



Impact Report

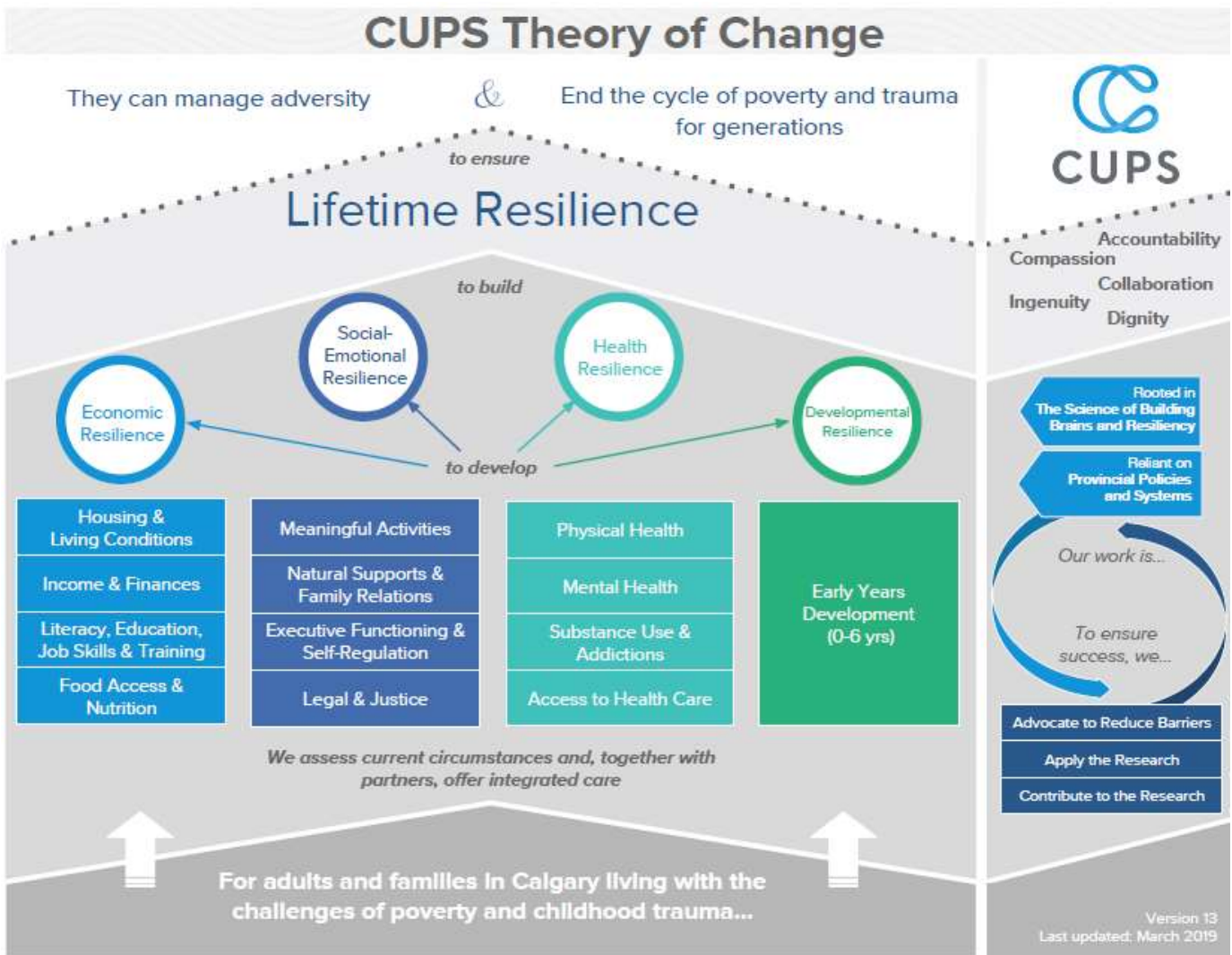
FISCAL YEAR 2020: APRIL 1, 2019 -MARCH 31, 2020

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 Assessment Tool and aim to build resilience in four domains; Economic, Social-Emotional, Health, and Developmental.

CUPS Theory of Change



CUPS Resilience Domains



The Issues

Health Domain

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:ⁱⁱ

- o Heart disease, diabetes, cancer, heavy drinking, HIV, anxiety, overall poor mental health, early death, and more.

When compared with individuals who have an ACE score of zero, individuals who have four or more ACEs are 3.9 times more likely to have chronic bronchitis or emphysema. Individuals are 2.4 times more likely to have a stroke, 2.3 times more likely to have hepatitis or jaundice, 2.2 times more likely to have fair or poor self-rated health, 2.2 times more likely to have ischemic heart disease, 1.9 times more likely to have cancer, and 1.6 times more likely to have diabetes.ⁱ Further, individuals with an ACE score of four or more are 3.6 times more likely to have depression, 2.7 times more likely to have hallucinations, 2.5 times more likely to have panic reactions, and 2.4 times more likely to have anxiety.ⁱⁱ All individuals who experience trauma are at risk of related negative health outcomes. In order to meet the unique needs of all individuals accessing health care at CUPS, we provide multi-disciplinary primary care supports that include family and women's health services, antenatal and prenatal care, preventative health screening and treatment, as well as access to mental health clinicians.

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 Anda, R.F., Felitti, V.J., Bremner, V.J., Walker, J.D., Whitfield, C., Perry, B.D., Dube, S.R., & Giles, W.H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neurosci*, 256 (3), 174-186.

Social-Emotional Domain

Brain science research demonstrates that prolonged toxic stress results in:ⁱⁱⁱ

- Social, emotional, and cognitive impairments
- A lack of core life skills such as executive functioning & emotional regulation

Individuals who have four or more ACEs are 5.6 times more likely to have a behavioural, emotional, or developmental problem.^{iv} Further, individuals with four or more ACEs are 3.1 times more likely to experience emotional distress and 2.3 times more likely to have relationship problems.^v While social-emotional challenges present differently across different ages, all individuals with trauma histories may experience diminished executive functioning and emotional regulation. However, it is important to provide parents with social-emotional support to encourage healthy parenting skills. Further, for those experiencing social isolation, providing community development support will strengthen their support networks and improve long-term outcomes. **CUPS' Social and Emotional Supports** provide parenting and community development programming to facilitate and support healthy relationships.

Economic Domain

A review of existing literature suggests that an individual's economic status as an adult is negatively impacted by exposure to adverse childhood experiences.^{vi vii} Individuals who have four or more ACEs are 2.3 times more likely to be unemployed and 1.6 times more likely to live in a household in poverty than individuals with an ACE score of zero.^{vii} Singles, couples and families can experience poverty that is compounded by trauma in many forms including housing insecurity, the inability to pay rent, and **homelessness**. **In order to combat economic challenges, CUPS' Economic Supports provide support and stability to individuals requiring assistance.**

Developmental Domain

A **child's cognitive outcomes** can be negatively impacted by exposure to early life stress and trauma.^{viii} Research has demonstrated that children who have three or more ACEs are 3.5 times more likely to have attention problems, 2.7 times more likely to have social problems, 2.3 times more likely to exhibit aggressive behavior, and 1.8 times more likely to have below average literacy and language skills than children with an ACE score of zero.^{ix} Developmental disabilities are challenging for children and their parents. Through providing developmental supports to children and their families, strong support networks can be established and resiliency in young children can be increased. Children with developmental disabilities are provided with wraparound supports as they prepare for grade school.

ⁱⁱⁱ 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>.

^{iv} Halfon, N., Larson, K., Son, J., Lu, M., & Bethel, C. (2017). Income inequality and the differential effect of adverse childhood experiences in US children. *Academic Pediatrics*, 17, S70-S78.

^v Anda, R.F., Fleisher, V.I., Felitti, V.J. Edwards, V.J., Whitfield, C.L., Dube, S.R., & Williamson, D.F. (2004). Childhood abuse, household dysfunction, and indicators of impaired adult worker performance. *The Permanente Journal*, 8 (1), 30-38.

^{vi} Currie, J.C. & Widom, C.S. (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment*, 15 (2), 111-120.

^{vii} Metzler, M., Merrick, M.T., Klevens, J., Ports, K.A., Ford, D.C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review*, 72, 141-149.

^{viii} Pechtel, P. & Pizzagalli, D.A. (2011). Effects of early life stress on cognitive and affective function: An integrated review of human literature. *Psychopharmacology (Berl)*, 214 (1), 55-70.

^{ix} Jimenez, M.E., Wade Jr., R., Lin, Y., Morrow, L.M., & Reichman, N.E. (2016). Adverse experiences in early childhood and kindergarten outcomes. *Pediatrics*, 137 (2).

Poverty

There is a strong cyclical relationship between poverty and trauma^x

- 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^{xi}
- Poverty costs Albertans between \$7.1 and \$9.5 billion every year^{xii}
- 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

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 Assessment Tool 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.

^x 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>.

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

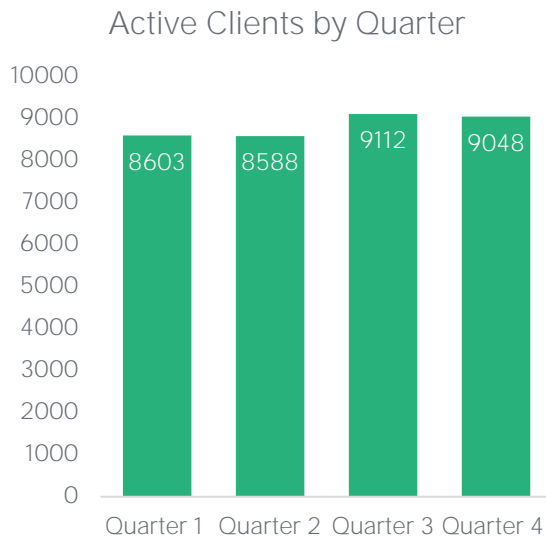
^{xii} *Poverty Costs 2.5: Investing in Albertans*, (Vibrant Communities Calgary and Action to End Poverty in Alberta, 2014).

CUPS IMPACT REPORT

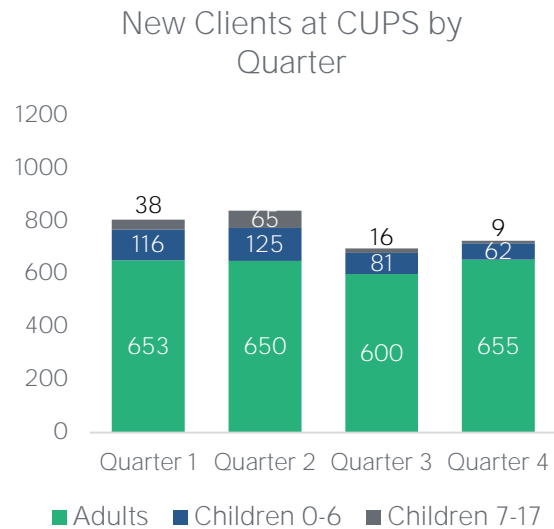
April 1, 2018 – March 31, 2019

TELLING OUR STORY THROUGH DATA

There were **9,293** 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.

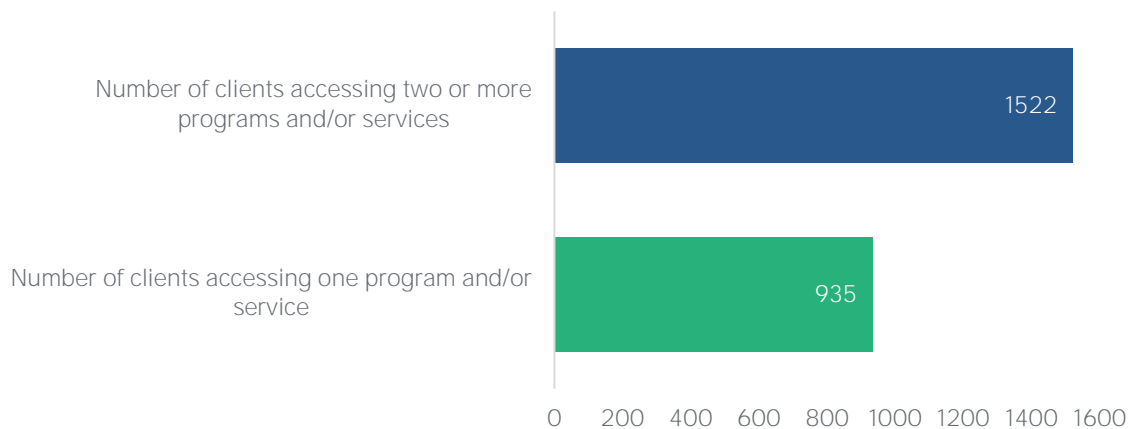


As mentioned above, active clients by quarter are individuals who are actively engaged in one or more CUPS programs and/or services.



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 2019-20: Program and Service Access



*Note: Health is identified as one service and thus, a comparable breakdown of service access within the health department is not currently available for this period in time.

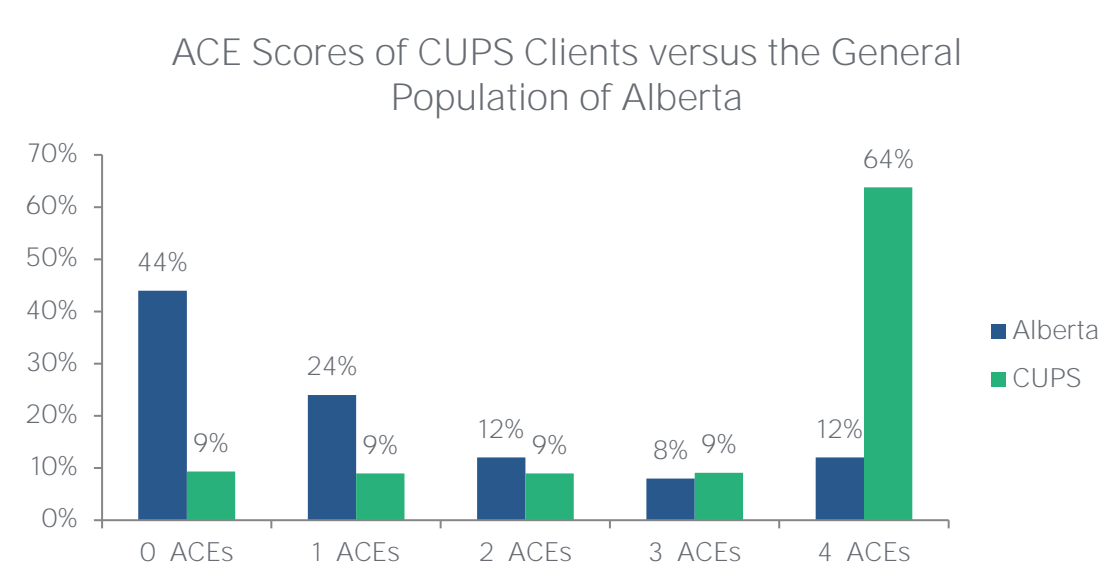
Insights: Client Data

- The number of new clients at CUPS was higher in the first two quarters of the fiscal year. In the last two quarters of the fiscal year, there was a smaller proportion of children, both between the ages of 0-6 and 7-17.
- The majority of clients 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

- 64% of CUPS clients have an ACE score of 4 or more, compared to just 12% of the general population of Alberta. Thus, many clients that are accessing CUPS have experienced childhood trauma and are at higher risk for experiencing poor health outcomes throughout their life. This shapes the supports that CUPS provides and the trauma-informed approach that is implemented.

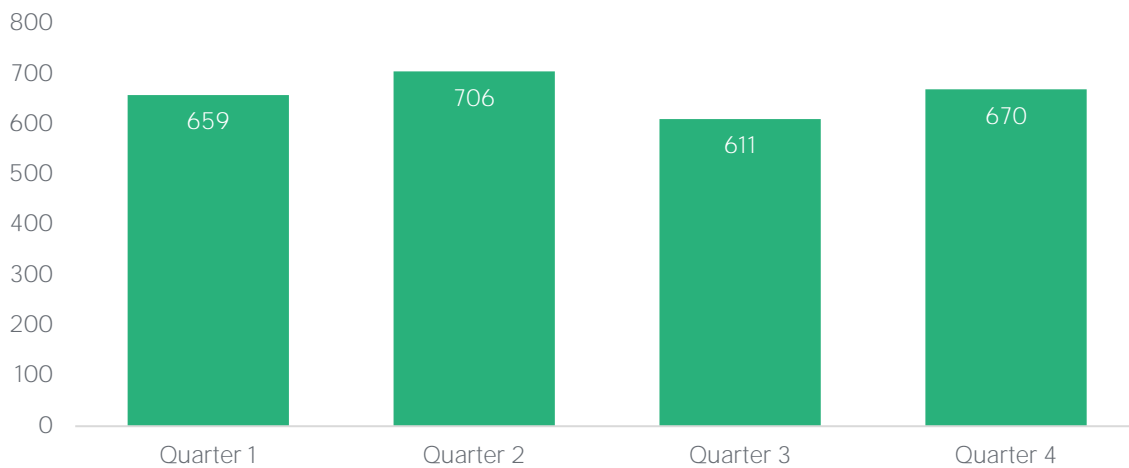
BUILDING RESILIENCE

Why the Resiliency Assessment Tool?

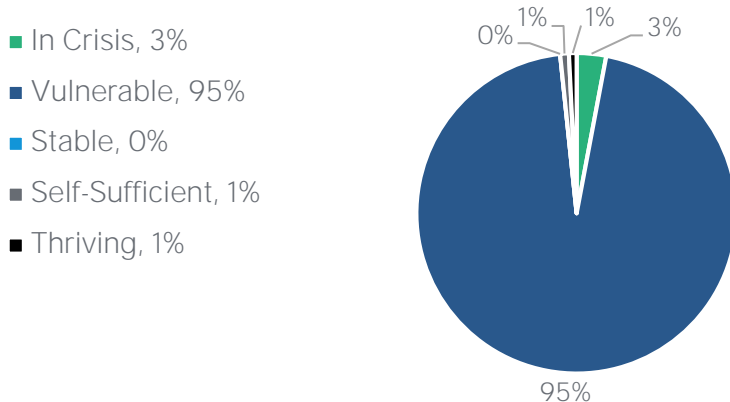
When a client comes to CUPS for the first time, we sit down with them to complete an intake and go through the Resiliency Assessment Tool. The Resiliency Assessment Tool is a Brain Story-based assessment tool, developed by CUPS, that helps us figure out what support clients need when they come to CUPS and how effective that support is over time. The Resiliency Assessment Tool 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, **2,646 Resiliency Assessments** were completed at CUPS.

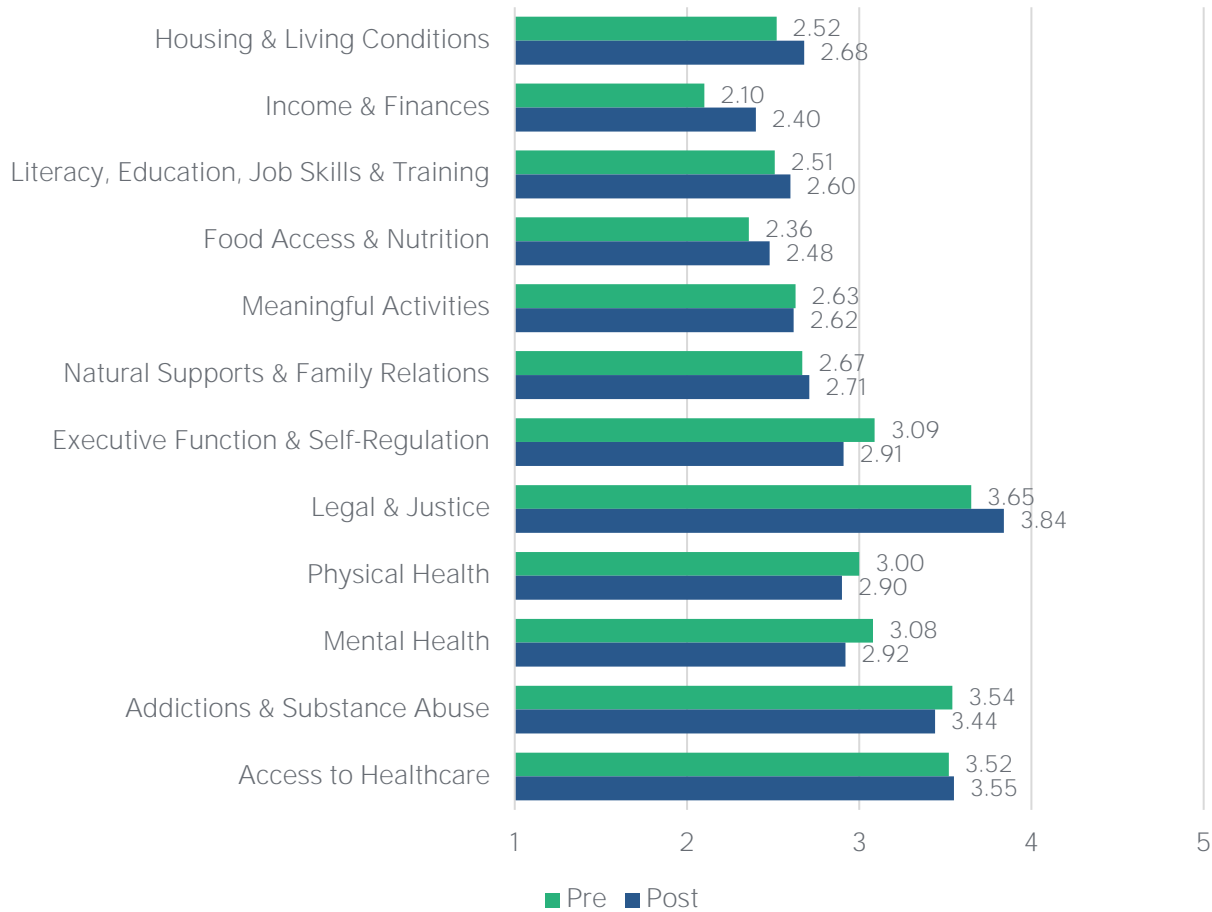
Resiliency Assessments Completed by Quarter



April 1, 2019-March 31, 2020: Resiliency Matrix Scores Upon Intake



Average Resiliency Matrix Pre and Post Scores - Change in Resilience Scores Over Time after accessing CUPS Programs & Services (n=971)



Insights: Resiliency Assessment Tool

- 95% of clients who completed a Resiliency Assessment intake in the last FY had a score of “vulnerable”.
- The greatest positive changes in average scores within the Resiliency Assessment Tool were in Income & Finances, Legal & Justice, and Housing & Living Conditions.

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. This includes a recently published article on the CUPS Resiliency Assessment Tool.¹³ The following section provides insight into some of the policy advocacy and research initiatives going on at CUPS.

¹³ Perry R, Ginn C, Donnelly C, Benzies K. Assessing resiliency in Canadians experiencing social vulnerability: Psychometric properties of the CUPS Resiliency Interview Schedule and Resiliency Questionnaire. *Health Soc Care Community*. 2020;00:1–9. <https://doi.org/10.1111/hsc.13202>



All staff members at CUPS are required to complete their Brain Story Certification Training. This integrated Brain Science research into the daily practices of staff at CUPS.

A Social Justice Committee has been formed at CUPS. This committee is comprised of individuals across the agency in different roles, including frontline workers and administrative employees. This committee will examine and focus on many forms of social justice.

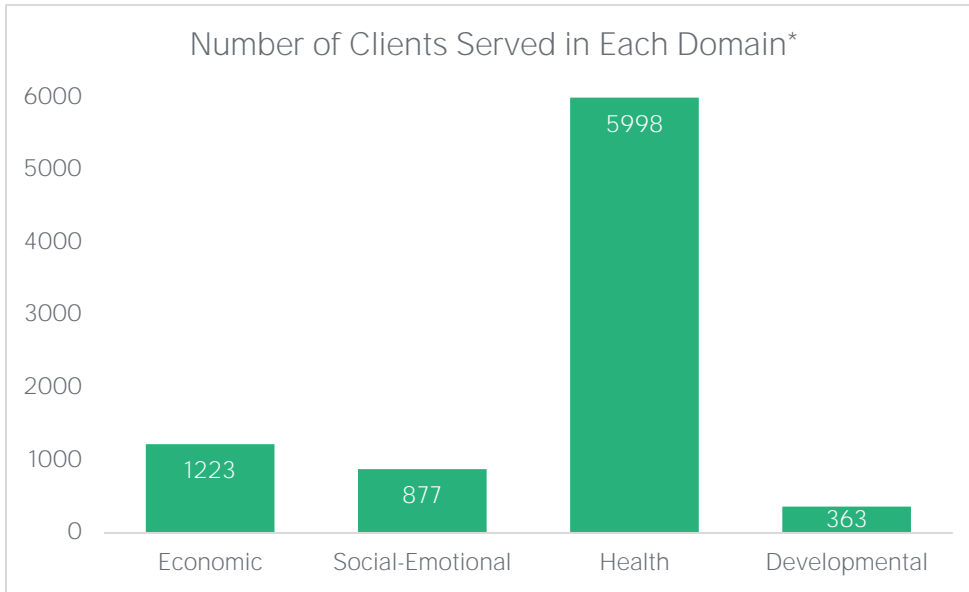


CUPS is part of an ongoing research project, ATTACH, to improve parent-child interactions, attachment, and parental reflective functioning. Recently reviewed results from the program have demonstrated significant improvement in each of these domains. An ATTACH pilot project occurred within CUPS between August and October 2019 to administer a shorter intervention. During the pilot, parents and children participated in six in-home or onsite sessions. The administering staff, along with participants, noticed positive changes and felt that parents became more intentional around their reflections. All Family Development Centre staff at CUPS **have access to online modules related to the ATTACH program. Four staff at CUPS' Family Development Centre** have also been enrolled in upcoming in-person training that will occur in November and December.

The Trauma-Informed Care (TIC) Collective is advocating for the adoption of trauma-informed care within the Government of Alberta. The TIC Collective began with a group of agencies, led by CUPS and Alpha House, developing a letter and policy brief asking Alberta Works to adopt trauma-informed care. The TIC Collective was formed to create a strategy to advocate for this change at the provincial level. Currently, the TIC Collective has finalized the position paper and has begun connecting with key individuals within the government.



RESILIENCE DOMAIN SNAPSHOTS

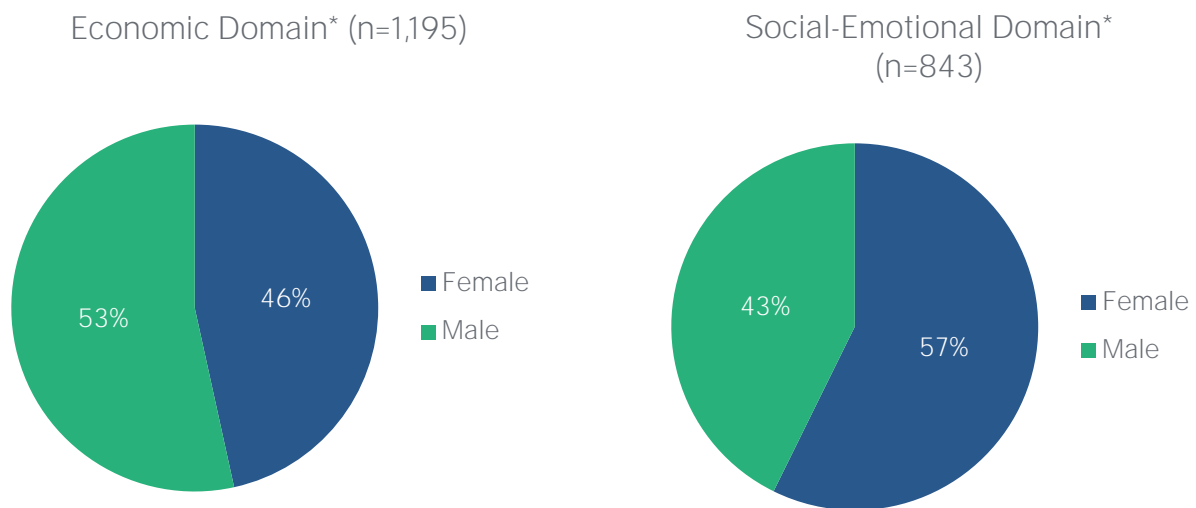


*the number of clients served in each domain are not mutually exclusive from one another as one client may be receiving services across several domains

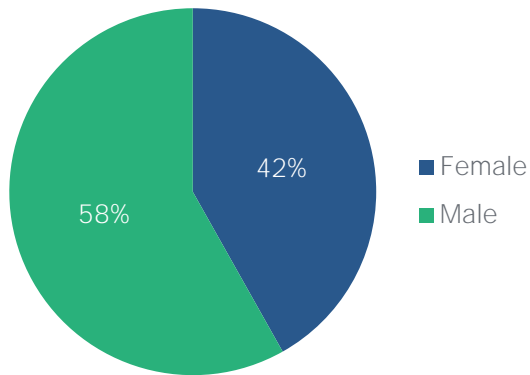
Client Demographics by Domain

The following demographics are broken down by domain to provide a better understanding of the characteristics of clients enrolled in programs in each of the four domains.

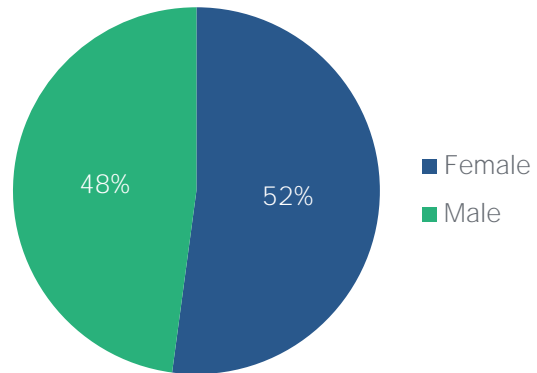
Gender



Health Domain** (n=5,998)



Developmental Domain* (n=307)

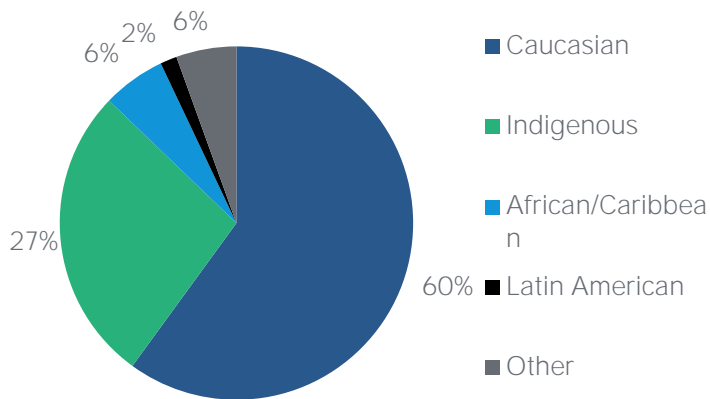


*Note: the number of participants in economic, social-emotional, and developmental domains that identified as another gender was less than 1%.

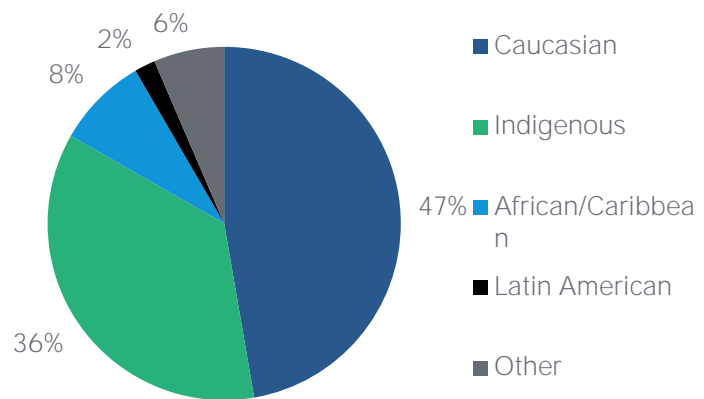
**The health domain only tracks female and male genders.

Ethnicity

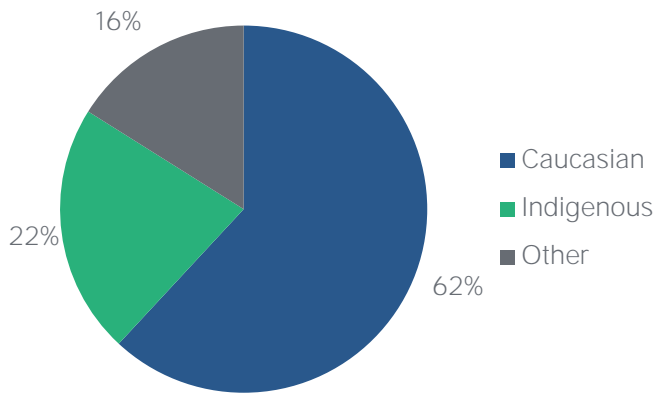
Economic Domain (n=1178)



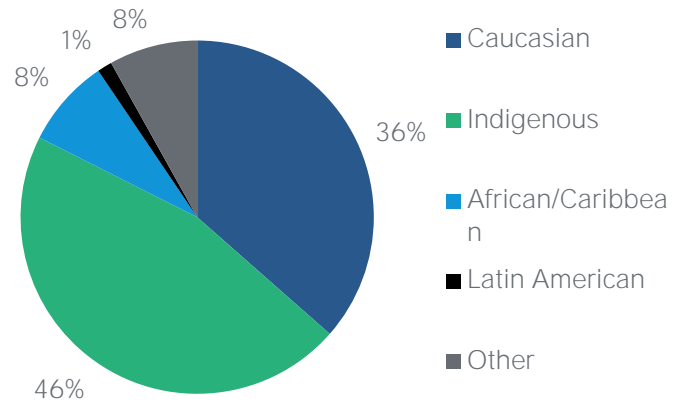
Social-Emotional Domain (n=681)



Health Domain* (n=2880)



Developmental Domain (n=74)



*Limitation: the health domain only tracks the three categories listed above; as a result, the category of “other” in health encompasses all ethnicities besides Caucasian and Indigenous.

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.

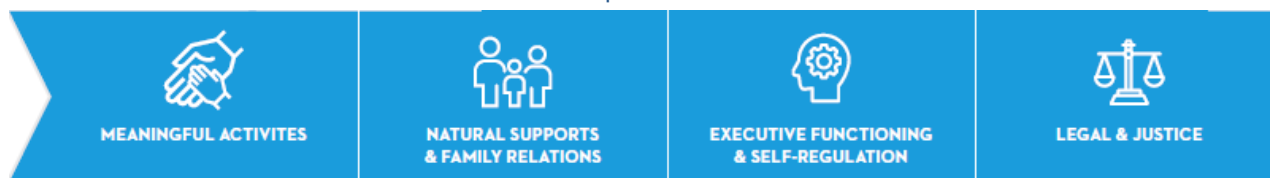


Program: Identification Program → **Outcome:** 56% of clients who got their ID used it for banking, government assistance and health care purposes, while 20% used it for employment, education and housing (n=479). 51% of clients who received financial assistance from our Basic Needs Fund avoided eviction and cuts to their utilities. 49% of them were helped with their 1st month's rent or damage deposits to help them maintain housing stability (n=206). → **Impact:** Reducing barriers to obtaining ID enables individuals to access crucial services, such as the health care system, banks, government programs, and educational services.

Program: Employment, Education, and Training → **Output:** 53 individuals in our Employment, Education, and Training program received assistance to upgrade or complete their courses, certifications and improve their future job prospects. → **Impact:** By receiving Employment, Education, and Training supports, individuals are able to improve their future job prospects, thus strengthening their long-term financial stability.

Program: Education Bursary Program → **Output:** 19 individuals in our Education Bursary Program received financial assistance to cover their tuition, book expenses and materials. → **Impact:** By receiving education bursaries, this increased **students'** opportunities to complete their courses, thus improving their future job prospects.

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.

Program: Nurturing Parenting → **Outcome:** 48% of Nurturing Parenting attendees learned about understanding feelings, 41% learned about ways to enhance positive brain development in children and teens, and 36% learned positive ways to deal with stress and anger (n=118). → **Impact:** Nurturing Parenting classes cover many diverse topics; by covering topics that are both applicable and brain science-based, clients increase their parenting

knowledge and ability to apply practical skills.

Program:
Nurturing
Parenting



Output:

This year, 153 caregivers increased or improved their parenting skills through classes or one-on-one supports.



Impact:

Increasing parenting skills has a positive impact on the parent-child relationship and aids in overall child development.

Program:
Nurturing
Father
Figures



Output:

19 fathers increased or improved their parenting skills through classes or one-on-one supports.



Impact:

Both male and female parents and guardians provide positive experiences that can tip the child to more positive life outcomes.

Program:
FDC One-on-One
Coaching



Outcome:

Of clients who participated in one-on-one coaching through the Family Development Centre, 24% discussed the nurturing parenting philosophy and methods and 16% discussed growth and development of children. Other areas of discussion included making good choices, managing and communicating feelings, managing anger and stress, and understanding discipline (n=35).



Impact:

By covering many diverse topics, one-on-one FDC coaching is able to provide client-centered supports that are driven by the **individual's needs and** circumstances. This ensures that the parenting supports each individual is receiving help them progress towards achieving their own unique parenting goals.

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 Health
Clinic



Output:

5,660 individuals served by CUPS Health this year, generating 53,071 points of service within this fiscal year which includes both appointments and case management.



Impact:

Connecting patients to an interdisciplinary primary care team has been demonstrated to ensure better health outcomes and health equity.

Program:
Connect 2
Care (C2C)



Outcome:

38% of unhoused C2C clients were successfully housed after engaging with the program (n=200). 52% of C2C clients were connected to primary care and obtained medication coverage after



Impact:

C2C clients have an improved connection to community resources, such as housing and primary care, and have seen a significant reduction in

working with the team (n=157).

inappropriate acute care use.

Program:
CUPS
Shared Care
Mental
Health
(SCMH)



Outcome:
917 individuals were supported by a SCMH
counsellor this fiscal year (n=917).



Impact:
Access to mental health support
helps individuals living with the
negative effect of trauma begin to
understand and mitigate the impact
as they build resilience.

Program:
CUPS Opioid
Agonist
Treatment
(OAT)

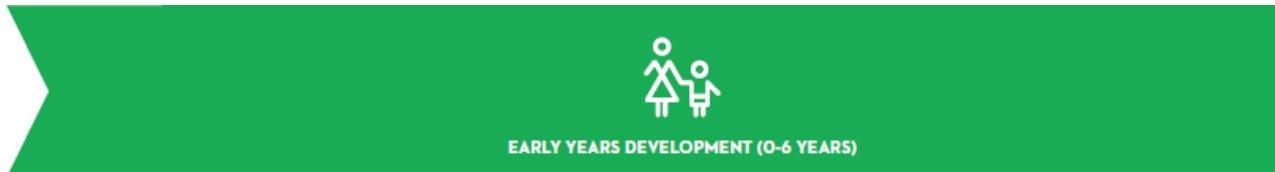


Output:
CUPS has facilitated 342 OAT initiations
within this fiscal year and currently has 210
individuals actively engaged with the
program.



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:
171 children accessed childcare services
and 64 children were enrolled in the Child
Development Centre.



Impact:
Attending the Child
Development Centre
promotes school readiness
for children when they enter
Kindergarten 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 74%
throughout the school year (n=67).



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:
61 students and their families participated
in virtual learning from March to June.



Impact:
Parents reported feeling
more engaged in their
children's learning because
of the new level of
involvement required during
the pandemic.

Program:

Child
Development
Centre



Outcome:

89% of our kindergarten students graduated and moved on to elementary school.



Impact:

The large majority of our kindergarten students received supports that they required to help them succeed throughout the school year and moving forward.

Learnings

Based on our analysis of the Resiliency Measurement Tool results, we have identified that many clients have complex needs when they access CUPS. Further, we have identified that some subdomains have faster and greater improvements and other subdomains require long-term supports to increase in resilience. With this information, we are looking at how these differences show up in specific programs and from there, finding new ways to change or add to our existing practices to ensure that more significant improvements are seen across all RMx subdomains.

The implementation of the Client Experience Survey pilot, which was limited in its scope due to the onset of COVID-19, demonstrated the many positive experiences that participating clients had at CUPS. While the results are not generalizable to all CUPS clients, those who completed the survey spoke highly about the quality of care they receive, the welcoming environment, and the respect and care they receive from staff.

One client shared that “words cannot express how I feel about the spectrum of services, resources, and general help I have received at CUPS.” While we look forward to completing a more fulsome Client Experience Survey in the next fiscal year, this provided staff with significant insight and feedback that will shape our work moving forward.