PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: Chrysalis House, Inc.

Mailing Address: 1589 Hill Rise Drive Lexington, KY 40504

Street Address: same

Phone: (859) 977 - 2502

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 Silver Seal of Transparency or higher profile on GuideStar.org? ☑ Yes ☐ No

*Note: Agencies **must** have a Silver Seal of Transparency or higher profile with GuideStar.org to be eligible for ESR funding.*

Website Address: https://www.chrysalishouse.org/

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

Lisa R. Minton, Executive Director, 859-977-2502, lisaminton@chrysalishouse.org

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

Connie Neal, Assistant Director, 859-977-2508, connieneal@chrysalishouse.org

Program Information

Name of program for which funds are being requested: **Chrysalis Court Pregnant and Parenting Women F**

Total Funding Amount Requested: $ **150,000.00**

RFP #3-2020 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.

The 2018 Kentucky Overdose Fatality Report (KOFR) indicated that the overall trend in overdose deaths may be changing direction, however Kentucky remained in the top 10 states for opioid related overdose deaths (CDC) and Fayette County remained second in heroin-related and fentanyl-related overdose deaths (KOFR). Residents aged 35-44 were the largest demographic in overdose deaths, followed by ages 25-34; fentanyl and fentanyl analogues were involved in the highest number of deaths (786), accounting for nearly 61% of all deaths (KOFR).

In 2017 LFUCG Fire and Emergency Services reported 1,567 EMS encounters for opioid-related overdoses, including heroin (Opioid Misuse Resource and Needs Assessment for Fayette County, 8/2018). The number of individuals receiving medical care in an ER or hospital in Fayette County following an overdose increased in the last few years with 1,432 ER visits and 993 hospitalizations in 2017 (Ibid).

This project will target pregnant and parenting women with substance use disorder (SUD) and co-occurring mental health disorders. Chrysalis prioritizes treatment for pregnant women and is the only facility in Fayette County in which mothers can bring their babies to treatment with them.

According to the Public Health NAS Reporting Registry, in 2017, there were 1,114 unduplicated cases with signs and symptoms of NAS in Kentucky accounting for 22.35 of every 1,000 live births. In the Bluegrass Region, the rate was 16.25 per every 1,000 live births.

Approximately 63% of cases in the NAS Registry used more than one type of substance during pregnancy (NAS in KY 2017 Annual Report).

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.

Chrysalis House's primary objective is to improve outcomes for women with SUD and their children. To accomplish this objective, a strong core design is used to include approaches, interventions, and services effective in reaching and retaining women. Chrysalis considers the needs of women in all aspects of program design and delivery.

Chrysalis is a licensed as an Alcohol and Other Drug Entity to provide Residential/Transitional SUD Treatment and is CARF Accredited. Residential services for SUDs is a 24 hour/day (unit of service) for the purposes of providing intensive treatment and skills building in a structured and supportive environment to assist clients obtain abstinence and enter into SUD recovery.

Chrysalis residential treatment provides 40 hours per week of structured professionally directed treatment services. A list of groups and activities offered at least one-hour weekly includes: Corrective Thinking, Nurturing Families, 12 Step Support Groups and Step Studies, Relapse Prevention, Relationships, Seeking Safety, Wise Minds, Computer Skills, GED Tutoring, Job Readiness, Group Process Therapy, Adult Daily Living Skills, Addictions 101, Domestic Violence Education, Mother/Child Attachment, Self-Care and Coping, Positive & Social Communication, Motivation to Change, Spiritual Connections in Recovery, Family Education Groups/Family Meetings, and Individual Therapy.

Treatment is not an event, but rather a part of the process of a woman's journey of recovery. Treatment at Chrysalis includes a broad continuum of programs and supports in addition to residential treatment, including outpatient, intensive outpatient and recovery housing, designed to, ameliorate adverse consequences associated with substance use, return biopsychosocial functioning and reduce/eliminate substance use.

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.)

Chrysalis accepts pregnant and/or parenting women, age 18 and over, who meet ASAM diagnostic criteria for SUD, severe or moderate in need of ASAM level 3.5 services. Women admitted to the program have long histories of use with limited periods of sobriety, and lack stable housing and employment. There are no exclusions on readmissions; a woman may be re-admitted as long as she continues to meet ASAM level 3.5 criteria. Women who have a return to use while receiving treatment work with their treatment team to complete a chain analysis to identify triggers, risk factors for further use, coping skills and support that can be used in the future. A return to use does not automatically result in expulsion from the program, unless illicit substances are found on the person.

In order to alleviate financial barriers to treatment, there are no fees for admission. Chrysalis' Job Readiness Program assists clients with GED tutoring, computer classes, vocational training and job placement. Once a resident obtains employment, she contributes 30% of her gross income toward the cost of room and board. If a resident qualifies to receive assistance through the Supplemental Nutritional Assistance Program she will contribute a portion of her allotment to the program for meal service.

While in treatment clients learn life skills such as: daily chores related to maintaining a household, budgeting, and accessing public transportation and community resources. Each woman is required to volunteer in the community and/or meet her mandatory structured work hours as part of treatment.

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.

Chrysalis uses a biopsychosocial model of treatment for pregnant and parenting women. Practices have been adopted from SAMHSA's Evidence-Based Practices (EBP) Resource Center due to their exemplary records in consistent and reliable research demonstrating efficacy. Cognitive Behavioral Therapy is used in individual and group therapeutic sessions, including Motivational Enhancement Therapy and Dialectical Behavior Therapy.

Chrysalis uses the EBP curricula Nurturing Parenting for Families in SUD Treatment and Recovery, designed specifically for the prevention and treatment of child abuse and neglect. According to the Kentucky Department of Public Health, SUD is a risk factor in about 80% of deaths from child abuse.

Chrysalis incorporates the elements of a trauma-informed system: trauma competence, trustworthiness, cultural competence, and physical and emotional safety. The EBP curricula Seeking Safety is used due to the high number of clients who have experienced trauma.

All psycho-educational groups at Chrysalis are founded in sound scientific research. Chrysalis uses Charting a New Course, a behavioral self-control program to assist women in correcting cognitive thinking errors that may hinder progress in their recovery.

Relapse Prevention, a psychoeducation group that utilizes a biopsychosocial approach to achieving recovery and preventing relapse helps women learn triggers for possible future use and focuses on psychological and social functioning. Therapists assist clients in developing relapse prevention plans that include an understanding of feelings and behaviors that led to continued use, along with building support and capacity for recovery. Mother/child attachment time provides the ability to strengthen the relationship between a child and mother.

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?

Sobriety is the overarching goal of the program. A person-centered plan is developed with each client with objectives related to addiction, parenting, relationships, reduction of mental health symptoms, employment, safe and affordable housing, and physical health. Chrysalis combines cognitive-behavioral therapy (including Motivational and Dialectical Behavior Therapy) with counseling to help clients achieve their goals.

Chrysalis' philosophy is to provide a safe and nurturing environment for recovering women and their children. We recognize the disease concept of addiction and incorporate Twelve Step Programs and EBPs into treatment.

Clients transition through 3 phases of treatment. To transition from Phase I to II, a client must show an understanding of the program; participate in the assessment and treatment planning process; exhibit readiness to change; identify barriers to treatment retention; participate in psycho-educational groups; and use basic recovery skills.

From Phase II to III, the client must begin to build natural support systems; demonstrate coping skills; advocate for unmet needs; and transition from external to internal motivation.

In order to successfully complete treatment, clients must maintain sobriety while using learned skills in the community; grow her sober support network; and show decisions and choices that facilitate a sober lifestyle.

The average length of stay is analyzed for clients who successfully complete and those who exit prior to completion. In 2019, the average length of stay for successful completions was 176 days and 69 days for those who left treatment prior to completion. Forty-seven percent (47%) of women receiving services in 2019 completed residential treatment.

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.)

Among pregnant women with SUDs prenatal care is critical. Most pregnant women who use opioids are not enrolled in comprehensive programs that address their obstetric needs as well as SUD treatment, mental health, and health education (Jones et al., 2014). According to NAS reporting, there were 647 KY infants reported in a 7-month time period but only 165 pregnant women were treated in a community mental health center in 2014 (BHDID, 2015).

Approximately 20% of pregnant women admitted to Chrysalis had not established prenatal care; on average, women are admitted during their 5th month of pregnancy.

Women admitted to Chrysalis receive a wide array of clinical and support services. Clients are given a thorough risk assessment and screened for mental health issues and trauma. An individualized strengths-based treatment plan is developed with each woman and a multidisciplinary team of case managers, recovery support, therapists, nurses, job readiness admissions/transitions and aftercare coordinators, and a psychiatrist. The treatment plan integrates services the client believes will directly benefit her, her family and her long-term recovery.

The 2018 Kentucky Pregnancy Risk Assessment Survey provided insight into attitudes toward substance use during pregnancy. Several mothers describe entering treatment programs when they found out they were pregnant. Pregnancy has been shown to be a catalyst for changing health behaviors (Schiff et al., 2018). Treatment has consistently been shown to reduce costs associated with lost productivity, crime and incarceration; the largest economic benefit of treatment is seen in avoided costs of crime (NDIC, 2011).

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.**

Chrysalis offers a comprehensive array of services addressing:
1. Functioning
2. Quality of life
3. Symptom distress

Sampling: 45 pregnant/parenting women receiving SUD treatment
Goals:
1: Achievement of long-term sobriety.
Activities: 12-180 days of residential treatment including: weekly individual sessions, therapeutic groups and corrective thinking; 10 1-hour relapse-prevention sessions.
Measure: Decrease in relapse to drugs and alcohol while in treatment
Target: ≤ 30% of participants will relapse while in treatment.
2: Adaptation of positive coping skills and increased interpersonal/intrapersonal effectiveness.
Activities: Weekly individual sessions and therapeutic groups; monthly person-centered plans.
Measure: Reduction of mental health symptoms.
Target: Reduction of symptoms for ≥ 50% of participants. Participants are screened using the Addiction Severity Index (ASI) at admission and 6-month follow-up.
3: Increased education on the importance of physical health for recovery.
Activities: Weekly health and wellness group; weekly adult daily living skills; nursing assessment and health history at admission.
Measure: Self-reported improved physical health

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.

Tonya Jernigan, LCSW, Clinical Director has over 9 years of experience treating women with substance use disorders. She will provide administrative and programmatic oversight.
Demi Jacobs, LPCC, Primary Therapist has been a therapist at Chrysalis House for 2.5 years. Demi administers the initial assessment, develops and updates person centered plans, conducts individual and group therapy utilizing evidence based curriculums, and facilitates discharge planning.
Tammy Stevens, LPCA, Primary Therapist has been a therapist at Chrysalis House for 3 years. Tammy administers the initial assessment, develops and updates person centered plans, conducts individual and group therapy utilizing evidence based curriculums, and facilitates discharge planning.
Ginny Redmon, LCSW, Domestic Violence Therapist and has been with Chrysalis House for 6 years. Ginny conducts domestic violence screenings and risk assessments, the development of safety plans and conducts the Seeking Safety groups.
Dawn Brown, BSW, Case Manager has been with Chrysalis House for 12 years. She is responsible for assisting clients with accessing community resources related to medical and dental needs, housing, childcare, legal, educational, financial, and other needs.
Heidi Pafford, RN records vital signs at client admission, provides psychoeducation health & wellness groups; adult daily living skills; and basic nursing assessment with thorough health history and assists clients in accessing and navigating needed health resources.
Sheila Taluskie, Job Readiness Coordinator has been with Chrysalis House 24 years. She conducts job readiness and

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.

Chrysalis is the only licensed long-term treatment facility for pregnant and parenting women in Fayette County that provides integrated treatment for substance use and mental health disorders. Chrysalis House has over 70 MOUs in place with various community agencies to ensure continuity of care and services that empower women.
These MOUs ensure the agencies are able to provide comprehensive, holistic services. Community partners provide primary and acute medical services; medical and non-medical withdrawal management; comprehensive mental health services; obstetrical, gynecological and postpartum care; adult and child psychological and psychiatric services; medically assisted treatment with counseling; housing services; transportation assistance, employment assistance and educational services; faith-based services; and financial planning, credit repair, and budgeting services. To achieve service coordination and integration, Chrysalis invites partners to regular Continuous Quality Improvement meetings, client treatment team meetings, and staff meetings.
The role of the Chrysalis House governing board is to determine policies, procedures and regulations for the organization; to assist in securing funds to support the mission of the organization; and to monitor organizational performance. Chrysalis Board members and persons from partnering agencies provide their professional experience in many ways.
Chrysalis does not have any major civic benefactors or corporate sponsors; however, an endowment fund has been established at Blue Grass Community Foundation so contributions may be made to Chrysalis, following their guidelines.
Secured funding for our Chrysalis Court pregnant and parenting women program for FY2020 includes: Federal grant funding $215,000; State funding $75,000; SNAP benefits $25,000 and projected Medicaid revenue $85,000.

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?

Clients served shall not be unlawfully discriminated against in determining eligibility for treatment. Individuals have the right to receive services without discrimination based on race, color, age, religion, national origin, domestic/marital status, political affiliation or opinion, veteran's status, physical/mental handicap or ability to pay for services.
Chrysalis is committed to providing treatment in a culturally and linguistically appropriate manner and ensures that all communication, both verbal and written, reflects the appropriate literacy level for each client. When necessary, clients utilize bilingual staff, paid interpreters, or Language Line Services free of charge.
Chrysalis has policies to eliminate financial barriers to treatment that assist in engaging and retaining women. There is no admission fee for treatment and no charge for clinical services.
Chrysalis understands that the target population is especially vulnerable; many reflect generations of substance abuse and trauma. Most are single parents living in poverty and have low educational levels and limited coping skills. Many have tried treatment and other services before, been involved in the criminal justice and/or family court system and feel a sense of isolation and inferiority. The practices chosen help women achieve recovery while building self-esteem and addressing issues of shame and inferiority.
Outreach efforts include having a Peer Engagement Specialist contact women on the waitlist weekly to discuss pre-treatment and recovery support services, having a Treatment Navigator assist women on the wait list with establishing or continuing prenatal care and conducting mobile assessments and having staff at other points of intervention to identify women needing SUD services.

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.)* **The Program Budget will be the same for both FY21 and FY22; there will be no increases in award for Year 2 of the grant.**

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 2021. It requests the allocation of all projected funding amounts (City and non-City sources) for anticipated FY 2021 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 **Chrysalis House, Inc.**

Program Name **Chrysalis Court Pregnant and Parenting Women Program**

FY 2021 (July 1, 2020--June 30, 2021) 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)	10	353,600	119,475	234,125
Part-Time	2	21,840		21,840
Total Salaries		375,440	119,475	255,965
3. Consultant Services	$	19,200		19,200
list details	Medical Director providing psychiatric services			
4. Space/Facilities	$	54,840	15,000	39,840
list details	Property Management $19,200; Utilities $29,045; Telephone $4,095; Building Insurance $2,500			
5. Operating Expenses	$	111,625	15,525	96,100
list details	Electronic Health Records & IT $13,215; Household & Office Supplies $22,135; Travel (includes mileage and fuel for company vans) $4,690; Food $54,625; Equipment rental $2,280; Client expenses $10,025; Repairs and Maintenance $4,655			
6. Scholarships / Stipends	$	0		
list details - numbers & amounts				
7. Other	$	3,310		3,310
list details	Auto Insurance			
8. TOTAL FY21 PROGRAM BUDGET *(Program budget will be the same for FY22; no increase in award for Year 2 of the grant)*	$	564,415	150,000	414,415

Cost per Program Participant: $ 12,543

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)*: Lisa R. Minton

Title: Executive Director **Date**: 04/01/2020