PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: NAMI Lexington

Mailing Address: 498 Georgetown St. Suite 100, Lexington, KY 40508

Street Address: 498 Georgetown St. Suite 100, Lexington, KY 40508

Phone: (859) 272 - 7891

Is your Agency registered with the IRS as a 501(c)3 organization? ☑ Yes ☐ No

*Note: Agencies **must** be registered with the IRS as a 501(c)3 organization to be eligible for ESR Program funding.*

Does your agency have a current profile with Blue Grass Community Foundation's GoodGiving.net? ☑ Yes ☐ No

*Note: Agencies **must** have profiles with GoodGiving.net to be eligible for ESR funding.*

Website Address: www.namilexington.org

Agency Representative *(typically the Executive Director - Name, Title, Phone, Email)*:

Phillip Gunning, Executive Director (859) 539-1918 pgunning@namilex.org

Person Completing Application *(Name, Title, Phone, Email):*

Phillip Gunning, Executive Director (859) 539-1918 pgunning@namilex.org

Program Information

Name of program for which funds are being requested: **Participation Station**

Total Funding Amount Requested: $ **73,400**

RFP #11-2019 PROPOSAL SUBMITTAL FORM

- **Save this PDF formatted Proposal Submittal Form to your hard drive before beginning to enter responses in it to ensure your responses are saved to the form.**
- **LIMIT RESPONSES IN TEXT BOXES TO 250 WORDS**
- **REMINDER: All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's submittal form once the evaluation process begins.**

5.1 Program Proposal & Design

5.1.1 Needs Statement—Purpose of the Program Proposal / Problem Statement **15 Points**

Using local data, provide a description of the problem in Fayette County. Identify the specific population your program is targeting (i.e. age, geographical region, economic status, etc.) and explain why. Discuss whether this population is under-served or at-risk. Describe your understanding of the local system of services addressing this problem, obstacles and/or opportunities your clients face, and how your agency fits within this system of services.

Data from the Kentucky Department of Behavioral Health 2018 Block Grant Plan shows that only 21% of individuals diagnosed with a serious mental illness (SMI) received services in the Bluegrass Region compared to a statewide penetration rate of 49%. Populations of individuals with SMI are highly likely to be stuck in a system of "recidivism" fluctuating from hospital to jail to street. It is estimated that 70% of our homeless population suffer from serious mental illness and co-occurring substance abuse. Fayette County ranked second in the state for fatal drug overdose according to a 2017 report from the state's Office of Drug Control Policy. NAMI Lexington seeks to help stem this tide significantly through our Participation Station program. Most individuals with SMI are frequently unwilling or unable to navigate the traditional mental health system due to symptoms, cost/insurance, past experiences, and program requirements and will frequently choose to forego care. Participation Station is a peer support program sponsored by NAMI Lexington that is peer run and peer driven. Referrals are unnecessary and services are free of charge. We serve all adults in Fayette County regardless of their willingness to identify with a behavioral health disorder. Participation Station was the first peer operated recovery center in Kentucky and has since been replicated all over the state. Our services differ significantly from traditional mental health/substance abuse services that seem to be decreasing or downsizing on a regular basis, while Participation Station has become a hub for SMI individual in Fayette County.

5.1.2 Service Delivery Model **15 Points**

What steps will you take or what activities will you provide to assist clients in achieving these goals? Describe each "unit of service" you will provide for clients and how often and how long this service will be provided (e.g. a one-time three-hour training; a weekly one-hour support group for 12 weeks; one 30-minute health exam twice a year; 1-3 hour advocacy services as needed; etc.) How will these services address the problem as identified in the Needs Statement above? Be specific.

Participation Station offers services to individuals designed to engage and assist people in their journey to recovery from Mental Illness and Substance Use Disorders.

1. Educational Tracks - educational groups are offered Mon-Fri (5-45minute groups each day). These tracks follow the Psychiatric Rehabilitation model for rehabilitation and recovery and also give the teachers and participants a sense of meaning and purpose as well as building skills.
2. Support Groups- offered weekly including Emotions Anonymous, NAMI Connection and Double Trouble in Recovery for individuals with co-occurring mental health and substance abuse issues. These are evidence based support groups and are well attended.
3. The Warmline- a telephonic support line, which offers peer support to individuals who may be isolated or fearful of leaving their home. This service is available Mon-Sat, 5-9pm.
4. System Navigation- Our System Navigator helps individuals with whatever issues are interfering with their recovery. They help people with food, housing, education/GED, mental & physical health issues, legal issues, addiction support, etc. We currently have one System Navigator on staff and hope to expand this service. With this expansion, we hope to increase our services to individuals at the Fayette County Detention Center for inmates with mental health/substance abuse issues. Our current System Navigator visits the jail one day per week.

All of these services along with the social components of the program significantly assist individuals with serious mental illness to recover and become productive involved citizens in our community often leading to employment, self-sufficiency and even home ownership.

5.1.3 Client Eligibility and Requirements **5 Points**

What eligibility requirements must clients meet to qualify for services? What are the expectations of clients while receiving services? (e.g. client must pay $30 fee for each class; client must remain sober; client is responsible for chores; nothing other than participation in services; etc.)

Individuals with serious mental illness often are slow to trust due to their symptoms and experiences. This typically hinders their ability and desire to participate in treatment. Peer operated programs such as Participation Station (PS) mitigate this trust issue by focusing on shared lived experience. Due to the philosophy of the program there are no formal eligibility requirements for participating in any of our services. All services are free of charge and open to any adult in Fayette County. PS functions as a holistic community focusing on the greater good of all participants. Participants must agree to abide by the basic rules of the program including treating others with respect, no drug or alcohol use at the program, and no threats or physical violence. This has allowed the program to be open to individuals who were perhaps too ill to function in other more traditional programs. Participants are asked to help maintain a clean and safe environment. We have found that by not requiring participation in any particular program, this actually allows participants to "take their time" in becoming involved and they almost always do with the supportive environment. Participants themselves determine the intensity of services that they utilize. Individuals teaching tracks at the program agree to volunteer an hour for every track for which they are paid.

5.1.4 Evidence-Based/Best Practice **10 Points**

Describe the evidence-based or promising practice model on which this service approach is based. Provide particular sources that indicate what you are doing is best-practice.

Substance Abuse and Mental Health Service Administration (SAMHSA) states that “research has shown that peer support facilitates recovery and reduces health care costs. Peers also provide assistance that promotes a sense of belonging within the community. The ability to contribute to and enjoy one’s community is key to recovery and well-being. Another critical component that peers provide is the development of self-efficacy through role modeling and assisting peers with ongoing recovery through mastery of experiences and finding meaning, purpose, and social connections in their lives.” A letter from the Center for Medicare/Medicaid Services (CMS) states, “Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State’s delivery of effective treatment.” In addition, Participation Station utilizes the SAMHSA toolkit for Consumer Operated Services to assure that the array of services offered are all evidence-based best practices. The Fidelity Assessment Common Ingredients Tool (FACIT) is administered annually to assure fidelity with the Peer Support Evidence-Based Practice model. The leaders at Participation Station also utilize the Psychiatric Rehabilitation model from the Boston University Center of Rehabilitation and Recovery as part of their educational programming. This model is the preeminent source of recovery programming in the country.

5.2 Program Measures & Evaluation

5.2.1 Service Efficacy & Desired Outcomes **10 Points**

What do you hope to help your clients achieve? What are some examples of goals you will set with clients? What is your service philosophy in terms of helping your clients achieve these goals? Describe how you define "successful" completion of services. (e.g. service is complete if: client remains for entire three-hour training; client continues services until judge orders otherwise; etc.) What percentage of clients meet that criteria for success?

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." This is SAMHSA's definition of Recovery and the adopted philosophy of Participation Station. Measuring this is done by the participant's perception of their own recovery. From an overall standpoint this is measured through our Peer Outcomes Protocol® which is a well-researched and reliable tool for assessing peer support outcomes. This is done quarterly with a 100% sample of voluntary participants attending in a randomly selected week. Attending educational or support groups, getting assistance with Social Security issues, receiving information regarding community resources, helping prepare for the GED, or calling the Warmline are each considered individual services. For specific services we utilize participant report following tracks, warmline calls and service navigation services. The service is considered completed at the end of that service. The individual is not, however, discontinued or "graduated" from the program. Many of our participants may attended regularly for a period of time, and then "check in" periodically for support or to just hang out with their friends. The philosophy of the program is that recovery is not a linear trajectory but is instead a series of experiences that help an individual live a more meaningful fulfilling life.

5.2.2 Client Empowerment & Community Impact **10 Points**

Describe what meaningful difference these services make in the lives of people served. What value is added to the community? Provide examples. (e.g. client demonstrates change in attitude; client has behavior change; etc.)

This model is education based and supports and focuses on four basic human skill areas of Living, Learning, Working/Productivity, and Socialization/Support; individuals with SMI/SUD engage with Peer Specialists in actively learning, developing and practicing vital, real -life skills to enhance their recovery. This approach provides a uniquely empowering spring-board of self-directed opportunities for individuals to return to productive, healthy and most importantly, meaningful lives and goals of their choosing. In data from our Participant Satisfaction survey, The Peer Outcomes Protocol, vast majorities (78%) believed that the goals they had in traditional treatment programs were really the goals of their therapists/physicians. They identified this as a very specific reason for many failed prior attempts at recovery. Many were never asked about what they wanted or needed in their life. Examples of goals of our actual Participants and goals many have achieved include: maintaining sobriety, getting a job, improving their relationship with their family, getting their children back, learning parenting skills, learning how to budget, learning how to deal with stress, learn more about their diagnosis, buying a car, living independently, having healthy friendships, re-establishing a Faith Community, getting a GED, improving their health, etc. The most important change we see in individuals is HOPE and BELIEF in their own power to change and manage their life around their illness or addiction. The Community benefits whenever citizens are healthy contributors and co-creators of positive initiatives. Resources are saved and lives are not lost in dismal statistics and systemic recidivism.

5.2.3 Data Assessment & Quality Improvement **10 Points**

While it doesn't have to be complicated, evaluation is more than saying "we provided this many 'units of service.'" How will you know if your services have been effective? How does this relate to the desired outcomes for your clients? How will the information gathered be used to improve your services in the future? Be specific (for example, data collection may be through focus groups, pre-and post-tests, client satisfaction surveys, etc.), and also **be specific regarding sampling size and frequency of evaluation.**

Rather than just decreasing symptoms, Participation Station strives to assist participants in any area of their life that they may be struggling. Outcomes are measured through self-report of our participants through the Peer Outcomes Protocol® which is measured with a 100% sample size of all voluntary participants once each quarter. The information gathered from our indicators is summarized monthly. This data is analyzed for any trends or patterns, any significant variation, or the need to further explore the data. Participation Station has a Leadership Team that meets weekly on Thursday, alternating scheduling and program issues as the focus of the meeting. This meeting is where it is decided if action needs to be taken based on the data. Since the advent of Managed Care for Medicaid service and the Opioid Crisis, we have seen our demand increase astronomically from 4643 in attendance in 2014 to 8370 in 2018 (80.27% increase). As traditional services are closed or difficult to access we have seen our critical safety net services become more necessary to the health and wellbeing of our very vulnerable population. As in past years, we want to use this data, as well as financial support from LFUCG to increase our number of System Navigators to assist with shoring up holes in our community safety net. System Navigation services not only benefit the Participation Station program itself, but also the clients of Fayette Co. Mental Health Court and our other community partners.

5.3 Capacity & Sustainability

5.3.1 Staff Qualifications & Experience **5 Points**

Provide information on the key/primary individuals that will be involved in the provision of services and demonstrate that they have the capacity to address the stated need. List each position by title and name of employee, if available. Describe the anticipated roles and responsibilities for each person as it relates to this project. Describe the experience, expertise, and capacity of each individual to address the proposed activities.

Experience and Expertise of Participation Station staff - Must identify as having lived experience with mental illness and/or substance use disorder; must hold current Kentucky certification as a peer support specialist in recovery for one year, demonstrating knowledge of participant initiated peer support programs; must be team-oriented, demonstrating a high degree of cultural competence working with diverse groups of participants, providers, and stakeholders of mental health / substance use services with dignity, respect, and compassion.

Administrative Coordinator
Valerie Mudd, 2009 to present
Administrative management, Community representation, Personnel supervision, and Financial oversight.

Programs / Training Coordinators
Sarah Brumfield, 2010 to present
Julie Joseph, 2014 to present
Implements, coordinates and evaluates programming; elicits feedback and input from participants, providers, and stakeholders; provides oversight of staff conduct, conflict resolution, training and continuing education.

Environmental Coordinator
Bonnie Tracy, 2012 to present

5.3.2 Partnership & Resource Leverage **5 Points**

How do your programs and services support our community's comprehensive response to the identified priority area of Community Wellness & Safety? Does your organization have any formal agreements or informal working relationship with other local service programs?

What role does your governing board members, volunteers, and / or donors play in facilitating viable service delivery and program administration? Does your program have any major civic benefactors or corporate sponsors? Describe other secured funding sources and committed operational resources your organization has allocated for the proposed program.

Participation Station (PS) is a hub of education, support, and social activities for individuals with serious mental illness and/or substance use disorders. Staff and volunteers provide mentoring from the perspective of their shared "lived experience". Community agencies and utilize PS to augment effectiveness in serving their clients. PS refers participants to community partners for benefits and services vital to their recovery. PS serves as a critical link for reentry into the community from hospitals, residential treatment centers, and Fayette County Detention Center. Partners include Fayette Mental Health Court, Eastern State Hospital, regional substance use treatment centers, Central Kentucky Recovery Center, bluegrass.org, Mountain Comprehensive Care, Catholic Action Center, Salvation Army, Lexington Rescue mission, and God's Pantry. PS also provides education venues for student interns from UK, EKU, Midway, Asbury, and Morehead State. Student opportunities create better outcomes for participants and afford students the hands-on experience of understanding serious mental illness and substance use disorders.
PS staff and stipend earners provide volunteer hours equivalent to the hours they are paid for. Many of the 33,000 hours of service provided by the NAMI Lexington board and volunteers directly benefit the PS program. PS funders include LFUCG ESR program, NAMI Lexington discretionary funds, KY Department of Behavioral Health, Mountain Comprehensive Care, and UK HealthCare. We are continually leveraging the investments of our partners and seek new funding sources for this indispensable program.
NAMI Lexington provides significant in-kind operational resources including administration, business development, fiscal oversight, reporting, program evaluation, advocacy, and community outreach.

5.3.3 Outreach & Inclusion Strategy **15 Points**

Demonstrate how the program will ensure services are available and accessible by all potential participants, especially related to language barriers for persons with limited English proficiency; persons with physical or other disabilities; and persons impacted by poverty and economic distress.

Has your organization enacted any policies (or employs any standard operating procedures) to ensure equitable service opportunity and / or benefit program to a diverse cross-section of the greater community?

Participation Station's programming is FREE, avoiding economic burden. Participation Station does not bill so there are no insurance barriers. Services are available to any adult in Fayette County. The program design serves individuals with mental illness/substance use disorders but disclosure is not required to participate in the program. The initial paramount goals are engagement, inclusion, safety and building trusting relationships. We reverently embrace our Non-discrimination Policy, "NAMI Lexington shall actively recruit, engage and serve members from every race, culture, ethnicity, age, religion, socio-economic status, sexual orientation, gender, and disability and shall not discriminate against any person or group in the requirements for inclusion, provision of service or support, or in its policies or actions." NAMI Lexington is compelled to embrace the broadest possible definition of inclusion and nondiscrimination. Participation Station offers the epitome in cultural competence due to its very nature; providing recovery services to people with serious mental illness (SMI) and substance use disorder (SUD) from individuals (Peer support specialists) who also have SMI and/or co-occurring SUD. We strive for interpreter services when no bilingual peer is available and are handicap accessible. Participation Station is located in proximity to bus routes and Downtown Lexington, hospitals and service providers, including Wheels. Programming occurs 7days per week, published in a well circulated weekly schedule of activities. Programs and social opportunities occur, even on holidays, when people would be alone and isolated in the Community. Needs can certainly happen outside of regular business hours and the WARMLINE is available for those times.

6.0 Program Budget Summary Form Instructions

Proposal Submittal shall be considered incomplete and shall be rejected without completed Budget Summary Form. *(Including total amount of ESR grant request.)*

For organizations requesting funding for more than one program in this RFP, combine into a single Program Budget narrative for the proposal.

Please note that the Program Budget will be part of the grantee agreement with LFUCG and regular tracking and expenditure reporting will be required.

To ensure readability and uniformity, please use the Program Budget form included. Provide brief line-item detail as specified in each section below and verify all calculations.

This section provides a summary of the total proposed Program Budget for FY 2020. It requests the allocation of all projected funding amounts (City and non-City sources) for anticipated FY 2020 program expenditures.

Total Program Budget

Column A should reflect projected expenditures for the entire program (not just the proposed LFUCG ESR grant funding request portion). When the chart is completed this column should equal ESR Grant Funding Request plus other/non-ESR program funding. (A=B+C)

ESR Grant Funding Request

Column B is the grant amount being requested from this RFP to support this program's services to eligible Fayette County Participants.

Non-LFUCG Program Funding

Column C is the non-LFUCG ESR funding that is allocated to the Total Program Budget (A-B = C).

This form is for the budget for the PROGRAM applying for ESR funds, not the total agency budget.

For each category identify the amount requested and the amount to be leveraged through other programs or organizations (if applicable).

Staff Salaries – Identify the number of Full-time position salaries allocated to the program, and part-time positions allocated to the program, and the amounts of each allocated to Columns A, B, & C.

Consultant Services – In the "List Details" box, **briefly** describe any expenses associated with providing expanded supportive services or other services for which the organization intends to contract with another entity. Any of these expenses to be provided by the proposing organization should be included in other line items.

Space/Facilities – In the "List Details" box, **briefly** list the basis of the allocation of rental costs, utilities, janitorial costs, and any other facility costs for the Program. Identify any office or program space in an LFUCG owned building, and any other costs (rent, monthly utilities, etc.) reimbursed to LFUCG.

Scholarships/Stipends – In the "List Details" box, **briefly** list the type of scholarships or stipends, and include the number of people or organizations to receive funds.

Operating Expenses – In the "List Details" box, **briefly** list the costs associated with expenses, supplies, utilities, and any other expense associated directly with the operation of the project.

Other – In the "List Details" box, **briefly** list any other costs for the Program not covered above.

PROGRAM BUDGET SUMMARY

Agency Name **NAMI Lexington**

Program Name

FY 2020 (July 1, 2019-June 30, 2020) Total Program Budget

	# of Employees:	Column A Total Program Budget [= B+C]	Column B ESR Grant Funding Request	Column C Non-ESR Program Funding [A-B]
1. Staff Salaries for Program				
Full-Time (FTE)	0	0		
Part-Time	14	81,600	43,400	38,200
Total Salaries		81,600	43,400	38,200
3. Consultant Services	$	2,350	590	1,760
list details	Accounting, payroll and payroll liabilities, tax returns, external audit, legal Services, state filing fees, document review, *ESR request is 25% of total rounded to nearest $10			
4. Space/Facilities	$	51,790	12,950	38,840
list details	865 and 869 Sparta Ct. Rent, Utilities, Janitorial service / cleaning supplies, Lawn care / Parking lot, sidewalk snow removal, Building maintenance /repairs *ESR request is 25% of total rounded to nearest $10			
5. Operating Expenses	$	24,510	6,130	18,380
list details	Office supplies, Telephone / internet, postage, printing and copying, books, subscription, reference, org. dues Travel - jail visits, participant transport to appointments / services. Staff development - Conferences, trainings, Business and D&O insurance, external software services *ESR request is 25% of total rounded to nearest $10 24510* 2			
6. Scholarships / Stipends	$	41,320	10,330	30,990
list details - numbers & amounts	Stipends - In Our Own Voice - 45 presentations annually / Peer to peer workshops 1,500 workshops annually / Support Group facilitators 500 groups annually Scholarships - Adult Peer Support Specialist training and certification - 5 Scholarships / year *ESR request is 25% of total rounded to nearest $10			
7. Other	$	0		
list details	ESR funding request is to support System Navigators and Warmline Peer Supporters personnel and 25% of other program expenses..			
8. TOTAL PROGRAM BUDGET	$	201,570	73,400	128,170

Cost per Program Participant: $ 336

I understand that this document in its entirety is incorporated into my grant Agreement with the Lexington-Fayette Urban County Government.

Authorized Representative *(typed name)*: Phillip Gunning

Title: Executive Director **Date**: 4/15/2019