



Impact Report

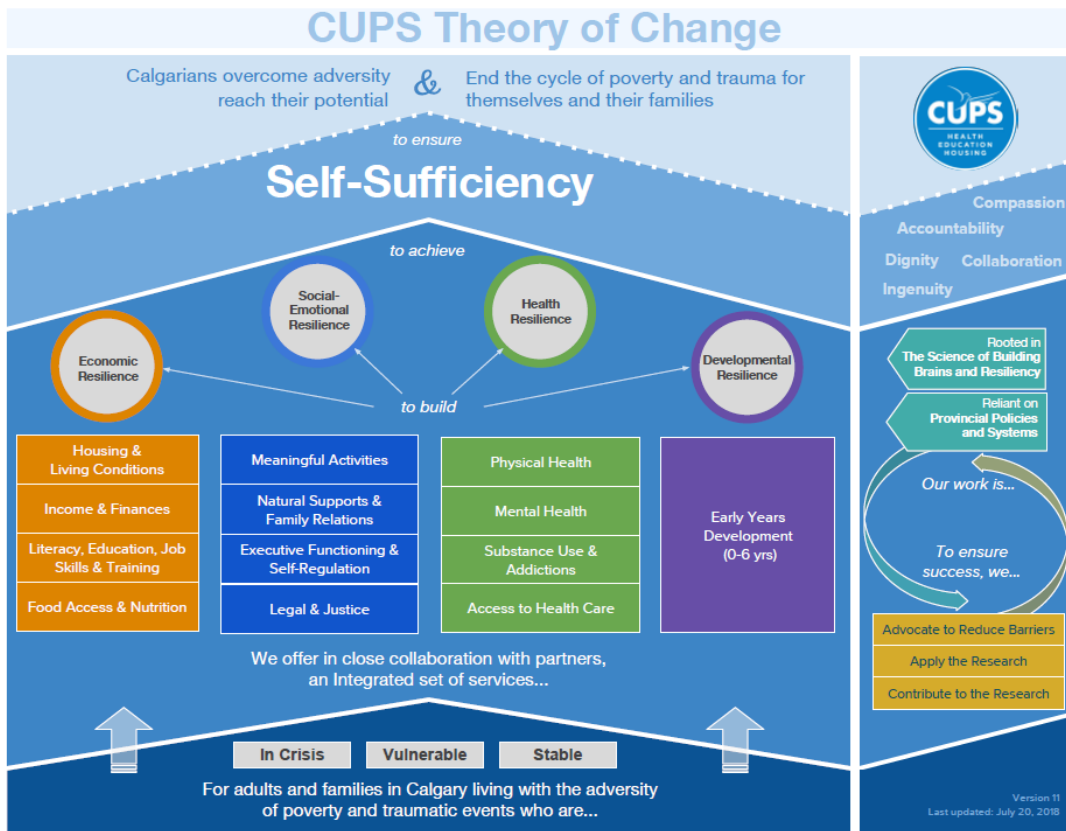
FISCAL YEAR 2019: APRIL 1, 2018 - MARCH 31, 2019

EXECUTIVE SUMMARY

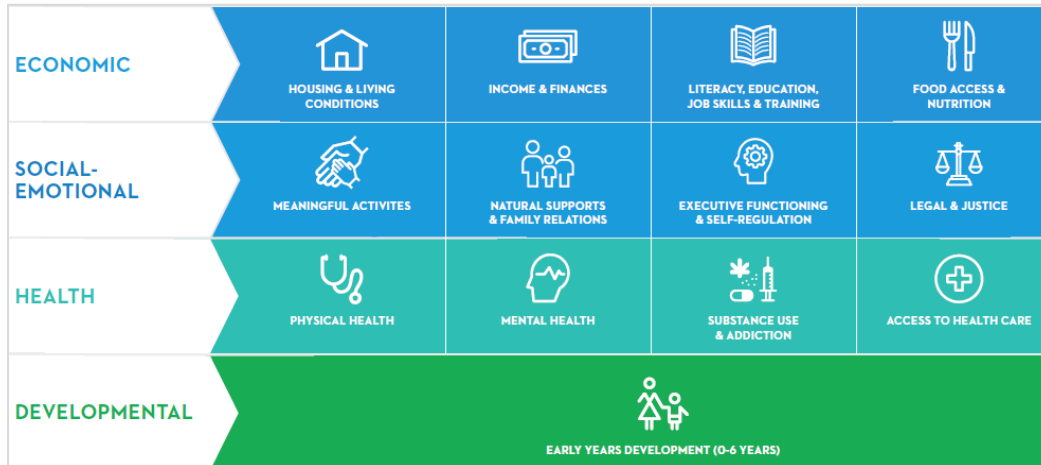
CUPS Evolving Work

At CUPS, we are innovators and trailblazers in our sector. Over the past 30 years we have moved from a traditional charity model a science-based organization that is defining a new approach to the social challenges of poverty and trauma. CUPS programs and services support healthy brain development to improve lives for generations to come. As demonstrated in our Theory of Change, we focus on building resilience and creating lasting change, which requires an integrated approach. To help us understand the large, complex picture of an individual’s health, we use a tool called the Resiliency Matrix and aim to build resilience in four domains; Economic, Social-Emotional, Health, and Developmental.

CUPS Theory of Change



CUPS Resilience Domains



The Issues

Childhood trauma and toxic stress have life-long negative impacts on brain development:

- Research on Adverse Childhood Experiences (ACEs) demonstrates that having 4 or more ACEs places an individual at a higher risk of negative health outcomes later in life such as:ⁱ
 - Heart disease, diabetes, cancer, heavy drinking, HIV, anxiety, overall poor mental health, early death, and more
- Brain science research demonstrates that prolonged toxic stress results in:ⁱⁱ
 - Social, emotional, and cognitive impairments
 - A lack of core life skills such as executive functioning & emotional regulation

There is a strong cyclical relationship between poverty and traumaⁱⁱⁱ

- Poverty, in and of itself, is traumatic due to high levels of stress and having to choose between basic needs on a regular basis
- Approximately 69% of CUPS clients have an ACE score of 4+ (compared to approximately 12.5% of the general population with an ACE score of 4+)
- As a result, individuals living in poverty have most likely experience high levels of trauma that have negatively impacted their development

The societal impacts of poverty and trauma are costly to maintain:

- 402,000 individuals (approximately 120,000 children) live in poverty in Alberta^{iv}
- Poverty costs Albertans between \$7.1 and \$9.5 billion every year^v
- Estimates place the average lifetime cost of child maltreatment in the United States at approximately \$210,000 USD and \$1,272,900 USD per death

ⁱ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14 (4), 245 – 258.

ⁱⁱ Center on the Developing Child at Harvard University (2016). Building Core Capabilities for Life: The Science Behind the Skills Adults Need to Succeed in Parenting and in the Workplace. <http://www.developingchild.harvard.edu>.

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^{iv} Using the Market Basket Measure: Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016147.

^v *Poverty Costs 2.5: Investing in Albertans*, (Vibrant Communities Calgary and Action to End Poverty in Alberta, 2014),

Themes in this report

Telling Our Story Through Data. This section provides an overview of the demand for CUPS Programs and Services using client counts.

Measuring Trauma. This section shows how we measure and understand trauma with clients at CUPS using the Adverse Childhood Experiences Survey.

Building Resilience. This section uses the preliminary results from the CUPS Resiliency Matrix to understand how we build resilience with our clients.

Research and Policy Advocacy. This section demonstrates how we connect research, policy, and practice to influence systems-level change.

Resilience Domain Snapshots. This section highlights the impact of our programs and services through evidenced-based practice using outputs and outcomes data.

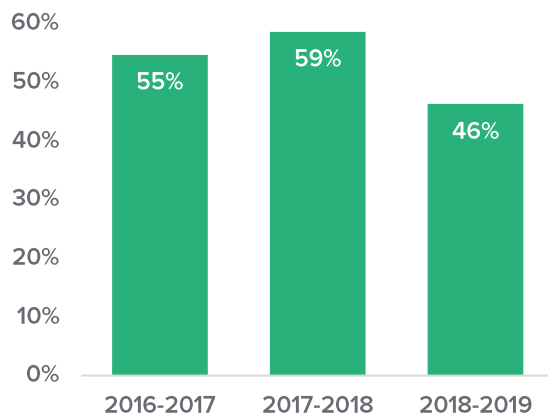
CUPS IMPACT REPORT

April 1, 2018 – March 31, 2019

TELLING OUR STORY THROUGH DATA

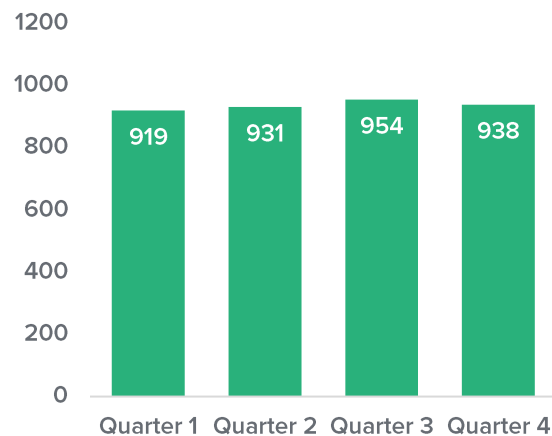
There were **8,084 active clients at CUPS** this year. Active clients are individuals who are actively engaged in one or more programs and/or services. These clients carry over between quarters and years when they continue to access programs and/or services at CUPS over time.

Ratio of New Clients to Active Clients by Year



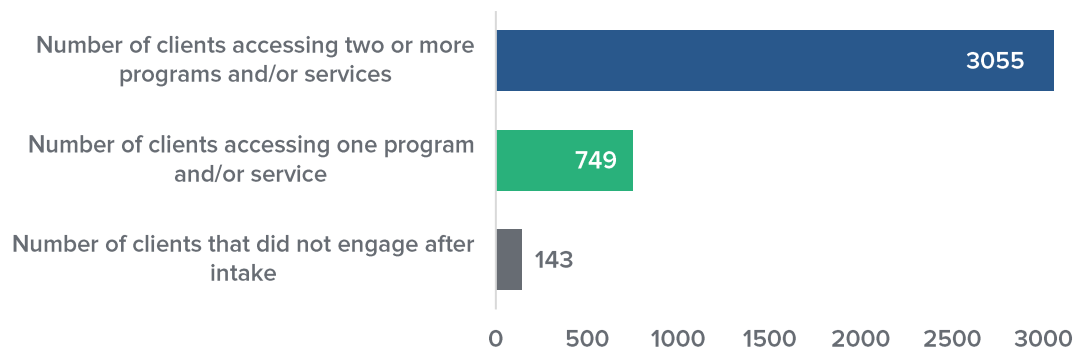
New clients by Year are individuals who came to CUPS for programs and/or services for the first time within this year. These clients have never accessed CUPS before.

New Clients at CUPS by Quarter



New clients by Quarter are individuals who came to CUPS for programs and/or services for the first time within the current quarter. These clients have never accessed CUPS before.

Quarter 4: Program and Service Access*



*Note: this table only includes clients in the ETO database and does not include clients in the WOLF (Health) database

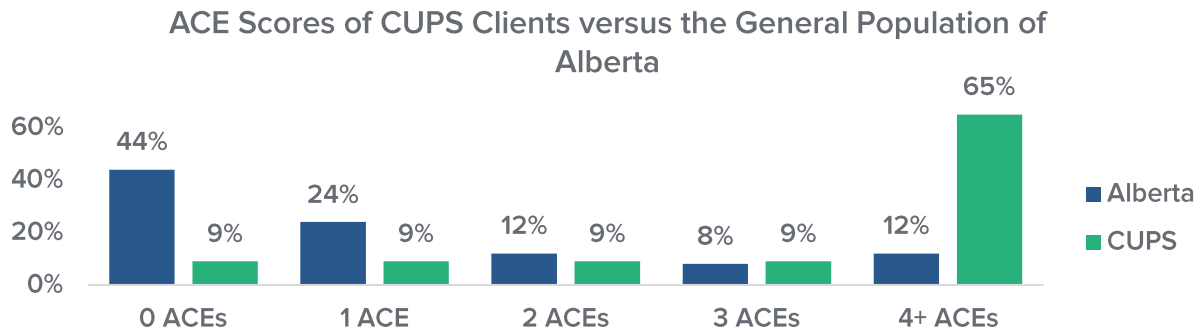
Insights: Client Data

- Our client count has gone from over 11,000 last fiscal year to 8,084 in 2019. The reason is complicated, and it's also positive. We have changed the way we count our clients because we've changed the way we serve them: we focus on those who are actively involved in their care. As we continue to move toward evidence-based practice, the data we collect helps us better understand our clients and develop care plans tailored to each individual. This change mirrors our shift towards integrated care, rooted in the science of building healthy brains and resilience.
- The number of new clients at CUPS remains relatively consistent with approximately 900 new clients every quarter.
- The majority of clients in our ETO database are accessing multiple programs and/or services at CUPS.

MEASURING TRAUMA

Why Adverse Childhood Experiences?

The Adverse Childhood Experiences (ACEs) Survey measures stressful or traumatic events that happened in childhood. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. Research shows that having four or more ACEs places an individual at a much higher risk for poor health outcomes later in life. The ACEs Survey is an important intervention tool that helps frontline workers at CUPS identify trauma and recommend services based on this need within a safe space. Moreover, the ACEs Survey is a positive educational resource that empowers clients as they work to build resilience.



Insights: ACEs

- 65% of CUPS clients have an ACE score of 4 or more, compared to just 12% of the general population of Alberta.
- The average ACE score of CUPS clients is 5.

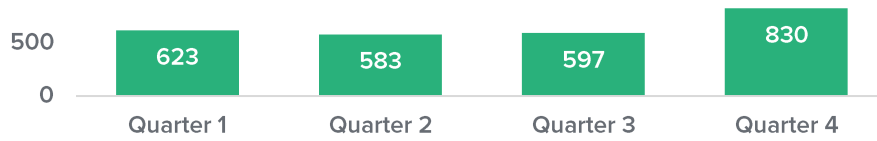
BUILDING RESILIENCE

Why the Resiliency Matrix?

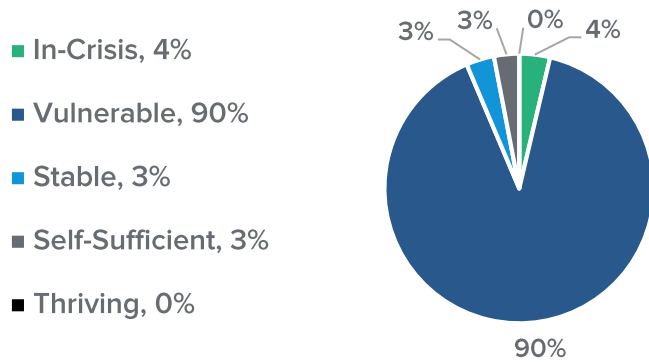
When a client comes to CUPS for the first time, we sit down with them to complete an intake and go through the Resiliency Matrix. The Resiliency Matrix is a Brain Story-based assessment tool, developed by CUPS, that helps us figure out what support clients need when they come to CUPS and how effective that support is over time. The Resiliency Matrix supports our approach to integrated care by helping us determine what set of services and programs a client with complex needs should access in order to build resilience.

This year **2,633 Resiliency Matrices** were completed at CUPS.

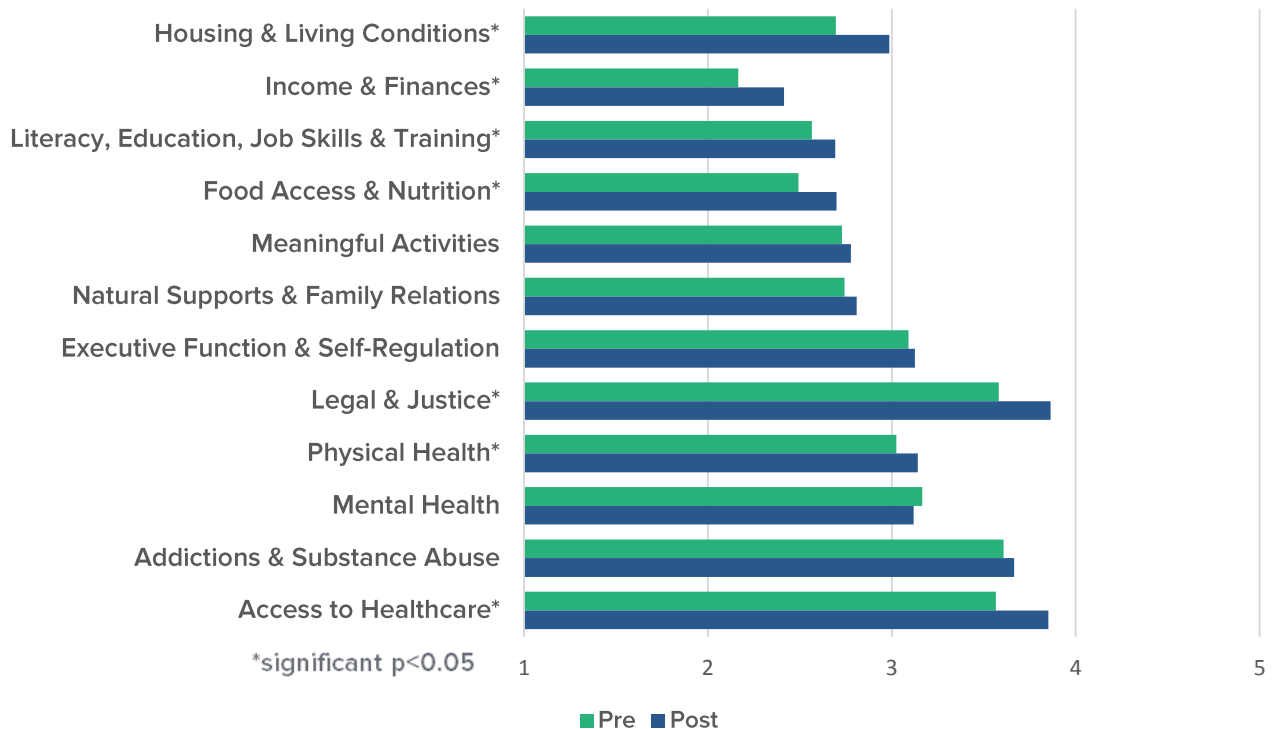
Resiliency Matrices Completed by Quarter



January 1, 2019 - March 31, 2019: Resiliency Matrix Scores Upon Intake



Resiliency Matrix Pre and Post - change in resilience score from intake to latest follow-up assessment



Insights: Resilience Matrix

- There was a 39% increase in the number of resilience matrices completed in Quarter 4 of this fiscal year.
- 90% of clients who came to CUPS in Quarter 4 to complete an intake were vulnerable.
- The greatest change within the Resiliency Matrix was in the Housing & Living Conditions, Legal & Justice, and Access to Healthcare Subdomains
- The Resilience Domain with the largest positive change was the Economic Resilience Domain.

RESEARCH & POLICY ADVOCACY

Connecting Knowledge with Practice

At CUPS, we explore the linkages between research, policy, and practice to consolidate knowledge about “what works”. We are creating an infrastructure to become more effective in applying and contributing to ongoing research on the science of brain-building and resilience. The following section provides insight into some of the policy advocacy and research initiatives going on at CUPS.



The Trauma-Informed Care (TIC) Collective aims to advocate for the Government of Alberta to adopt trauma-informed care. In the last year, led by CUPS, the TIC Collective grew to include approximately 18 agencies. Currently, the TIC Collective is working on writing a position paper making a case for the uptake of trauma-informed care to better serve Albertans.

CUPS is currently completing a one-year follow-up of the Working for Kids (W4K) Research Project. W4K is a community-based education program that gives parents the opportunity to learn about their child’s development and discover games that encourage healthy brain development. The results of the follow-up study will help us understand how this program impacts the lives of clients and whether we should continue to use it at CUPS moving forward.



ATTACH is a research study that aims to promote secure attachment and the healthy development of children exposed to toxic stress through reflective functioning and emotional-regulation. CUPS plans to implement an ATTACH pilot project with 8-10 clients in June 2019.

Over 2,500 Resiliency Matrices have been completed at CUPS. The preliminary results of these assessments will allow us to explore our impact as an agency and better understand how we build resilience that spans generations.



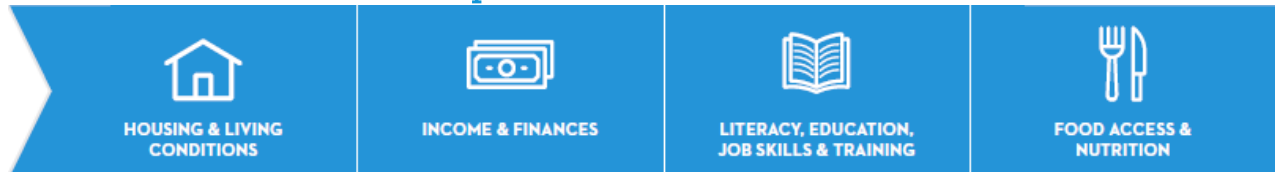
RESILIENCE DOMAIN SNAPSHOTS

Outputs, Outcomes, and Impact

It is important that as an agency we are able to show our impact. Outputs measure the “what” of a program while outcomes measure the “why”. For example, when we say how many individuals were housed, this number is an output that does not give a holistic picture of the impact of our housing programs. However,

when we say what percentage of individuals were able to maintain housing, we are using an outcome to understand the success of the housing program. Reporting both outputs and outcomes demonstrates how CUPS programs and services have an impact on the lives of individuals and families living with the effects of poverty and trauma.

Economic Resilience Snapshot



CUPS aims to build economic resilience by helping individuals achieve a stable living situation, gain access to a source of income, and increase their ability to gain employment.

Program: Community Development → **Outcome:** 83% of individuals available for follow-up reported that they had successfully maintained housing upon exiting the Community Development Program. → **Impact:** When individuals connect with the Community Development Program they are empowered to find ways to connect with their community and build their resilience by increasing their natural supports.

Program: Graduated Housing Program & Graduated Rental Subsidy Program → **Outcome:** 99% of clients that were available for follow-up in both programs reported that they were currently housed. 99% of clients in GRSP had stayed housed for 3 months or more while 97% of clients in GHP had stayed housed for 3 months or more. → **Impact:** These program helps individuals who may struggle to maintain permanent housing by providing them with a subsidy to increase their stability which decreases the likelihood of accessing emergency services or entering homelessness.

Program: Key Case Management → **Outcome:** 82% of the clients in the Key Case Management Program came from chronic homelessness while 18% came from episodic homelessness. Furthermore, 50% of clients had spent 5 or more years in homelessness. → **Impact:** This measure demonstrates that this program helps individuals who were previously homeless achieve stability and remain housed. As a result, individuals are less likely to inappropriately access public systems saving tax payer dollars as well as helping build resilience for individuals who have a greater chance of re-entering homelessness.

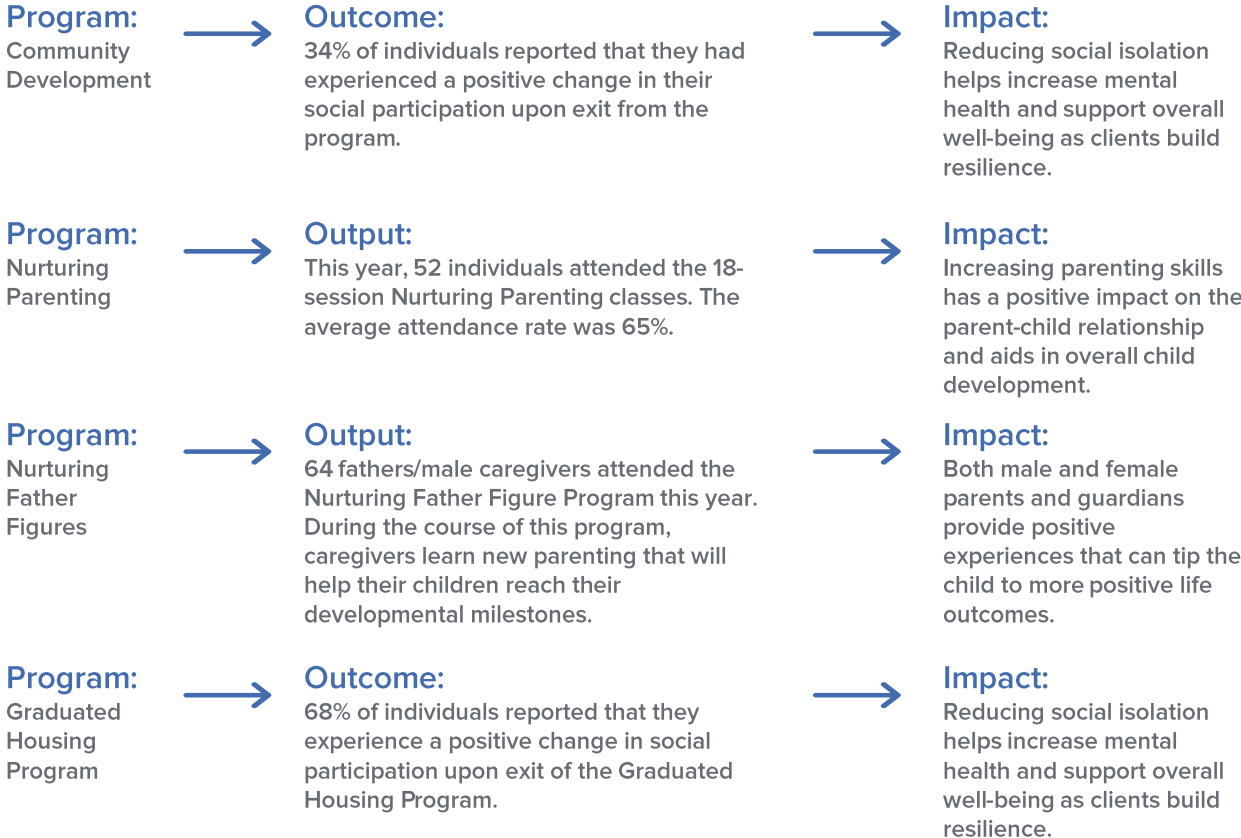
Program: Identification Program → **Outcome:** 99% of application requests for ID were accepted. The main reason for requesting ID was access to transit, then banking, and finally access health care. → **Impact:** Reducing barriers to obtaining ID enables individuals to access crucial services, such as the health

care system, banks, government programs, and educational services.

Social-Emotional Resilience Snapshot



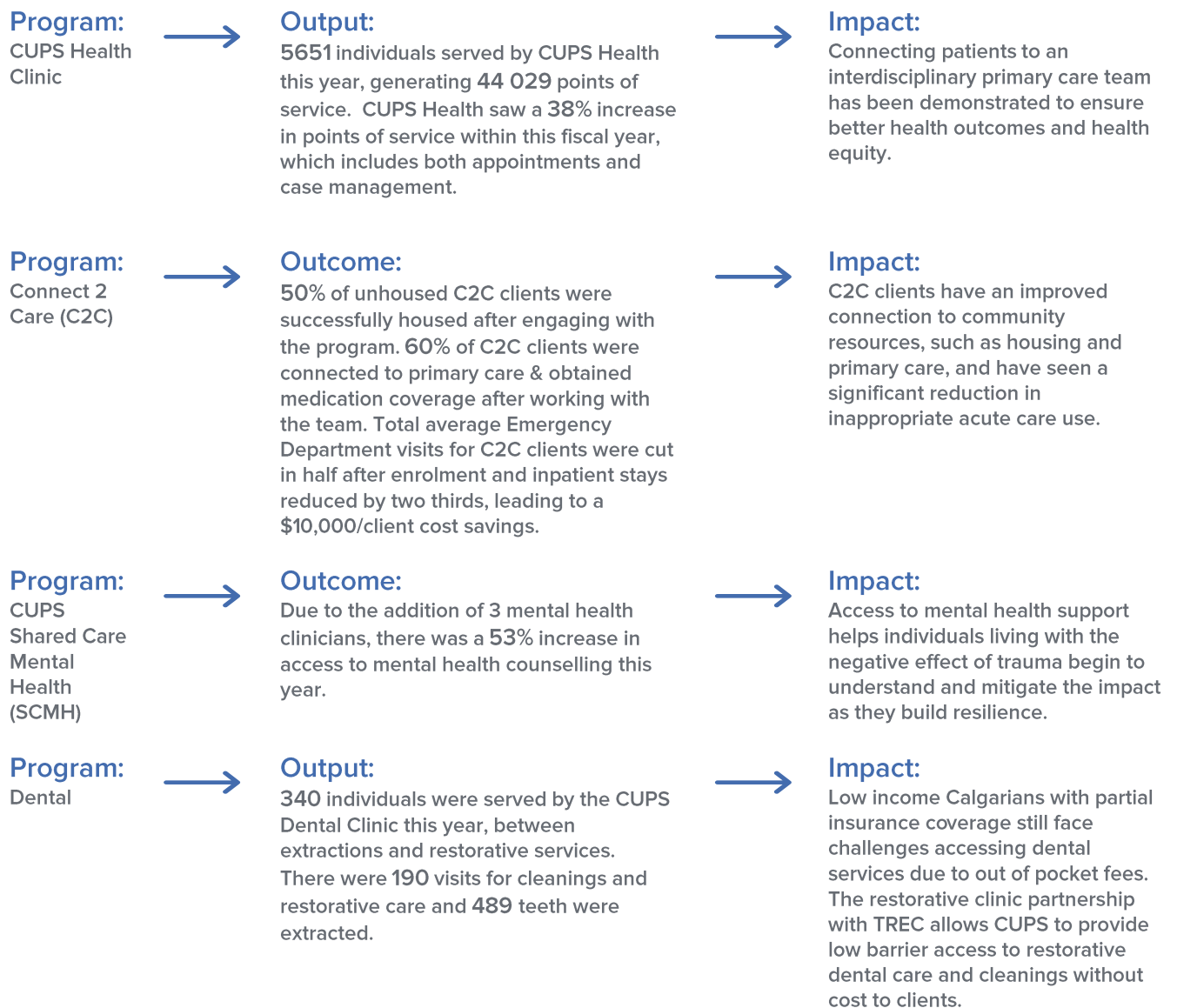
CUPS aims to build social-emotional resilience by helping individuals participate in meaningful activities, develop supportive relationships with family and/or friends, exercise their executive functioning and self-regulation in different social situations, and limit their interactions with the justice system.



Health Resilience Snapshot



CUPS aims to build health resilience by helping individuals manage and prevent chronic physical and mental health conditions, reduce reliance on substances, and gain access to primary health care.



Program:
CUPS Opioid
Agonist
Treatment
(OAT)



Output:
CUPS has facilitated 229 OAT initiations within this fiscal year and currently has 114 individuals actively engaged with the program.



Impact:
As a part of the community response to the Opioid Crisis CUPS has increased access to low barrier Opioid Agonist Treatment with the aim of reducing drug related harms and strengthening connections to primary care services.

Developmental Resilience Snapshot



CUPS aims to build developmental resilience in children age 0-6 by reducing interactions with Child and Family Services and enabling children to reach their developmental milestones.

Program:
Child
Development
Centre



Output:
In the 2017-2018 school year 64 children attended a total of 6,923 days of school.



Impact:
Attending the Child Development Centre promotes school readiness for children when they enter the public-school system and helps children from low-income families achieve success later in life.

Program:
Child
Development
Centre



Outcome:
CUPS provides rides to school via two bus routes for children that attend the Child Development Centre. As a result, the average attendance rate was 80%, demonstrating that most children were at school on most days throughout the year.



Impact:
Ensuring children have access to transportation increases the attendance rate and provides access to programming that helps children achieve reach their developmental milestones.

Program:
Child
Development
Centre



Output:
32 children in the Child Development Centre received Program Unit Funding, meaning they had a severe disability or delay in one or more areas of development. 23 of these children were diagnosed with a severe language delay while 9 were diagnosed with a severe emotional/behavioural disability. Through the Child Development Centre, these children have access to a speech and language pathologist, occupational Therapist, physio therapist, psychiatrist and/or psychologist



Impact:
Access to specialists helps children with their Social-emotional development which is a predictor of later academic, social, and emotional success. Children with these skills build a stronger foundation for future school achievement.

Stories of Impact

When Carol* was granted guardianship of her 3-year-old grandson, Grayson, who had previously been living in care, she was asked to leave her adult-only home. In addition to searching for a new place to live, Carol was forced to quit her job to set up school and daycare to make sure Grayson had the supports he needed. As a result, Carol was unable to save the money required for a damage deposit and first month's rent on a new rental for her and her young grandson.

During the interim, while living with family, Carol realized that she needed financial support and decided to come to CUPS. After completing an intake, Carol accessed the Crisis Intervention Fund which provided her and Grayson with the extra financial support they needed to move into their new home. Since coming to CUPS, Carol and Grayson have moved into an affordable housing unit and are working on applying for guardianship of Carol's other grandson, Carl, to join them in their new home.



When Reba entered the Child Development Centre at CUPS, she had recently been placed in foster care and was experiencing a great degree of change in her life. When she was assessed by the specialists and teachers, Reba presented with no speech and was hypervigilant of both the staff and her surroundings. As a result, she would not allow staff to touch her other than to change her pull-up. Due to the severity of Reba's development, the CUPS staff came together to provide wrap-around support in order to see Reba succeed.

As the school year progressed, Reba had access to various specialists and received specific interventions to help her reach her developmental milestones. Furthermore, the Child Development Centre Staff patiently worked with Reba to build important skills in the classroom. As a result of these interventions, Reba began to communicate with other children and regularly seek comfort from staff members. She learned to use up to 20 words as well as interact and play with the other children in the classroom. CUPS staff also collaborated closely with Child and Family Services, Reba's foster family, and her biological family to make sure she had the highest level of support possible to continue building her skills.

*Names changed to maintain anonymity