaged.”

Rather than prescribing how funds must be used, Veterans United Foundation prioritized trust, allowing Give an Hour to respond to emerging needs and adapt as veterans’ experiences changed. “We don’t have a rigid agenda for how our funds need to be used,” Piper says. “We want to support organizations in the best way possible.”

That flexibility became a systems lever. It enabled Give an Hour to reduce friction at the point of entry, strengthen continuity across care pathways, and invest in approaches that meet veterans and families where they are, rather than forcing them into predetermined models.

Outcomes & Numbers

With Veterans United’s investment, GAH was able to:



Connect 522 military-affiliated individuals directly to licensed mental health professionals (projected 25% increase over 2024’s 293 connections).



Facilitated more than 130 peer support sessions, reaching over 100 veterans, service members, and family members.



This impact was concentrated in states with high veteran populations (CA, TX, VA, NC, FL), while also reaching veterans in rural areas nationwide through our virtual platforms.

Broader Impact & What’s Next



Faster Access to Care: On average, veterans were connected to a provider within 5-7 business days, far below the national average wait of 30-40 days.



Sustained Care Journeys: 37% of connected clients engaged in ongoing therapy beyond the first session, showing strong alignment between client needs and provider expertise.



Building a Pipeline of Support: 2025 laid the groundwork for expanding our peer leader training model and enhancing provider credentialing support, ensuring sustainability into 2026.

Give an Hour provides timely support; reducing wait times and connecting veterans to life-saving care, while also building resilient systems of support that will continue to serve military families for years to come.

Stewardship & Sustainability: Holding the Work, and the Future, with Care

Sustainability is not only about scale. It is about staying grounded while the work grows more complex, more visible, and more necessary. After twenty years, Give an Hour's impact is not just measured by who it serves, but by how it sustains the trust of those who make the work possible: providers, partners, donors, and communities alike.

For Sean Howard, Chairman of the Board, stewardship means focus. "Mental health touches everything," he reflects. "But not everything should be our work." Over the last five years, the Board has worked alongside leadership to sharpen Give an Hour's Mission & North Star, supporting people impacted by human-made trauma, while building the flexibility needed to respond to emerging needs without losing fidelity.

That balance is visible in how the organization has evolved over time. As peer support and training models expanded, Give an Hour continued to invest in strengthening its operational foundation, positioning the organization to scale services up or down while maintaining stability for the people behind the work. "A lot of nonprofits don't have that flexibility," Sean notes. "We do, and that matters when the landscape shifts."

That stability is also financial.

Patricia Bowditch, Give an Hour's founding Board Treasurer, has watched the organization grow from its earliest days, when funding depended on a small number of large, restricted grants, to a far more resilient model. "What gives me comfort now," she says, "is that Give an Hour isn't dependent on any one donor. That independence protects the mission."

In 2025, that protection showed up clearly. More than 8,600 hours of care were donated by providers, representing nearly \$1.3 million in contributed value. While a small group of highly committed providers carried a significant share of

that increase, the data also revealed something else: the need for continued engagement, clarity, and support across the full provider network. Stewardship, in this context, is not passive. It is responsive learning from patterns and adjusting with intention.

The same commitment to learning is shaping how Give an Hour listens to those it serves. In 2025, the organization launched its first-ever quarterly client survey, establishing a baseline for understanding access, experience, and outcomes. Early results reflected strong empowerment and transformation among engaged clients, alongside clear opportunities to improve communication, matching processes, and follow-up. Rather than treating this feedback as a scorecard, leadership sees it as a responsibility. Transparency is not about perfection, it is about progress.

Across trainings, that progress is measurable. In programs spanning financial fraud recovery, rare disease mental health, military leadership, and trauma-informed peer support, participants consistently reported significant gains in

knowledge, confidence, and readiness, often exceeding expectations. Customer First Metrics across multiple initiatives reflected high satisfaction, strong empowerment, and meaningful trust. These outcomes did not happen by chance. They reflect years of investment in curriculum design, clinical oversight, and lived-experience alignment.

For Sean, stewardship also means culture. "The organization is resilient, collaborative, inclusive, and people have a real voice here." That internal health is not separate from external impact. It is what allows Give an Hour to show up consistently, ethically, and with humility.

Patricia sees that continuity as essential to longevity. "Give an Hour has stayed relevant," she says. "That's not easy over twenty years." Relevance, in her view, comes from flexibility, identifying where mental health gaps exist, educating quickly, and entering new spaces with care. It also comes from governance that evolves alongside the work, bringing in expertise where it is needed and holding fast to values when decisions are hard. Together, these forms of stewardship, financial, operational, cultural, create something rare: an organization that can grow without losing itself.

"The organization is resilient, **collaborative, and inclusive,** and people have a real voice here."

Sean Howard, Board Chair

As Give an Hour looks ahead, sustainability is not defined by expansion alone. It is defined by independence, the ability to say no when something compromises dignity, the willingness to invest in deep learning, and the discipline to keep people, not metrics, at the center of every decision.

Give an Hour sustains this work with care by equipping clinicians with high-quality training, removing financial barriers to participation, and creating spaces for connection and reflection so providers can show up steady, skilled, and supported.



Give an Hour Provider

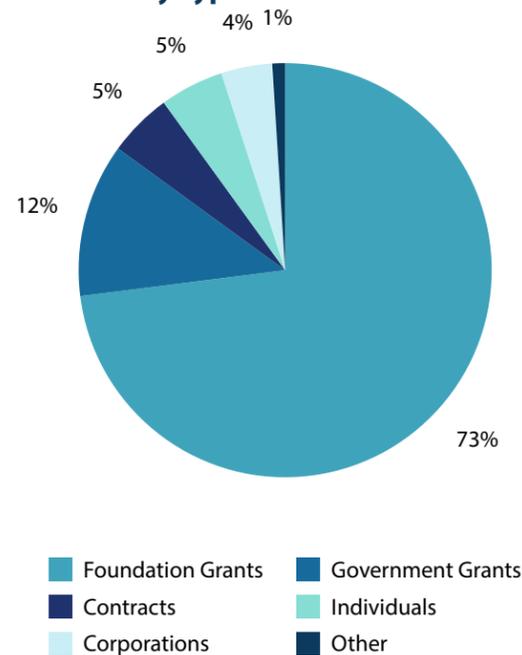
Ethan Israelsohn, LCSW, LICSW

"It is really important to be able to have a community that's... we're all doing this and to be able to come back together... Being able to hear other people's experiences and processing of the experience is really helpful to me. It's incredibly helpful to me. I think it helps me be a more balanced and emotionally not triggered clinician, which is important."

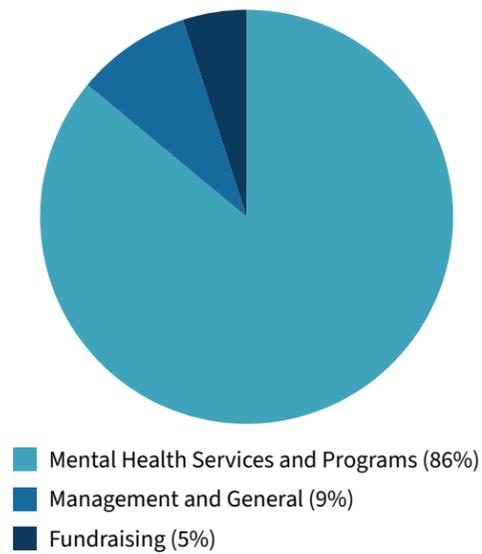
FINANCIAL AND DONOR METRICS

	Unrestricted	Restricted	Total
FY25 Revenue	\$610,407	\$1,639,965	\$2,250,372
FY25 Expense	\$649,731	\$998,481	\$1,648,212
Previous Year Assets	\$1,241,253	\$32,500	\$1,273,753
Net	\$1,201,929	\$673,984	\$1,875,913

Revenue by Type



Expenses



 **232 Donors**

Partners

- AARP
- Act Now
- Adaptive Performance Center
- Aetna
- American Counseling Association (ACA)
- American Psychological Association (APA)
- American Society on Aging
- Association of Social Work Boards (ASWB)
- AYUDA
- Brilliant Detroit
- Capital Bank
- CDC Foundation
- CGDAA
- Connecting Families UCD
- Conquer MG
- Cordon Housing
- CHARM Security
- Cystinosis Research Network
- District Alliance for Safe Housing (DASH)
- Deaf Dawn
- Every Mother's Advocate
- Fanconi Cancer Foundation
- FINRA Foundation
- Fragile X
- Global Genes
- Grumpy Combat Veteran + Friends
- Identity Theft Resource Center (ITRC)
- ifopa
- IgG4WARD!
- Jewish Coalition Against Domestic Abuse (JCADA)
- Lipodystrophy United
- MGA(KC)
- MGAWPA
- MG-MI
- MG Holistic Society
- Mission Cure
- Montgomery County Chamber of Commerce
- National Board for Certified Counselors (NBCC)
- National Center for Victims of Crime (NCVC)
- National Mass Violence Center (NMCV)
- Path United
- Patient Health Alliance
- Raddical Sabbatical
- Resilient Georgia
- Stand Together Foundation
- TANGO2 Research Foundation

- The Mission Continues
- The Sumaira Foundation
- Travis Manion Foundation
- The Women's Center
- Tuesdays Children
- U.S. Department of the Army
- University of New Orleans
- University of Phoenix
- Vasculitis Foundation
- WorkSource Montgomery

Funders

- Alexion Charitable Foundation
 - Amgen, Inc
 - Ann and Frank Cahouet Foundation
 - Bank of America
 - Capital Bank
 - CDC Foundation
 - DAV Charitable Trust
 - DC Office of Victim Services and Justice Grants
 - Jean Perkins Foundation
 - Ken W. Davis Foundation
 - Leidos
 - Montgomery County, MD
 - NJM Insurance
 - John Nowell, Jr. (Ret)
 - Robert and Gabriela Scott
 - Smith Hawes Family Foundation
 - Stand Together Foundation
 - Tee It Up for the Troops
 - The FINRA Investor Education Foundation
 - The Pedersen Foundation
 - The University of Phoenix, Inc.
 - The Wasily Family Foundation
 - Tresemmer Foundation
 - Triad Foundation
 - Veterans United Foundation
- In Kind Services:
- Sheppard Mullin Richter & Hampton, LLP
 - GAH Volunteer Mental Health Professionals

Stewardship Through Ambassadorship

Across very different careers, military leadership, athletics, filmmaking, social work, technology, and the arts, Give an Hour's Ambassadors share a defining throughline: they translate lived experience into connection.



Jeff Bury



Eric Christiansen



Boyd Melson



Shawn Moore



Nick O'Kelly



Shawn Porter



Allen Simmons



Don Stewart



Stephanie Szostak

Each Ambassador carries credibility earned through service, discipline, and public visibility, and uses that credibility to open doors that mental health conversations often cannot reach on their own. Several Ambassadors describe pivotal transitions: leaving the military, stepping out of professional sport, surviving trauma, or redefining identity after loss. These moments reshaped how they understood leadership.

Achievement alone was no longer enough; meaning became the measure. Through books, films, poetry, podcasts, and public storytelling, they have chosen to speak openly about anxiety, depression, grief, stigma, and recovery, not as abstractions, but as lived realities. Their creative work does more than inspire; it gives language to experiences many people struggle to articulate, especially in communities where vulnerability has historically been discouraged.

As Ambassadors, they extend Give an Hour's reach into spaces where trust must be earned slowly: military units, athletic communities, first responders, caregivers, students, corporate leaders, and young people finding their voice. Some mentor the next generation. Others advocate for caregivers, veterans, or trauma survivors navigating systems that were not built with them in mind. Together, they model a version of leadership that is relational rather than performative, one that invites others to speak, listen, and seek support without shame. Their presence reinforces a simple but powerful message: asking for help is not a failure of strength; it is an expression of it.

As Give an Hour looks toward the next twenty years, these Ambassadors reflect where the organization is headed: outward, upstream, and deeply human. Their work reminds us that mental health advocacy does not live in a single sector or title, it lives in conversations, stories, and shared courage. By standing at the intersection of influence and empathy, they help normalize care, challenge stigma, and create entry points for healing across communities. In doing so, they are not just amplifying Give an Hour's mission; they are shaping a future where mental health belongs everywhere people live, work, serve, and dream.



“When people feel seen in someone else’s story, stigma starts to loosen.”

Long-term stewardship is built not only through programs or outcomes, but through trust sustained over time. Few relationships illustrate this more clearly than Give an Hour's partnership with Stephanie Szostak, a longtime ambassador whose involvement has grown organically through shared values, mutual respect, and deep belief in the mission. Stephanie's connection to Give an Hour began not through a formal campaign, but through conversation.

While working on A Million Little Things, a series centered on mental health and human connection, she met Give an Hour founder Barbara Van Dahlen, who was consulting with the writers. What started as an introduction quickly became a relationship rooted in alignment. “I just saw her passion,” Stephanie recalls. “And I wanted to be part of that.”

That instinctive pull toward relationship, rather than role, has shaped Stephanie's ambassadorship from the beginning. Over the years, she has shown up not as a spokesperson, but as a collaborator. During the early months of the COVID-19 pandemic, she partnered with Give an Hour to lead a series of wellness webinars, creating space for shared vulnerability alongside fellow ambassadors and community members. “It was the vulnerability and the strength all at once,” she says. “That combination is powerful.”

This ethos carried forward into Selfish, a book Stephanie developed in collaboration with Give an Hour and fellow ambassadors. Rather than positioning herself as an expert, Stephanie intentionally centered lived experience. “I’m not a mental health professional,” she explains. “I’m a regular person who had to learn the hard way how to manage my thoughts and emotions.” The result was a resource that resonated across communities, from caregivers and parents to service members and veterans.

Where We're Going: A Leadership Reflection on the Next 20 Years



“What the voices in this report reveal is not a collection of programs, but a culture, one rooted in human connection.”

After listening to twenty voices: facilitators, survivors, clinicians, partners, funders, and public leaders; one truth rises above the rest: healing is rarely loud. It happens quietly, in moments of recognition, consistency, and trust. Someone turns on their camera for the first time. Someone stays after the hour. Someone comes back next week. These are not dramatic outcomes, but they are decisive ones.

For Dr. Trina Clayeux, Give an Hour's Chief Executive Officer, this quietness feels honest. "Mental health isn't an out-loud event," she reflects. "It's personal. It's relational. It's experienced over time. "What the voices in this report reveal is not a collection of programs, but a culture, one rooted in human connection and mutuality.

“People aren't just giving or receiving,” Trina notes. “They're part of something larger. There's a reciprocity to this work that heals everyone involved.”

That sense of mutuality appears across every population Give an Hour serves. Veterans, survivors of violence, caregivers in rare disease communities, victims of financial fraud, clinicians, and facilitators all describe the same relief: being understood without explanation. Peer support, they tell us, is not an intervention layered on top of care. It is a pathway in its own right.

Over time, Trina's understanding of peer support has deepened. "I knew it mattered," she says. "But I underestimated its power, and its scalability." Peer support, she now sees, is both organic and designed. It is community-based healing, intentionally structured to restore dignity, agency, and ownership. "Clinical care is powerful for the individual," she explains. "But peer support is powerful for everyone involved. It's where community becomes medicine."

That power brings responsibility.

When facilitators step forward, often carrying their own lived experience, Give an Hour takes seriously the weight they hold. "It's sacred," Trina says plainly. "Someone is choosing to be in relationship with others while they're still healing themselves." Protecting that space means designing systems that support, rather than control, peer leadership. Clinical oversight exists not to dominate peer support, but to safeguard it, to provide guardrails, consultation, and care when the work becomes heavy. Compensation, supervision, and responsiveness are not operational details; they are expressions of dignity. For Jessica Grove, Give an Hour's Chief Operating Officer, this balance shows up every day in how the organization moves.

“There's a rhythm to this work,” she says. “You slow down when you need to. You dig in. You listen. And then you go again.”

"That rhythm, pause and momentum, depth and scale, allows the organization to hold urgency without sacrificing trust.

Jess has watched Give an Hour evolve from a model that prioritized reach to one that prioritizes relationship.

“For years, we helped a lot of people, but we didn't really know them,” she reflects. “Now we do. We see you. We adapt based on what you share. That changed everything.”

Internal systems followed that same evolution. By investing in staff wellbeing, clarity, and predictability, the organization built the durability required to show up deeply for others.

That internal grounding has also changed how Give an Hour makes decisions. Values are no longer aspirational; they are operational. Saying no to funding, partnerships, or opportunities that compromise dignity or distort the model, is no longer a risk, but a responsibility. "We don't have to chase our value anymore," Jess says. "It's already here." As Give an Hour's work has expanded into areas like rare disease, financial fraud, and victim services, partners have described a shift in how they understand trauma itself. Trina sees this as the natural result of listening first. "When you push different experiences through a trauma lens," she explains, "you get a clearer, more humane understanding on the other side."

Looking ahead, both leaders are clear about what must be protected.

Give an Hour's role, increasingly, is that of translator, bridging lived experience, clinical insight, and systems change in ways people trust.

That trust comes with restraint. One of the most important lessons Trina names is what not to do. "Don't rush to solutions you haven't been invited into. Don't assume you know better. Don't take choice away from people." Healing requires pause. It requires humility. It requires building with people, not for them.

In a mental health landscape crowded with noise, commercialization, and false shortcuts, Give an Hour is committed to keeping humanity at the center. "Mental health gets better because of people," Trina says. Technology, evaluation, and innovation matter, but only insofar as they create more space for connection, not less. "Any tool we use should free us to be more human, not replace it."

Jess adds that protection also means reminding people of their own agency. "There's no magic answer elsewhere," she says. "People have the answers within themselves. Our role is to help them find their grounding, their confidence, their next step, together."

Ten years from now, success will not be measured only in reach, though reach will grow. It will be measured in fidelity: living the organization's values, responding to people the way they ask to be supported, and scaling impact without diluting care. For Trina, the long-term vision is clear. "This model should be normal. Community-based mental health, built with choice, dignity, and access, free from artificial barriers. That's the future we're working toward."



The Give an Hour team gathered in Raleigh, NC for this year's team-building annual retreat.

The voices in this report are not the end of the story. They are an invitation. An invitation to lean in. To share what resonates. To bring others into the circle. To participate in **a mental health ecosystem where connection is not an add-on, but the foundation.**

After twenty years of listening, Give an Hour has learned this: prevention lives upstream. **Healing happens in relationship.** And when people are seen, acknowledged, and witnessed, something lasting begins.

To Our Staff, Partners and Supporters

We are deeply grateful to our partners, donors, volunteers, ambassadors, and collaborators who stand alongside Give an Hour. Your belief in this work, your investment of time and resources, and your willingness to build with us make sustained impact possible. Together, we are strengthening mental health support across communities and systems, and we are honored to do this work with you.

The Team



Amanda Abrenillo-Oliveira
Manager, Partnership & Training



Dr. Trina Clayeux
CEO



Cooralie Gnikobou
Manager, Data, Evaluation & Insights



Jess Grove
COO



Nadia Jabbar
Program Coordinator



Ashley Keaton
Manager, Customer Experience



Jillian Ryan
Program Coordinator



Ami Shah
Director, People & Projects



Julie Wells
Director, Strategic Relationships



Rebekah Wilbur
Manager, Content & Design



Ryan Young
Manager, Marketing & Comms.

To the Twenty Voices

To the twenty individuals who shared their stories in this report, thank you for your trust, courage, and generosity. You offered more than words. You offered lived experience, insight, and truth. Your voices shaped this work in ways no data point ever could, reminding us that progress begins when people are invited to speak from inside their lived experiences.

The Voices



Patricia Bowditch
Board Treasurer



Michael Brewster
Peer Facilitator



Piper Brintnall
Foundation Coordinator, Veterans United Foundation



Rebekah Edmonson
Peer Facilitator



Al Freedman PhD
Psychologist/ Consultant Rare Counseling



Chris Garcia
Military MILE & Peer Facilitator



Sean Howard
Board Chair



Joyce Kullman
Executive Director, Vasculitis Foundation



Rob Mascio
Director, Finra Education Investor Foundation



Michael Morissette
Give an Hour Volunteer



Aliza Nichols
Peer Facilitator



Tahna Patel
Senior Technical Advisor CDC Foundation



Dr Scott Phillips
Professor, Healthcare Management University of New Orleans



Jennifer Porter
Director, Office Victims Services & Justice Grants



Katherine Provencher
Director, Patient Advocacy Igg4ward



Beth Sperber Richie
Clinical Consultant



Stephanie Szostak
Ambassador, Author and Actor



Daniel Torrez
Deputy Director National Center for Victims of Crime



John-Adrian Valazquez
Public Speaker & Activist



Vanessa Zinke
GAH Clinician



www.giveanhour.org