

Military/Veteran Resource Network Application - Behavioral Health Organizations & Providers

Organization Name	Chrysalis Shelter for Victims of Domestic Violence, Inc
Address	Street Address: 2055 W. Northern Ave City: Phoenix State / Province: AZ Postal / Zip Code: 85021 Country: United States
Phone	((602)) 955-9059
Fax	((602)) 955-0165
Website	www.noabuse.org
Organization E-mail	info@noabuse.org
What sector is your organization part of?	Community
Type of organization (check all that apply)	Child & Family Services/ Prevention Community-Based Partner / Civic Group
Organization Mission and/or Charter:	Our mission is to lead our community to broad-based solutions to prevent domestic abuse
Brief background of organization (year established, etc.):	<p>Chrysalis was founded in 1981 when a woman opened up her home to women and children who were victims of domestic violence. In 1982 we officially established our first shelter, which we named Chrysalis after the transformative change that leads to a butterfly.</p> <p>Residents can stay in our shelter for up to 120 days, during which time they receive case management, masters-level therapy, 24-hour client advocacy, and a variety of support services. Realizing that some victims needed longer-term housing to re-stabilize their lives, we added transitional housing where victims can stay for up to two years while continuing to participate in Chrysalis support services. For victims who do not require housing, we further added non-residential masters-level therapy and court-based victim advocacy for those victims whose abusers are on probation.</p> <p>Finally, we added court-mandated offender treatment, a 26-52 week group counseling program for abusers who have been convicted of misdemeanor or felony domestic violence.</p> <p>Through all of these clinically-based programs, we strive to address domestic abuse from all angles, seeking to end the cycle of violence through treatment and prevention.</p>
Overview of organization's experience and expertise in delivering services, best practices used, etc.:	<p>Chrysalis is recognized as a leader in providing services to victims of domestic abuse. Our best practices include:</p> <ol style="list-style-type: none"> 1) Our emergency shelter houses women, children, and men who are victims of domestic abuse, as well as non-gender conforming or trans victims. 2) Our shelter is committed to eliminating barriers for victims. We accept all victims regardless of age, race, religion, income, gender identity or sexual preference, physical ability, or mental health need.
What area of the state do you serve?	Regional within Arizona
1. Region:	Central Arizona
2. County/Counties:	Maricopa

3. City/Local Area:

Phoenix

Brief overview of programs, resources, services, etc.:

Emergency Shelter: Women, children, and men who are victims of domestic abuse can stay for up to 120 days, during which time they receive all basic needs, individualized case management, masters-level therapy, 24-hour client advocacy, and access to support groups for substance abuse, healthcare, nutrition, interpersonal relationships, parenting, exercise, and more.

Transitional Housing: Singles and families can stay for up to 2 years with the average stay around 13 months; during which time they are provided individualized case management and have access to all Chrysalis support services, such as counseling and victim advocacy. Residents must be either enrolled in a school program or be employed to be eligible.

Non-residential Therapy: Masters-level therapy provided on an outpatient basis at our Family Outreach Center for women, children, and men. Modalities include Cognitive-Behavioral, EMDR, Play Therapy, Family Therapy, and Psycho-educational.

Victim Advocacy: For victims whose abusers are on probation for misdemeanor or felony domestic violence offenses, through an exclusive partnership with Maricopa County Adult Probation Department (APD) and Arizona Superior Court Domestic Violence Court. Services include help with obtaining Orders of Protection, safety planning, representation in probation hearings, accompanying victims to court, referrals to services like AHCCCS, food banks, housing and employment help, and elder care. We provide the same services to victims from Glendale through an exclusive partnership with the City of Glendale.

PAC/PEACE Offender Treatment: In partnership with APD, a 26-52 week long group counseling program for abusers who are on probation for misdemeanor and felony domestic violence offenses. Some program participants also self-refer. Program curriculum focuses on accountability, empathy, recognition that domestic abuse is a crime, understanding the roots of violence in one's life, and how to establish healthy relationships.

Chrysalis works with a number of community partners to provide services, including:
1) Centralized Screening: one hotline with access to 7 Valley domestic violence shelters; established through DV-STOP funding so that victims need only call one number to find available bed space; Centralized Screening then arranges for transportation to an available bed through COMTRANS.
2) Assistance League of Arizona: accepts donations of clothing, furniture, and other items on our behalf, resulting in store credit for our clients; Our clients can then shop for things they need for free.
3) Barrow Neurological Center B.R.A.I.N.S. Clinic: provides screening for victims who are suspected as having traumatic brain injuries; if found positive, then client is provided free treatment at Barrow's Clinic; also provides monthly B.R.A.I.N.S. Club for shelter residents, focusing on brain exercises to rebuild memory, concentration, and other cognitive functions that may be affected by trauma.

General eligibility guidelines for programs, resources and/or services:

Emergency Shelter: available to any victim, free of charge
Non-residential Therapy: free with AHCCCS; sliding scale co-pay with other insurers according to income, but no one is turned away for inability to pay.

Victim Advocacy: victim referred by APD; free of charge
PAC/PEACE Offender Treatment: client referred by APD; pays \$ for intake and \$ co-pay per session

Transitional Housing: resident must have completed 30 days in a domestic abuse treatment program

Description of target audience:

women, men, and children who are victims of domestic abuse; in addition, abusers who are referred by APD or self-refer

Cost for programs or services to service members, veterans and/or family members (or funding sources if no cost to individuals and families):

Chrysalis will strive to provide quality services at the lowest possible cost to the client.

Services for victims are provided free of charge to clients who are enrolled in Program Chai, the DES program and/or are Title XIX eligible and enrolled with the Regional Behavioral Health Authority.

All other outpatient clients may be charged a fee.

All services are provided at reasonable fees.

Emergency shelter residents are not charged a fee.

Transitional shelter residents are charged rent based on current HUD guidelines.

Regulatory body that has oversight over organization and/or industry (if applicable) and any organizational memberships (e.g. chamber of commerce, alliances, etc.):

A Board of Directors comprised of non paid, community members, governs Chrysalis Shelter for Victims of Domestic Violence, Inc. Chrysalis is also licensed as a Counseling Facility by the Arizona Department of Health Services.

Our organization understands and agrees to the following Guiding Principles:

1. Military service often fosters resilience and strength in service members, veterans and family members.
2. Military service impacts the individual and the family. A “military family” can include a service member or veteran, their spouse/significant other and children, as well as parents, siblings, extended family and friends.
3. The military is a distinct culture. While service members, veterans and their families experience the same life circumstances and events as civilians, both positive and negative, they also have a unique set of life experiences relating to service, deployment and reintegration that are distinct from civilian life.
4. As a community, we are committed to providing the best care and support to all those who serve. Since changes in military status affect eligibility for programs, resources and benefits, we seek to build a continuum of care that addresses the needs of the entire military, veteran and family population.
5. No one organization can meet all needs for the entire military and veteran population. Stronger collaboration between military, government and community partners supports service members, veterans and their families in connecting to the right program, resource and/or benefit at the right time. Organizations should also focus on collaboration to maximize available resources and minimize duplication of effort.
6. There should be no wrong door to which a service member, veteran or family member goes to for help. Each individual and organization should have at least the basic knowledge on the military/veteran systems of care to assist in connecting that individual or family to a more appropriate resource so that no one is turned away.
7. As a network of individuals and organizations who provide care and support to the military and veteran population, our goal is to assist service members, veterans and family members in being informed consumers who are empowered to make decisions to access those programs, resources & benefits that will meet their needs.
8. Every service member, veteran and family member has an individual experience and perspective which should be acknowledged and incorporated into the provision of care and support.

Our organization understands and agrees to the following Ethical Considerations:

1. The interest of the service member, veteran and family member should come first, above the interest of the provider or organization, financial or otherwise.
2. Any potential conflicts of interest should be disclosed up front.
3. Respect the service member, veteran and/or family member by providing accurate information that will assist them in making informed decisions about the care and support they access.
4. Organizations should only offer programs, services and resources that they are equipped or trained to deliver. Outreach and engagement of the military and veteran population should be within the scope of the role and function of the individual (training & experience) and the organization (policies, practices, procedures).
5. Organizations that outreach to the military/veteran population have an obligation to equip their personnel and organizations with the training necessary to understand: a) the unique aspects of the military experience b) the issues affecting these individuals and their families and c) the specific military/government programs and benefits available to this population. Organizations should consult with subject matter experts when necessary.
6. Outreach and messaging to the military and veteran population should be truthful, not misleading nor designed to incite fear, should always accurately and appropriately cite sources and present information in context.
7. Organizations should be cautious about promising outcomes. Information should clearly state if a program or service is evidence-based or independently documented to be effective. Statements about the effectiveness of programs or services should include information on success rates and the documented source of this information.
8. Coordination of care and follow up is essential when service members, veterans and family members are accessing multiple systems of care. Partners need to be actively engaging with other providers and systems as appropriate, while still respecting the confidentiality of the individual or family.

Clinical/direct service staff have knowledge, experience and/or training related to:

Combat & operational stressors.
The effects of military service, deployment, reintegration, transition and mental health on the population, including physical, cognitive, psychological and/or psychosocial impacts on the individual and family (spouses/significant others, children, parents, siblings, etc.).
Key issues affecting the population (e.g. post-traumatic stress, TBI, depression, substance use), as well as the dynamics of polytrauma.
Military, government and community behavioral health systems of care.

Total number of clinical/direct service staff:

40

Approximate number of clinical/direct service staff that have received the above training:

7

We have employees who are (check all that apply):

- Veterans
- Family members
- Experienced in working with the military, veteran and/or family population

We engage internal and external subject matter experts to advise and strengthen service delivery to the military, veteran and family population:

Planned or in process

Additional detail on how our organization CONNECTS to the culture relating to the above areas, as well as any other relevant information:

While Chrysalis staff are not currently trained in military culture, we are open and excited to the prospect of learning. We are committed to providing trauma informed care to our victims.

Approximate number of employees in organization:	55
Number of individuals trained as Military/Veteran Resource Navigators within organization:	0
Titles/roles of individuals trained as Navigators (e.g. team leaders, clinicians, peer support providers, etc.)	0
Communications (print, web, etc.), content and messaging focused on the military and veteran population:	<p>Uses appropriate terminology and imagery</p> <p>Describes services offered and treatment modalities, as well as any eligibility criteria</p> <p>Accurately reflects efficacy & evidence basis for services</p> <p>Clearly indicates costs, insurance plans and fee arrangements</p>
Our organization tracks the number of service members, veterans and/or family members served.	Yes
Our organization posts information for service members, veterans and family members on our website, in waiting rooms, etc.	No
Additional detail on how our organization ASKS the right questions at the right time relating to the above areas, as well as any other relevant information::	Any victim entering our emergency shelter is asked about their military/veteran status upon intake. We are open to our communications (web, print, etc) being updated to reflect appropriate content and messaging focused on the military population.
All staff and volunteers have basic awareness of key gateway resources (crisis lines and the Military/Veteran Resource Network) and can provide information to individuals and families as needed. When and how was this information distributed to all employees (e.g. email, intranet, handout, etc.):	All staff are educated on our 24/hour crisis line. This line is answered by a trained advocate to assist the caller with any resources. We are in need of more specific information regarding military resources. We hope this collaboration will educate us in that area
Mark each area and provide details in text box below:	<p>Organization and providers utilize best and promising practices and follow Clinical Practice Guidelines for the military, veteran and family population as defined by the VA, Department of Defense, Defense Centers of Excellence, SAMHSA, etc.</p> <p>Organization and providers use culturally-relevant approaches for this population.</p>
Our organization has tailored programs and resources specifically for the military, veteran and/or family population:	No

Our services incorporate the needs of both the service member or veteran, as well as the immediate and/or extended family when delivering services:

No

Additional detail on how our organization RESPONDS effectively relating to the above areas, as well as any other relevant information::

We are currently in need of education and training in this area.

We have one or more individuals designated as points of contact (POCs) for the Military/Veteran Resource Network and the military/veteran community:

No

Our organization partners as appropriate and needed with public and private sector organizations to strengthen quality and coordination of care for service members, veterans and family members.

Yes

Training on the military, veteran and family population is incorporated into our new hire orientation and/or annual training calendar.

No

Our organization participates in relevant events, trainings and initiatives in the military/veteran community.

No

Additional detail on how our organization ENGAGES relating to the above areas, as well as any other relevant information:

We are currently in need of education and training in this area