

FUNDING APPLICATION

GENERAL INFORMATION

Organization Information

Legal Name: Chosen Care, Inc.	Federal Tax ID#: 81-2872095	Are you a 501(3)(c) charity? Yes	
Address: 8535 Tom Slick Drive	City: San Antonio	State: TX	Zip Code: 78209
Website: chosen.care	Fax: (830) 455-0101		

Head Of Organization

Name: Jenni Lord	Title: Chief Executive Officer
E-Mail Address: Jenclord@chosen.care	Phone: (830) 455-0101

Application Contact

Name: Anner Spears	Title: Development Director	E-Mail Address: jameela@chosen.care	Phone: (830) 743-9319
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Has the organization applied to the Gordon Hartman Family Foundation in the past and been declined?

Yes
June 2018

Grant Amount Requested \$:	Total Project Budget \$:	Organization's Annual budget \$:
\$15,000	\$384,664	\$910,404

Mission Statement:

Chosen serves the emotional and mental health needs of children by providing parent education, mentoring, therapy and intensive case management. Chosen's mission is to help children heal from trauma by strengthening their families Specific population is foster, adoptive or relative caretakers and their children.

PROJECT INFORMATION

Program / Project Title:

Support for Trauma-informed Parent/Caregiver Education

PROJECT TIMELINE

Start Date	End Date
01/01/2019	12/31/2019

Program / Project Description:

The purpose of this proposal is to support expanded operations of Chosen Programs in 2020. Funds from the Gordon Hartman Family Foundation will allow us to extend our critical services to more children within our community who have experienced trauma and live with cognitive disabilities. Primary population served are children impacted by trauma and their caregivers. Our model of care has proven to be extremely effective in healing family transformation addressing the holistic needs of both family and child. A child who has been harmed in relationship can only heal in relationship. We do whatever it takes to set hurting children on a path of healing with Parent Education, Relative Caregiver Education, and Outreach programs using the best trauma-informed practices and a life-on-life approach. Core services are education, developmental dyadic psychotherapy, and mentoring, along with intensive case management using evidence-based methodologies.

Children who experience trauma live with subsequent functional and clinical cognitive disabilities. After experiencing trauma, they are left with mental, neurological, psychological, relational and often physical pain that they will bear for the rest of their lives. The impact of this trauma activates the body's stress response system, and according to Michael D. De Bellis, MD, MPH and Abigail Zisk A.B. stress activation has behavioral and emotional effects that are similar to individual's PTSD symptoms. Chosen is currently in a capacity building phase to expand services to more children in need and their families. Chosen continues to see an increase demand for services, as there are thousands of parents and caregivers within our community who need critical support for their hurting children. Currently there are more than 5,000 children in the welfare system in Bexar County alone. Children in the child welfare system suffer trauma and cognitive disability due to abuse, neglect, abandonment or the death of their biological parents.

Our target population includes foster, relative and adoptive families from varied ethnic and economic backgrounds. Approximately sixty-one percent of the population served are under the age of 19. Because every family we help includes foster and/or adopted children, one hundred percent of the children served have experienced trauma that affects cognitive ability. Our resources help both parents and children attach and form the familial relationship foundation to healing.

Well intentioned families are very often under-equipped to meet the unique needs of a traumatized child. A child matched to a family is not enough. The impact of this trauma leaves children who desperately want love unable to receive it due to fear that imprisons them in a state of fight, flight, or freeze; subsequently, this makes it very difficult to attach to their new families. Consequential problems include: extreme behaviors fueled by fear and rejection, isolated families because of children's behaviors, strained family dynamics, parental resentment and dislike of the child, leading to enormous shame and guilt, abuse or desire to abuse the child, and dissolution of the placement; rehoming their children or placing them back into the child welfare system. Unresolved trauma often continues the cycle of abuse and neglect on subsequent generations and increases substance abuse, high school dropout, incarceration, and mental health problems, amongst many other community ailments. Therapy is not enough to help children heal from trauma. Attachment to a safe, loving caregiver is essential to heal the effects of complex developmental trauma.

If a child's trauma is not addressed, his or her externalizing behaviors will continue to worsen threatening the strength and permanency of the placement. Ninety percent of families that Chosen served in 2018 were in crises. Additionally, twenty percent of these families were ready to dissolve their foster placements or adoptions and put their children back in the child welfare system. Additionally, many of the families who do not give up still need help to understand the depth and nature of neurological trauma that is also developmental and affects cognitive ability. This means that there are often new challenges as each milestone in life is crossed. By educating and mentoring caregivers with trauma-informed, evidenced-based methods through Chosen programs, we can prevent further trauma for children and meet their emotional needs and mental health needs.

Our model of care includes a customized three-prong approach: 1.) Parent Education with life-on-life, trauma specific coaching and a subsequent Trauma-informed Action Plan(R) (TAP(R)) for the entire family; Chosen's parent educators use Trauma Competent Caregiver curriculum and Trust-Based Relational Intervention(C) curriculum as a foundation to train client parents in how to best care for their hurting children. Our TAP(R) gives these families a plan to heal and includes everything from daily activities to promote attachment, school intervention and giving children a strengths-based understanding of their difficult history. 2.) Therapeutic services and resources that are trauma-specific; match parents with supplemental resources. Attachment-focused services include Child Parent Relationship Therapy, Dyadic Developmental Psychotherapy, Adult Attachment Interviews, and trauma-informed therapists.3.) Certified peer mentoring who are matched with clients that share a similar experience; mentors provide support, reinforce concepts, and give accountability to ensure the action items of the TAP(R) are completed.

Intended client outcomes include: Parental Distress, Parent-Child Dysfunction, and Difficult Child levels fall below the clinical level of ninetieth percentile in seventy-five percent of caregivers after six months; Total Parental Stress Level will fall below the clinical level of ninetieth percentile in eighty percent of caregivers. Anxiety, depression, anger/aggression, total post-traumatic stress, dissociation and sexual concerns levels fall below clinical levels in fifty percent of children and decreases in all measured trauma symptoms in seventy-five percent of children. Ninety-five percent of relative placements served will remain in the relative home. All clients will receive therapeutic resources and mental health referrals during service administration; fifty percent of clients will engage in therapeutic resources to seek healing from past trauma. The greater impact to the community is reduced recidivism, substance abuse, homelessness and mental health illness because the cycle of trauma has been interrupted.

Evaluation Plan:

Chosen measures success in four major categories: parental stress levels, trauma symptom behaviors, parental ability to handle challenging behaviors, and numbers of dissolution/disruption. We expect and do see a decrease in stress and anxiety levels in caregivers, a decrease in trauma-induced behaviors of the clients' children - including reduced anger, anxiety, post-traumatic stress and dissociative behaviors, and an increase in the feeling of being equipped to parent foster/adopted children. Reducing stress and trauma symptoms directly correlates to cognitive ability. Our primary goals are that every child is on a path of healing and that no caregiver willingly puts a child back in the system. Additionally, in 2018, Chosen had zero foster disruptions or adoption dissolutions, meaning zero clients who went through our programs willingly rehomed their children or put them back in the system.

Chosen uses the following assessment tools to measure program success:

- o Parent Stress Index (PSI)/Stress Index for Parents of Adolescents (SIPA)
- o Trauma Symptom Checklist for Young Children (TSCYC)/Trauma Symptom Checklist for Children (TSCC)
- o Stress Index
- o Biopsychosocial Assessment
- o Adverse Childhood Experiences Survey (ACEs)
- o Anxiety and Depression Survey
- o Self-Assessment
- o Adult Attachment Interviews

Chosen tracks both outputs and outcomes of the program during service delivery, as well as 6 months after services have concluded to determine effectiveness of service in our client management system (CMS). Assessments are administered that measure parental stress levels and trauma-related behaviors of children both before and after services are provided. After initial assessment results are received, levels are entered in the CMS so that initial results can be compared to service conclusion results. This data is reviewed on a weekly basis by both leadership and program staff to monitor the program's progress.

Plans to sustain project beyond the term of this request:

In addition to seeking additional foundation contributions, corporate partners and individual donors, Chosen has two annual fundraisers that will both help sustain the Trauma-informed Parent/Caregiver Education Programs. Our 10th annual November race and 3rd annual benefit and auction in March of 2019 both yield program funding.

We have also implemented fee-based services for some clients who can afford to pay. Additionally, we are exploring the possibility of government reimbursement for mental and behavioral health services.

Line item Budget:

Line Item Description	Total Project Funds Allocation	Gordon Hartman Funds Allocation
Salaries	\$268,573	\$0
Employee Benefits and Taxes	\$41,391	\$0
Professional Fees	\$42,000	\$7,500
Supplies/Equipment	\$1,200	\$0
Education/Training	\$6,600	\$5,000
Print/Publication	\$1,800	\$0
General Program Expenses	\$17,700	\$0
Technology	\$5,400	\$2,500
TOTAL:	\$384,664	\$15,000

BOARD OF DIRECTORS

LIST OF BOARD DIRECTORS

Name & Office Held	Corporate Affiliation
Zach Potts, President	CEO and Business Owner of Chanan Corporation, Kenergy Oilfield Solutions, Tundra Energy LLC, and JZ Realty Ltd.
John Raimondo, Vice President	CEO and Business Owner of Pulmonair, Infinity Medical Equipment, and San Antonio Spine & Rehab
John Langdon, Treasurer	CFO Midland Basin Partners
Heather Smith, Secretary	Retired Registered Nurse (RN); Chosen Mentor
Troy Herring, Director	CEO and Business Owner of Bioline Corporation
Ed Mullins, Director	Senior Project Manager; Project Control
Michele Norris, Director	Assistant VP of Contact Center Insight & Usability at USAA
Paul Hoskins, Director	Founder and Owner P&M Hoskins Enterprises
Bob Buckley, Director,	VP of Manufacturing, San Antonio Lighthouse for the Blind
Troy Blackmon, Director	VP of Field Operations at The C 12 Group
Dennis Noll, Development Chair	Retired, Former CEO of San Antonio Area Foundation
Kathleen Graham, Director	Managing Partner, Wyble Graham Garcia Wealth Management