

Flourishing Child Tribal TANF Program

Rapid Feedback Memo
November 2018- September 2019*

Measuring Our Success

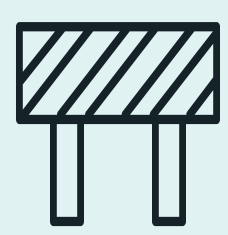
GOAL

Improve Identification & Response to Children & Families

Flourishing Child (FC) & AWAIC integrated a DV advocate into CITC's TTANF office

Developed Service Plans for Entry into Services (Program Mapping, Referral Systems, Safety Protocols)

Utilizing CQI to respond to participant needs, and improve service delivery



Eliminated barrier for participants to extend TTANF support without need for court documentation of domestic abuse



Ongoing development of home-based visiting safety protocols

GOAL

Train providers in culturally appropriate, trauma-informed responses and approaches for supporting the needs of abused parents and their children

Internal Trainings offered to all CITC staff

Safe & Together Trainings

Integrating Reflective Practice principles and supportive supervision for Flourishing Child Case Managers

Affinity Group with Community Providers, including child protection



139+ Practitioners Trained

GOAL

Expand intensive case management and advocacy services targeting abused parents and their children

Intensive Case Management & Home-based services

Co-located Advocate

Safety Planning & Referrals

GOAL

Provide mental health treatment services to abused parents and their children

Collaboration with Community Partners

Referrals and system navigation for obtaining Mental Health support

Mental Health Consultation and/or services

2016 - 2017 Needs Assessment & Planning

Identifying needs for families, establishing relationships with partnering agencies, and planning.

Began serving families!

2018 Flourishing Child & Advocacy

Launched initial staff training led by co-located DV Advocate.

Newly hired ICMs.

Flourishing Child participants share information with us about the program.

Safe & Together Training

2019 Training

Continued discussions with community mental health provider to support participants.

Hired new Advocate - adapted on boarding to emphasize relationship building.

Implemented DV referral system.

Developed new internal training series in collaboration with community partners

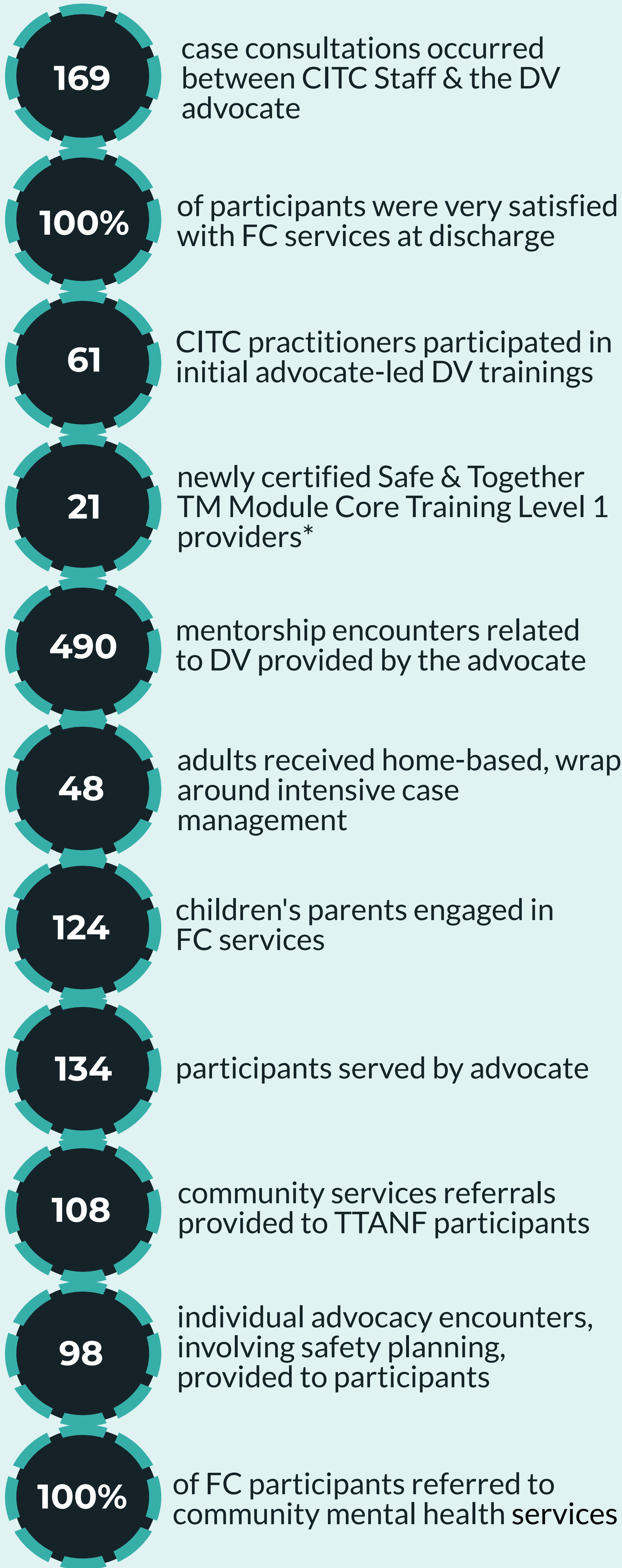
PRESENT Sustaining

Safe & Together offered again, interest in fidelity to the model led to the development of an affinity group

Launch new DV training series

*Summative brief, findings include all available data collected between November 2018 and September 2019 unless otherwise specified.

Program Highlights



What are Flourishing Child participants saying about the program?

"The involvement levels [are what I like best]. I really appreciate the extra help, plus the adult interactions are very nice also."

"Consistent communication between staff and me. Whether good or bad, staff would give me an update."

"I cannot image anything better because we were provided the best possible service and we as a family have come a long way, thank you."

Flourishing Child's case managers "helped me and were by my side when I felt like I could never start a healing process from DV. She continues to stand by my side, I couldn't do it without her."

Tell us about a time or service Flourishing Child provided that was meaningful or helpful to you...

"Attending court numerous times and the check-ins made me feel not alone in an awful situation."

"Every time I come here, I feel accepted and welcomed, thank you."

Referral Origination of Flourishing Child Participants



Expanding Intensive Case Management

Flourishing Child Intensive Wraparound Services



Case Management



Basic Needs Support & Referral Services



Transportation



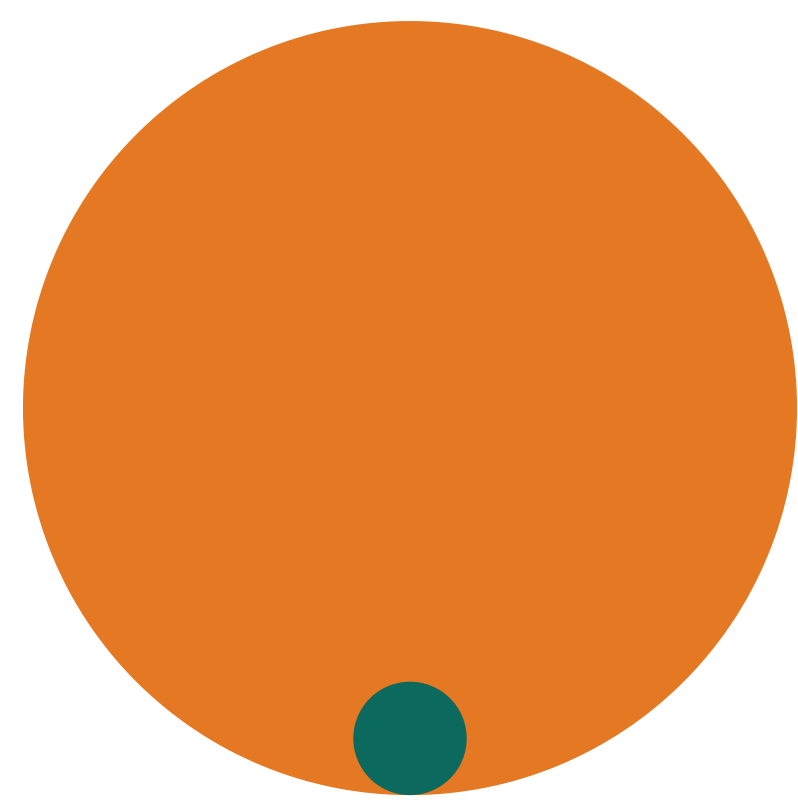
OCS & Legal Advocacy

48 adults and/or families have engaged in services
24 have discharged (50%)

177 days with Flourishing Child (avg.)
Min. = 14, Max. = 428

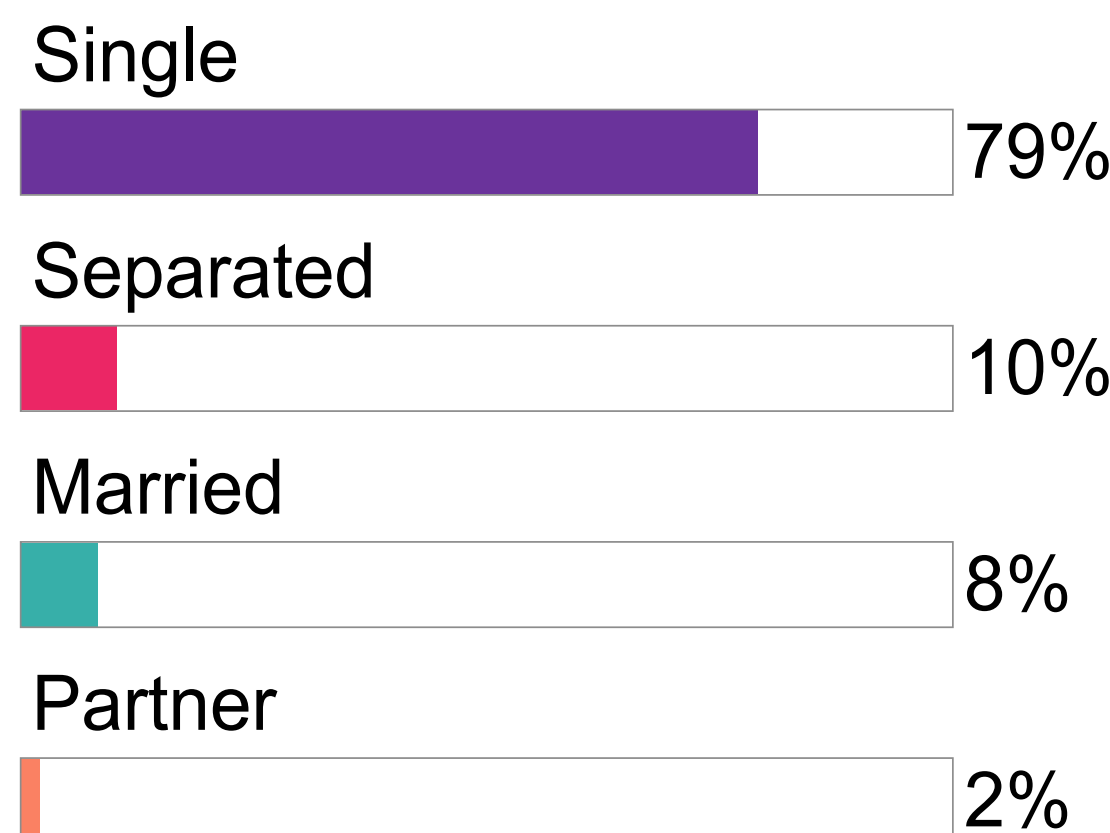
32 years of age
Min. = 20, Max. = 51

124 children among participants
19% of women are custody eligible
42% of participants have children in OCS custody

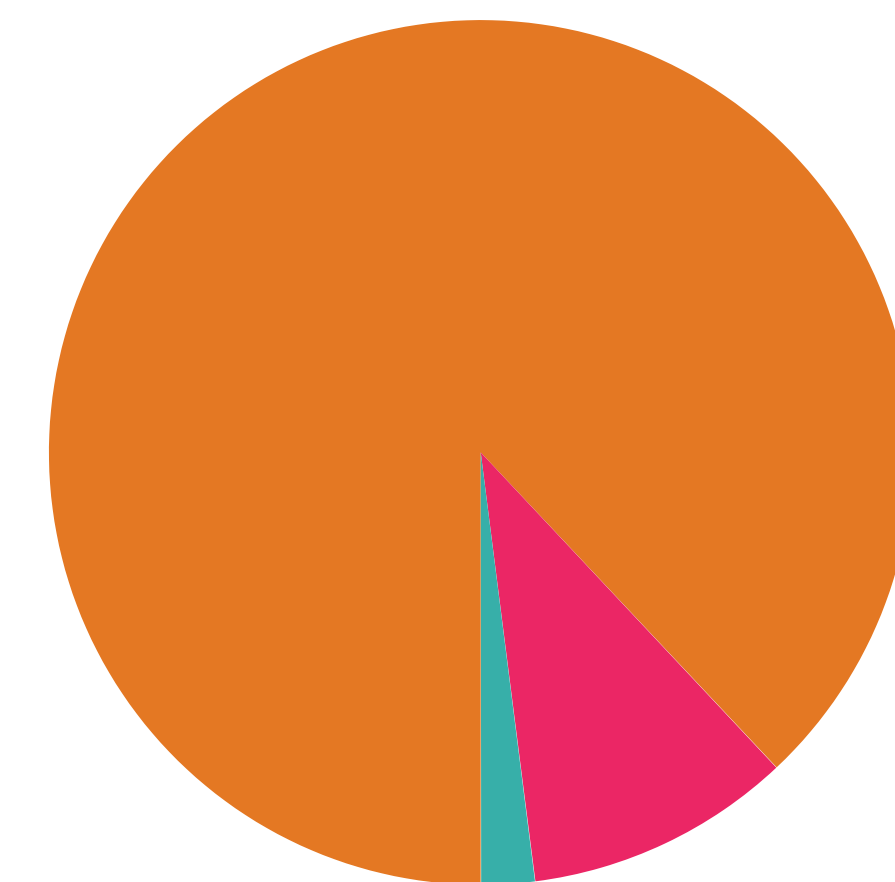


Men Women

Marital Status



Employment Status



Unemployed (88%)
Full-time (10%)
Part-time (2%)

94% identify as Alaska Native

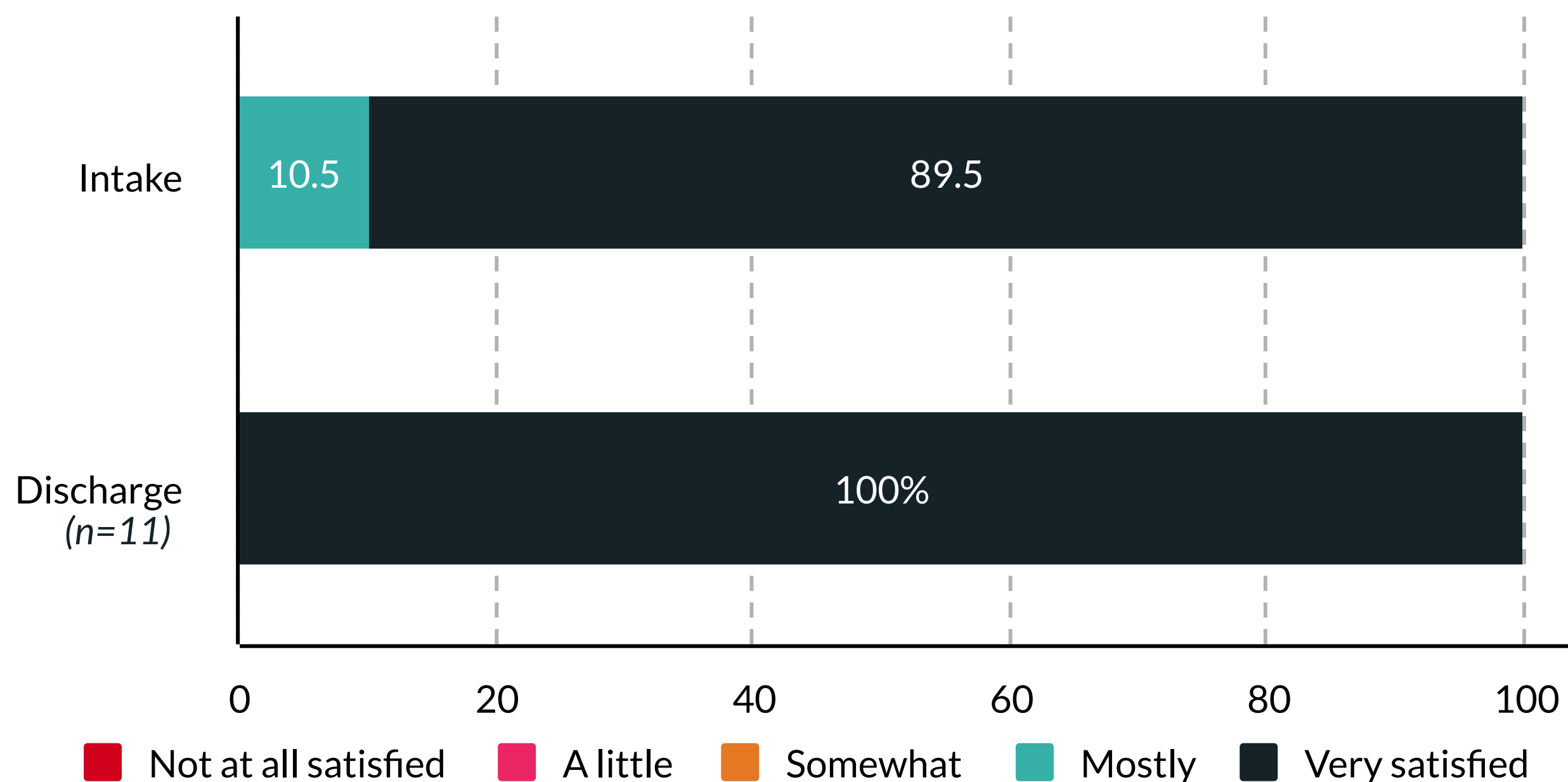
42% moved to Anchorage in the past 3 years

32% experienced homelessness at intake

39 adult participants completed the intake survey
(81% response rate)

12 completed the discharge survey
(50% response rate)

Satisfaction with Services

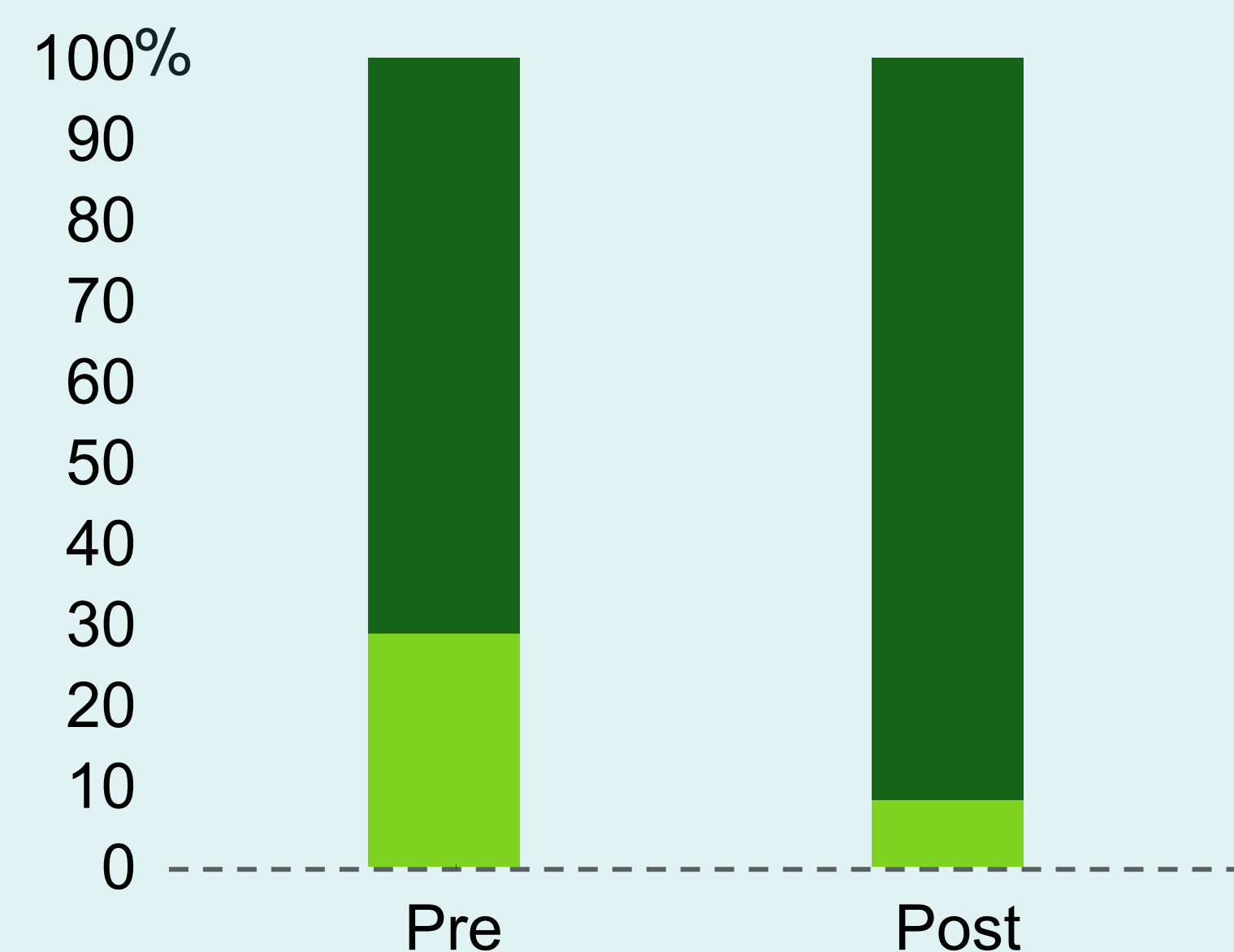


Values are based on all available participant data.

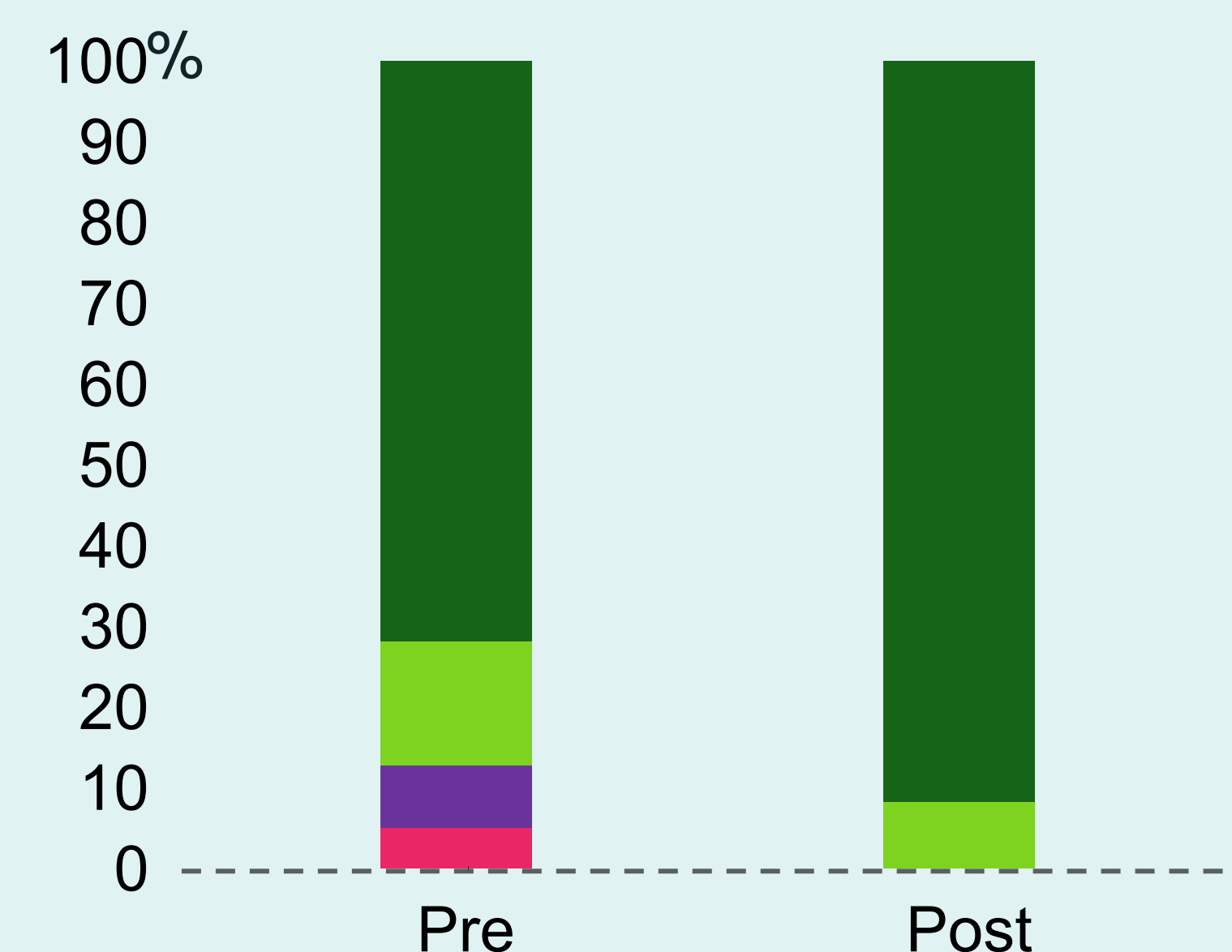
Common Indicators

Wilcoxon signed-rank tests were used to examine changes in participants self-report ratings on the common indicators. All findings were non-significant. Rank tables did show several participants had higher scores at discharge, but the majority did not report a change.

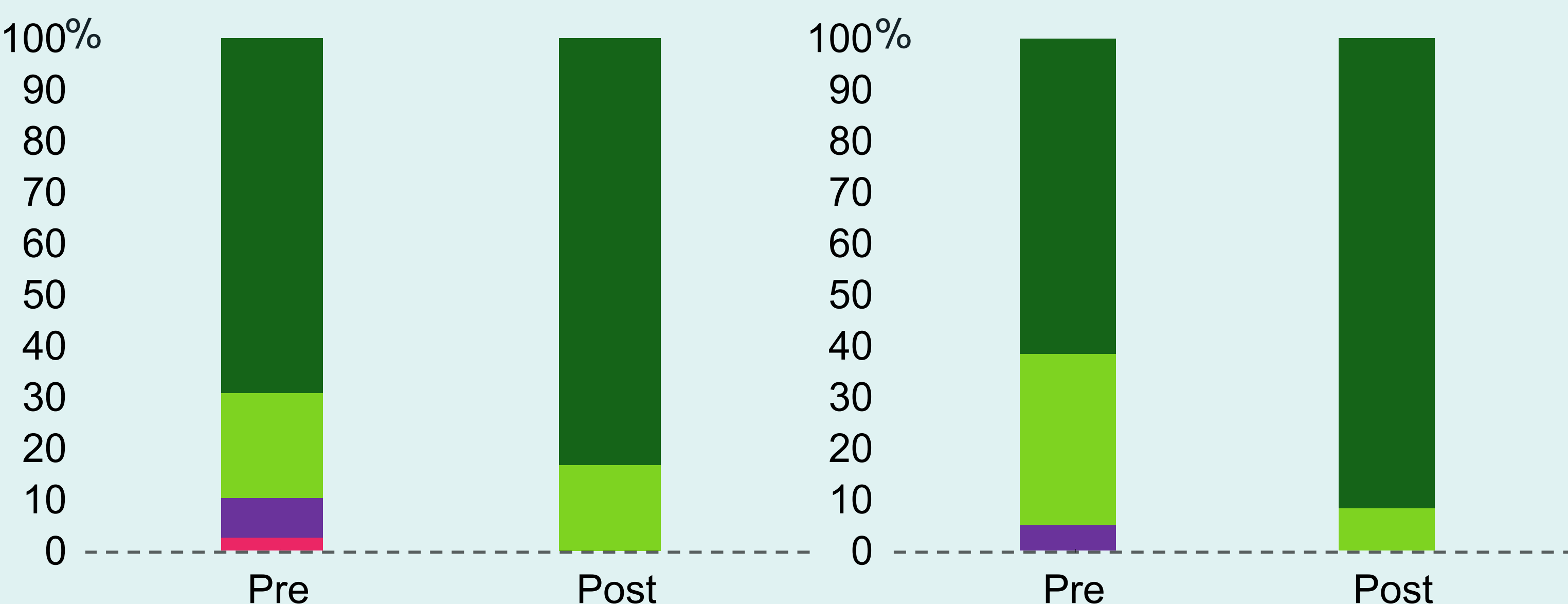
Very untrue Somewhat untrue Neutral
Somewhat true Very true



I am comfortable talking with my child about things that matter to us.



I have a better understanding of the various impacts that DV has had on my child.



I feel confident as a parent.

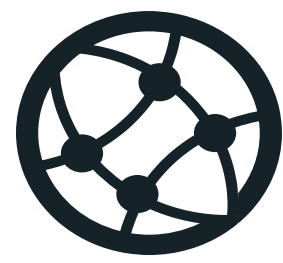
I have the tools & info to plan for my child's safety.

Participant Key Informant Interview Highlights

Six 1-hour interviews were conducted in Fall 2018 to elicit discussion about participants' experiences with the Flourishing Child program. Overall, participants expressed appreciation and satisfaction with their experience. The following are key highlights from participant interviews:



Participants used positive language to describe the program



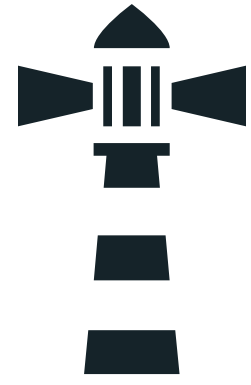
Diverse array of services were helpful, notably advocacy, transportation, and service coordination



Participants credited positive changes in their relationships with their children to the program



Intensive Case Managers' approach and support was one of the best aspects of the program



Staff were described as respectful and helpful



Participation in the program strengthened feelings of connectedness



Participants noted issues around increasing staffing as areas for improvement



Participants learned valuable skills, including parenting strategies



System inefficiencies (paperwork), transportation needs, and supervised visits were identified as missing elements

“They [Flourishing Child] are willing to do a lot more stuff than the other programs that I’ve seen or used. My case manager’s been able to help me get the services that I need, or get to the places that I need that I’ve been working with other people for years to try to do. And so, when I got into the Flourishing Child program, all of those things were achieved very quickly.”

“Talking about domestic violence is never easy. However, it’s really important for me to learn how to deal with these emotions and how to find healthy coping skills whenever I do feel super stressed.”

“I felt respected when they listened. And believed me, because it’s pretty hard for me to open up to people and they believed me, and they listened, and they helped me. If it weren’t for this program I wouldn’t be where I am today.”



“When I first started receiving services with the Flourishing Child program, I was in survival mode. And because of Flourishing Child, I am in thriving mode. I haven’t felt so good about myself in years, to be honest. I’m amazed, I really am.”

“[My case worker] reminded me that I do have value.. OCS is not the end-all, say-all. I’m still the parent, and [my caseworker] has been very supportive of that. Having that grounded person in your life makes you look at it from a different angle- or being grounded- just seeing facts for what they are is really important for healing.”

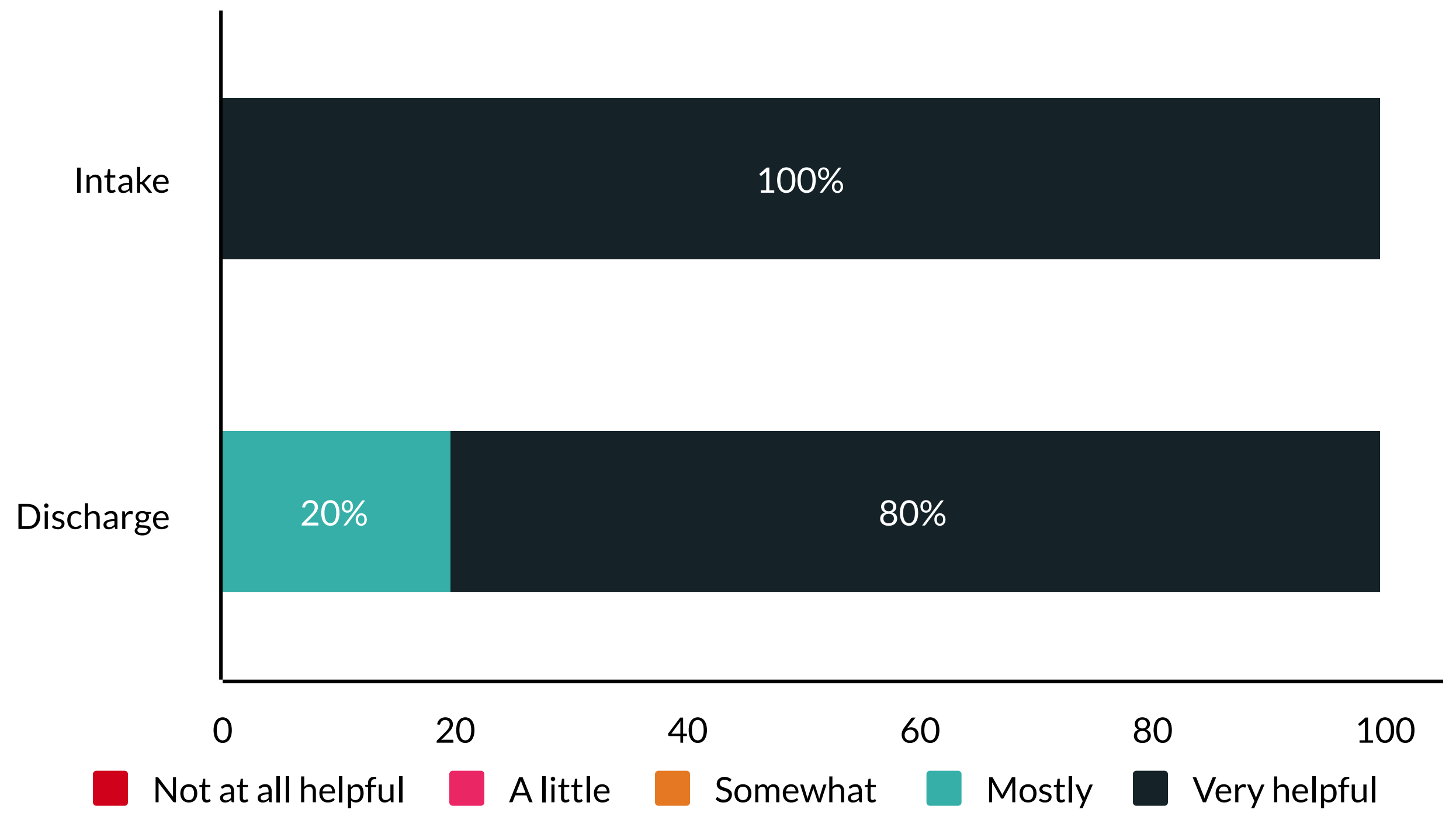
“[The Flourishing Child program] has impacted me a whole lot. I’m not afraid to ask for anything- for whatever services or question that I have or when I feel stuck. I’ve learned to reach out for help and receive the help when needed.”

Child & Youth Participants

To be eligible to participate youth had to be in their non-offending parent's custody, be given parental permission, be between the ages of 8 and 17, and give assent. Values are based on all available participant data.

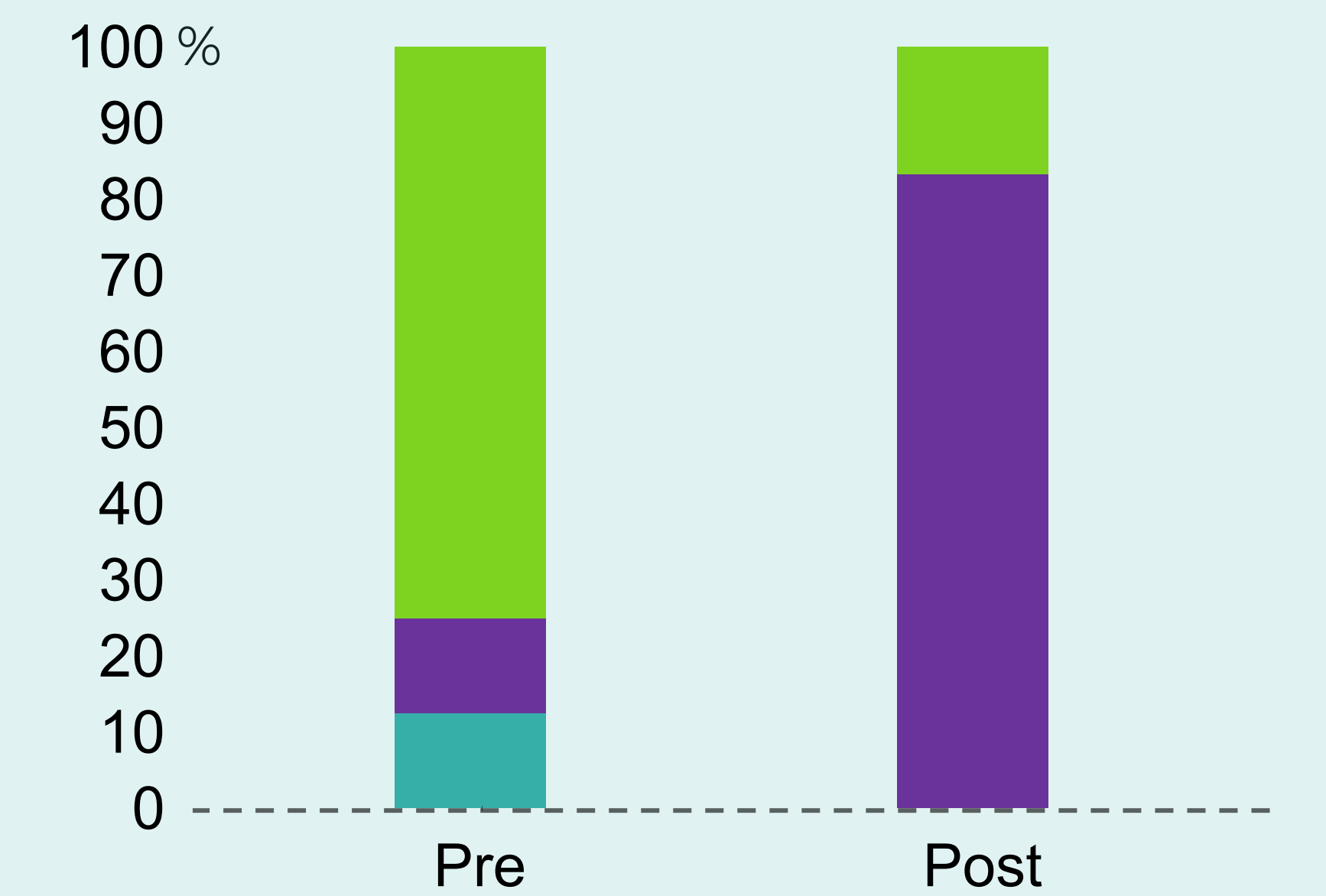
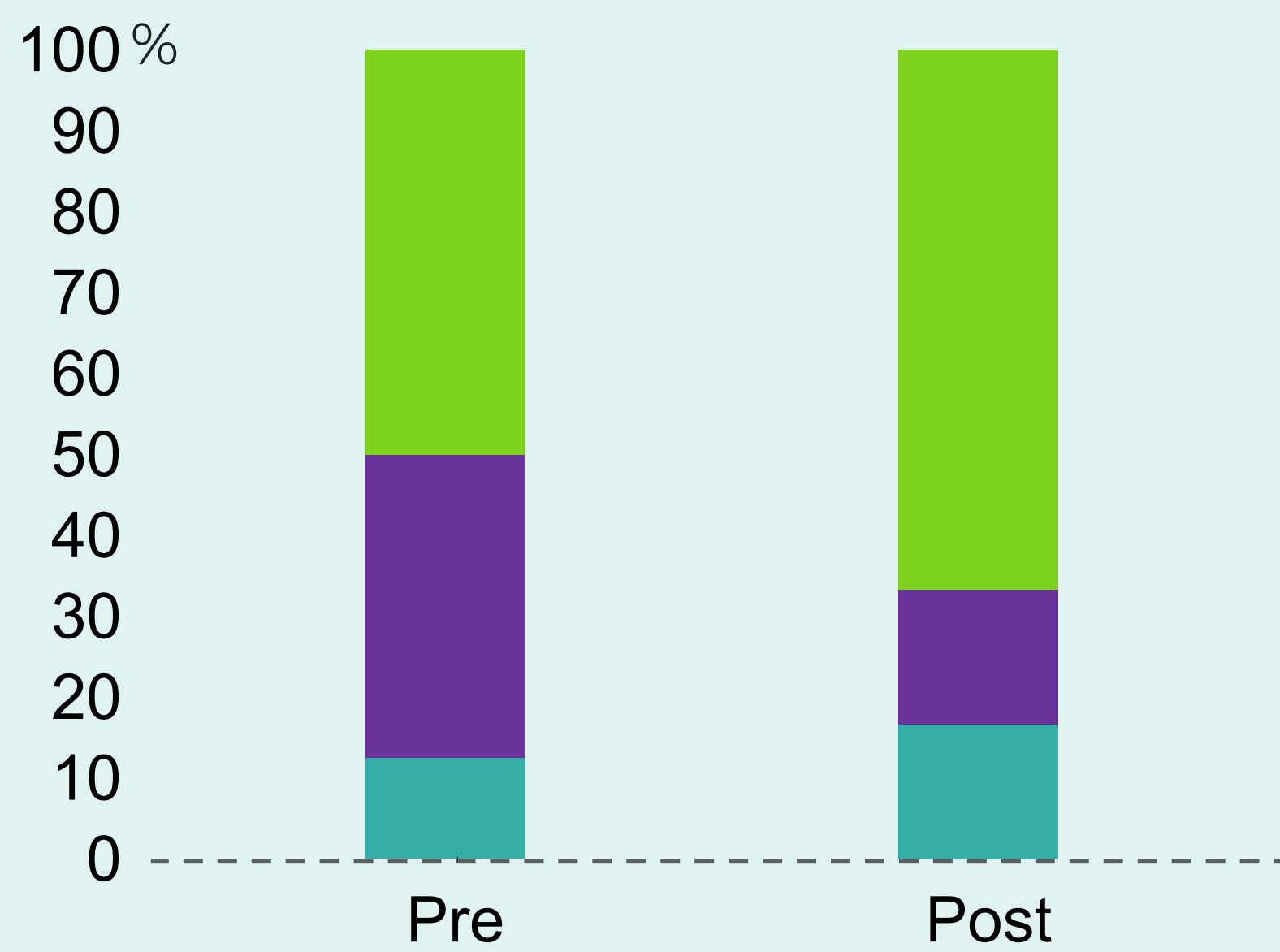
- 9** youth participated
7 have discharged (78%)
- 11** years old (avg.)
Min. = 8, Max. = 16
- 241** days in service (avg.)
Min. = 94, Max. = 330
- 88%** identified as Alaska Native
12% identify as Alaska Native and another race
- 100%** live with a parent who rents or owns a home
- 44%** moved to Anchorage in the past 3 years

Overall Helpfulness of Services



Common Indicators

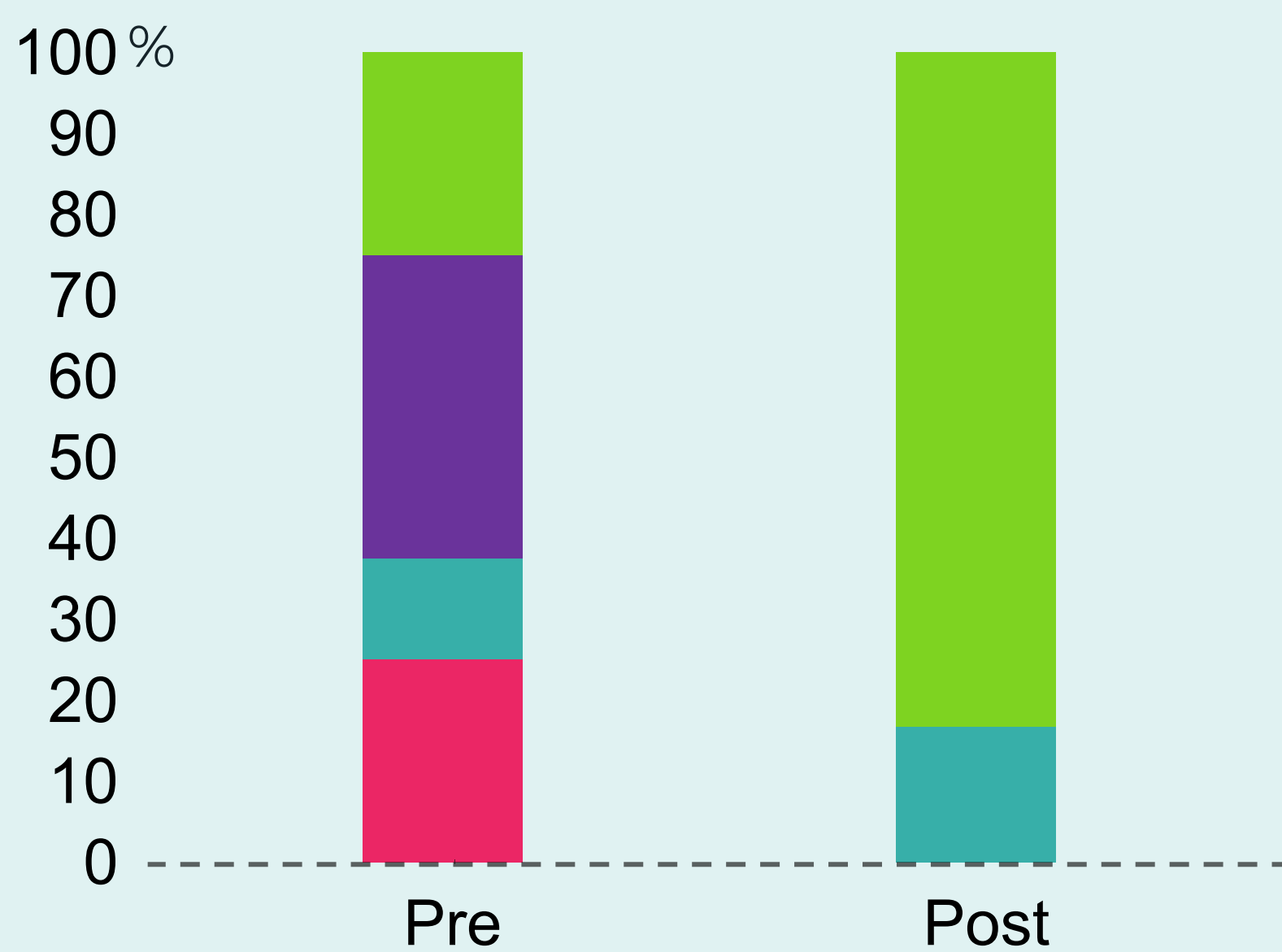
9 youth participated; 7 completed the survey at intake (78% response rate)
6 completed the discharge survey (86% response rate)
56% completed both surveys (n = 5)



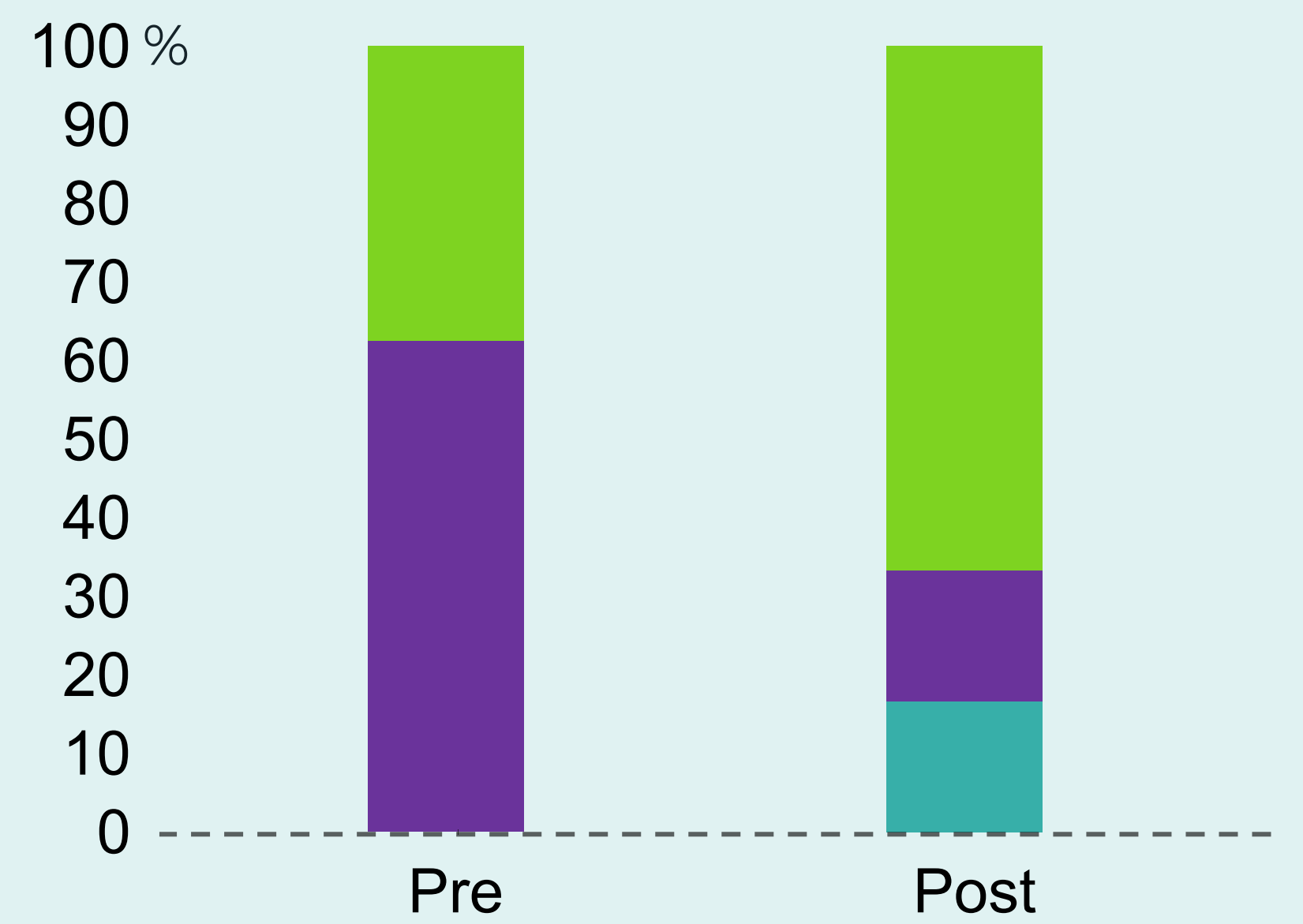
I know ways to get help when I am scared or upset.

I understand that the troubles in my family are not my fault.

Not at all true Not very much true Kind of true Very true



I understand the troubles in my family.



I am comfortable talking with my parent(s) about things that matter to me.

What did the youth say they like best?

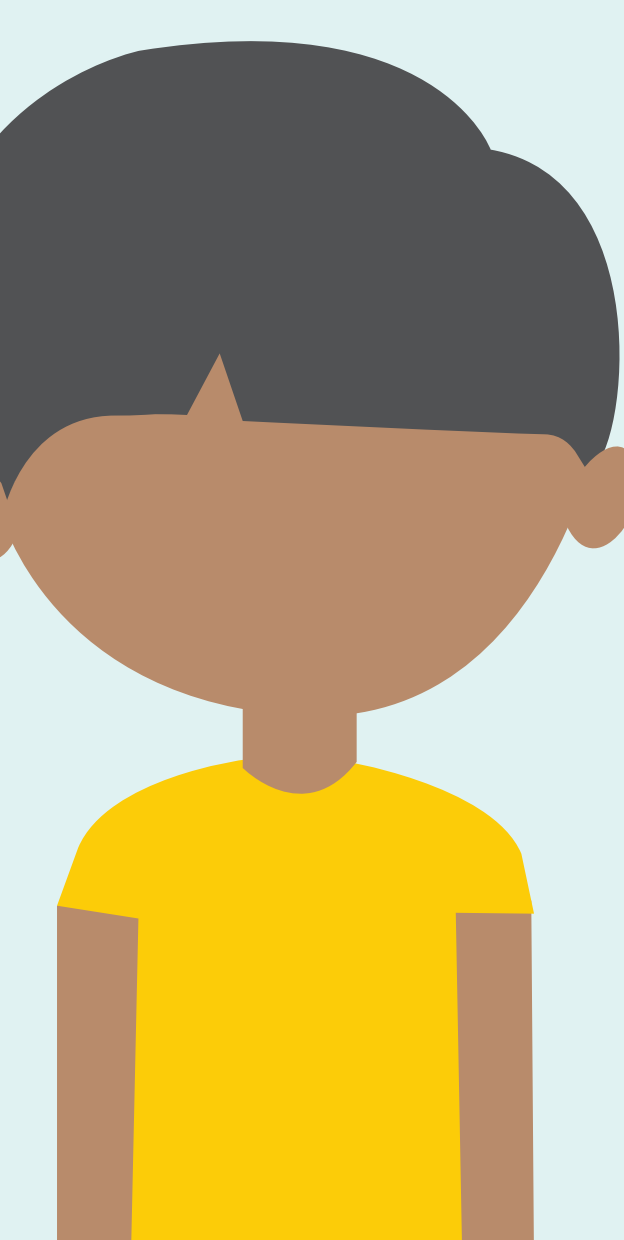
"I like that [Flourishing Child staff] helped me stay out of treatment after discharge.."

"Helped us financially, helped with a place to stay. Good services."

"Get beds and get food."

"Checking on me."

CQI discussions among program staff identified possible attributable factors including: enhanced awareness (don't know what you don't know) increased comfort disclosing family issues; etc.



Serving Parents & Children Exposed to Family Violence: Provider Trainings

Flourishing Child has implemented several training approaches to increase providers knowledge and skills in delivering culturally-appropriate, trauma-informed responses to the needs of abused parents and their children among CITC staff and external providers who serve this population.

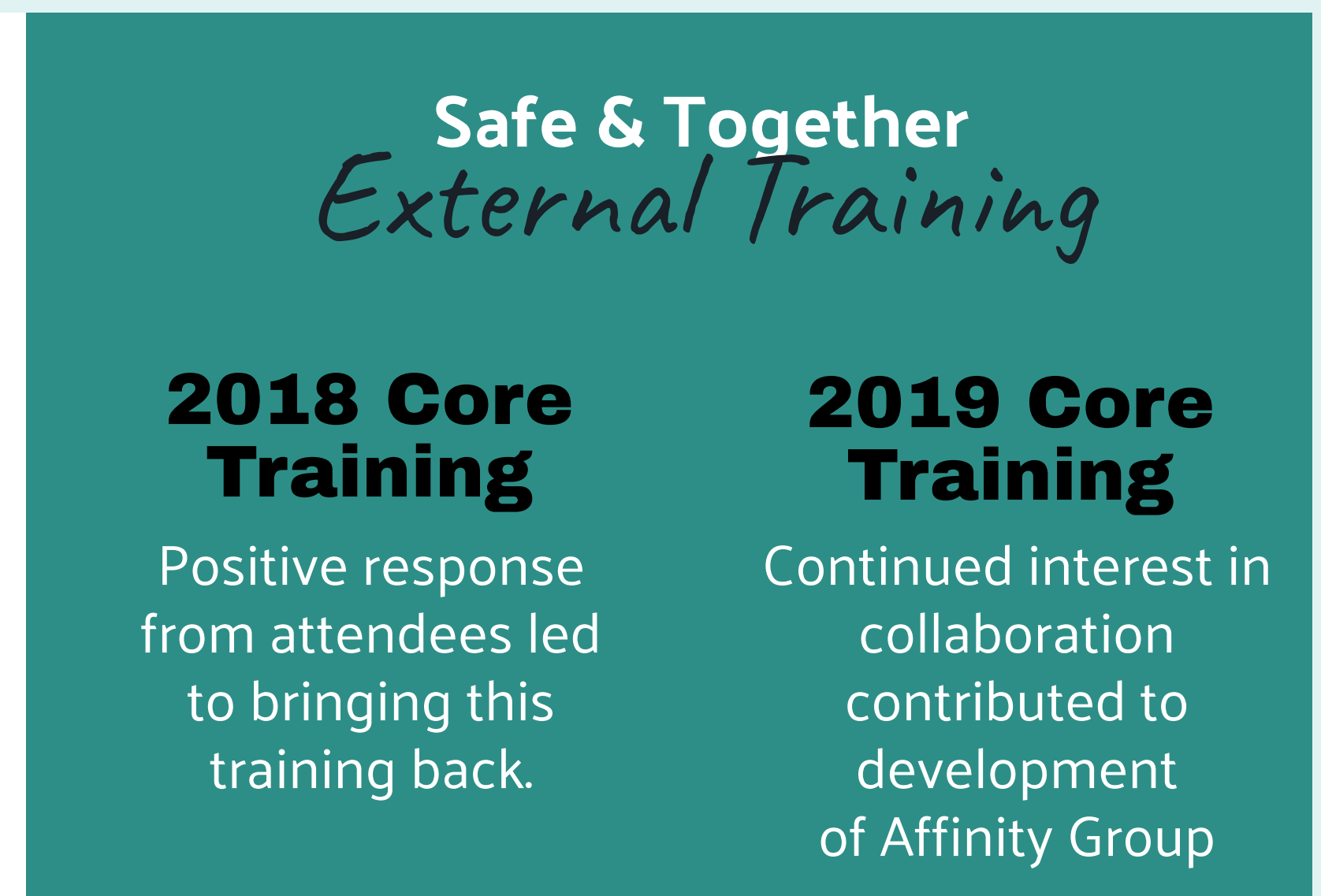
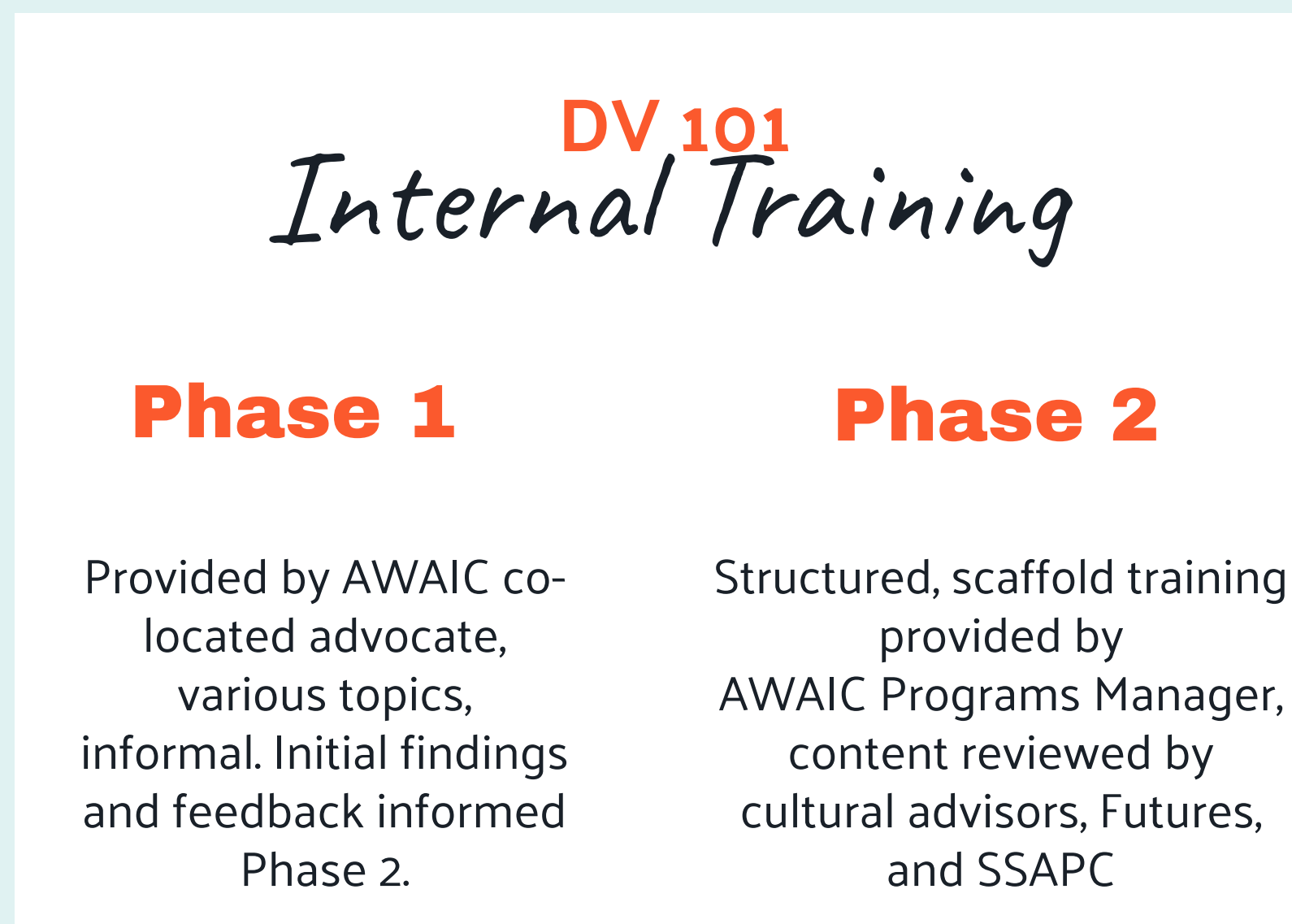
139

Providers completed training in trauma-informed practice and/or supporting survivors and children experiencing DV.

21

Providers were Safe & Together certified. There was an increase of 200% in 2019, compared to 2018.

* Certification requires completing a posttest with a score 80% or higher

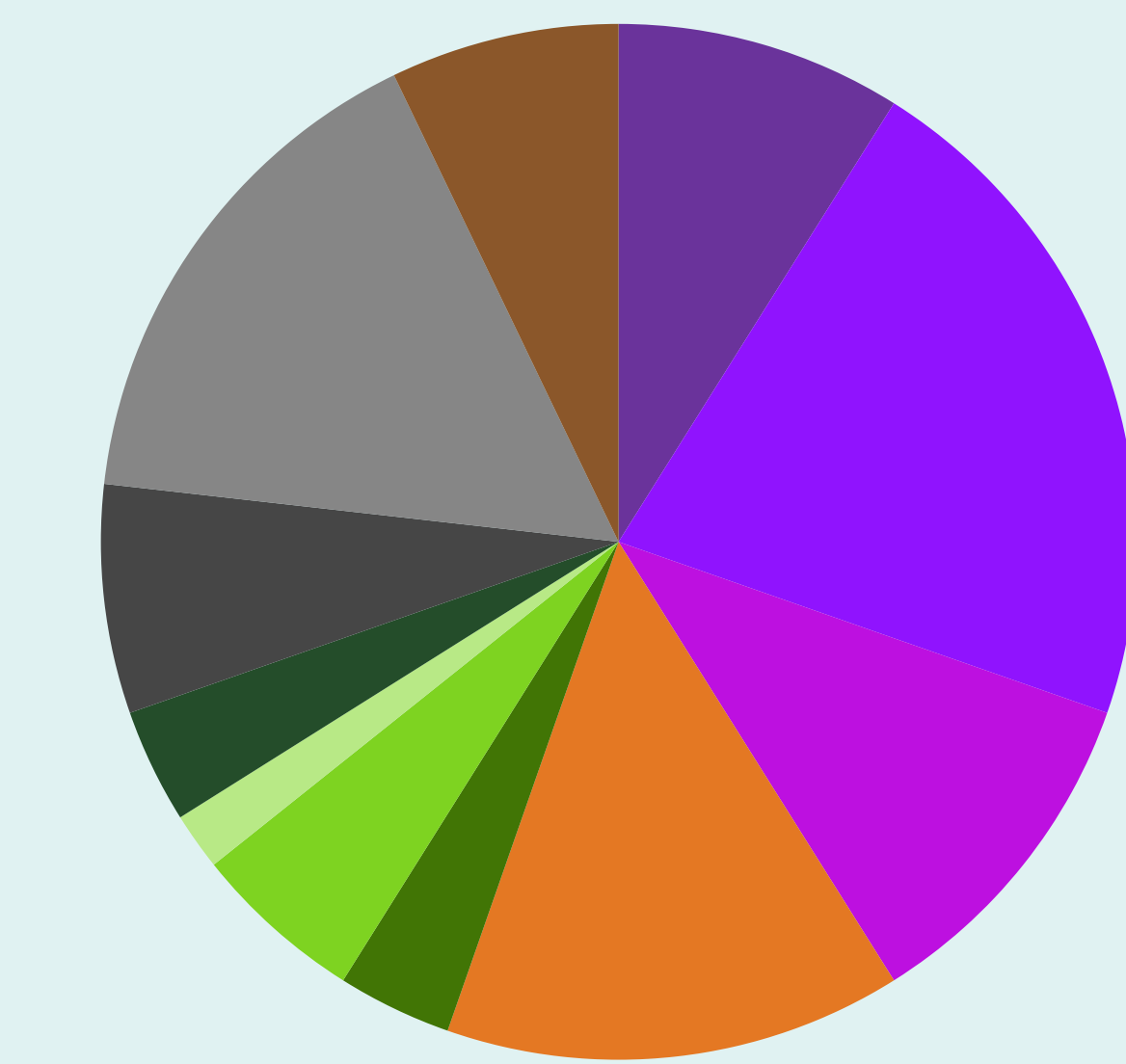


The **Safe & Together 4-day CORE** training has been offered twice in Anchorage and attended by various community sectors including child welfare, DV, advocacy, and shelter agencies. A total of 56 unique providers attended at least 1 day of training.

Safe & Together CORE training provides foundational skills and hands-on practice related to:

- the impact of DV perpetration on child and family functioning;
- comprehensive interviewing and assessment of adult survivor strengths;
- DV-informed documentation;
- case planning to keep families safe.

What agencies and types of providers attended the Safe & Together trainings?



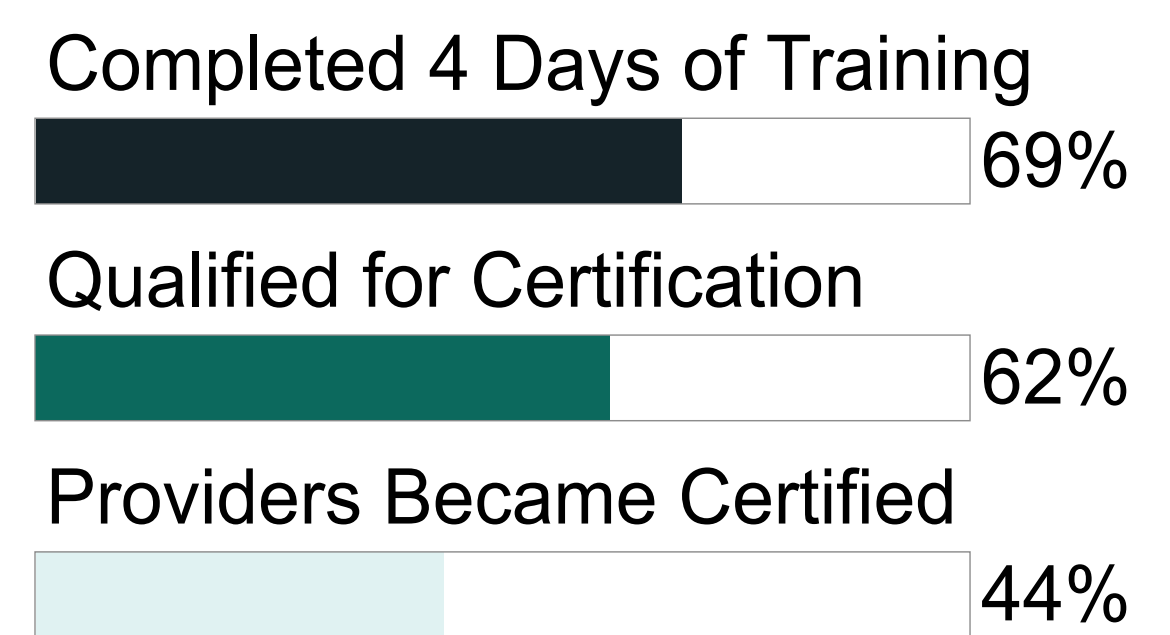
- OCS Team Leader, Manager, Supervisor (8.93%)
- OCS Protective Services Specialist (21.43%)
- OCS Permanency Social Worker (10.71%)
- Case Manager / ICM (14.29%)
- ICWA Manager, Supervisor (3.57%)
- ICWA Caseworker (5.36%)
- ICWA Advocate (1.79%)
- ICWA Support Specialist (3.57%)
- DV Program Supervisor, Manager (7.14%)
- DV Advocacy (16.07%)
- Other (7.14%)

What practitioners said:

- ”[I appreciated] collaborating and working across the board to better understand and provide the right services and appropriate assessment to the family.”
- ”It was well-organized and created positive team building. The core principles were clear, repeated often and incorporated into multiple group exercises.”
- ”[A strength of the training was] describing and detailing both sides of a domestic violence relations and helping understand and learn how to work with perpetrators too.”
- ”I work with both perpetrators and victims of DV. I find this training to be right on target and especially helpful in my line of work. More people need this training. I will promote Safe & Together in my workplace.”

2018 Safe & Together Training

Providers who attended (n = 26)



94% felt their engagement level with the training was high

94% felt handouts and the materials were relevant to their work

Skills Learned in the Training*

Practitioners agreed or strongly agreed they learned practice skills related to:

- Adult **perpetrators** of DV **100%**
- Adult **survivors** of DV **100%**
- Child **survivors** of DV **100%**
- Case Planning **100%**
- Assessment **94%**
- Documentation **94%**

Confidence with Skills Learned

Percentage of practitioners agreed or strongly agreed they feel confident in their ability to do the following:

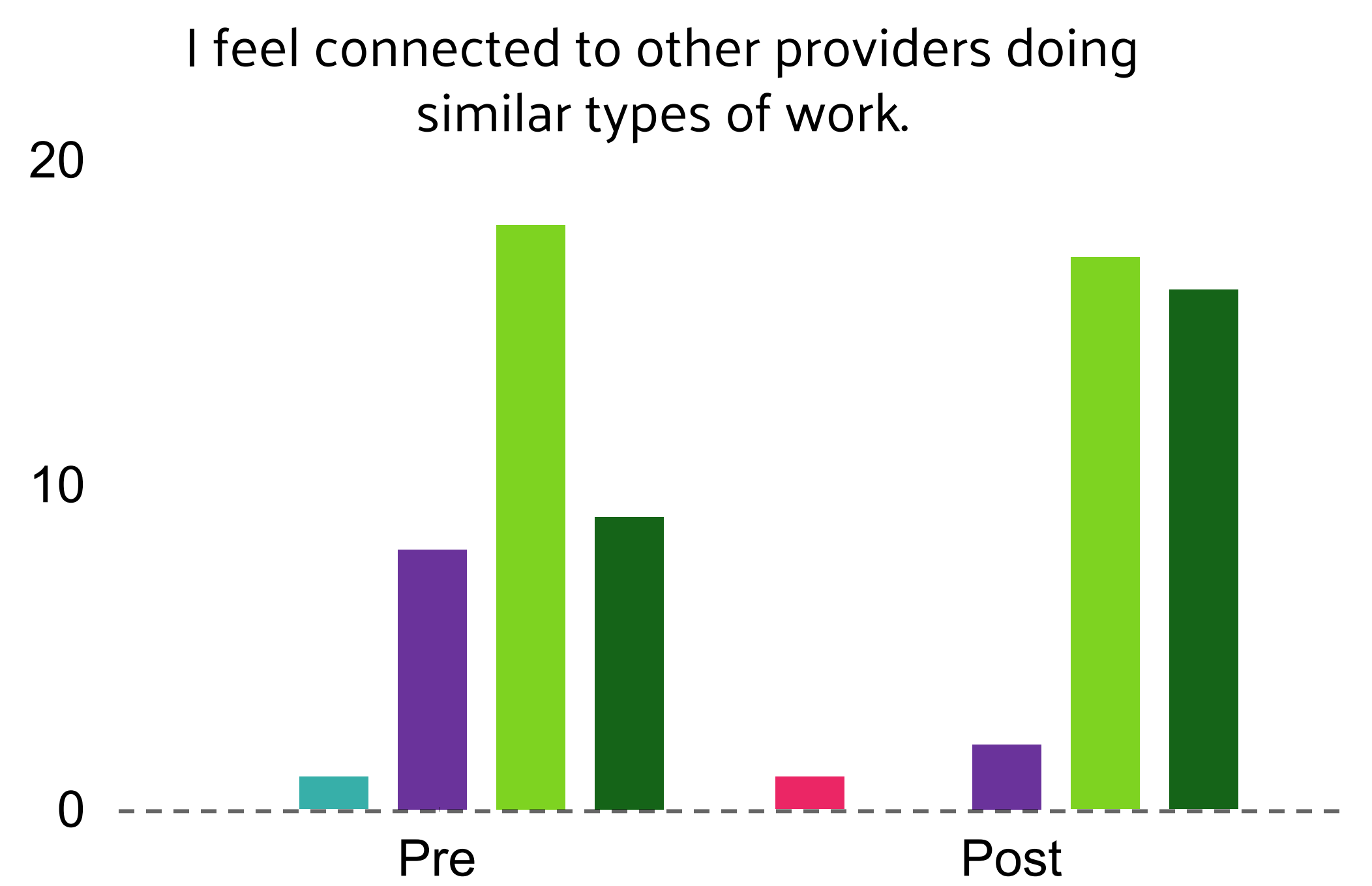
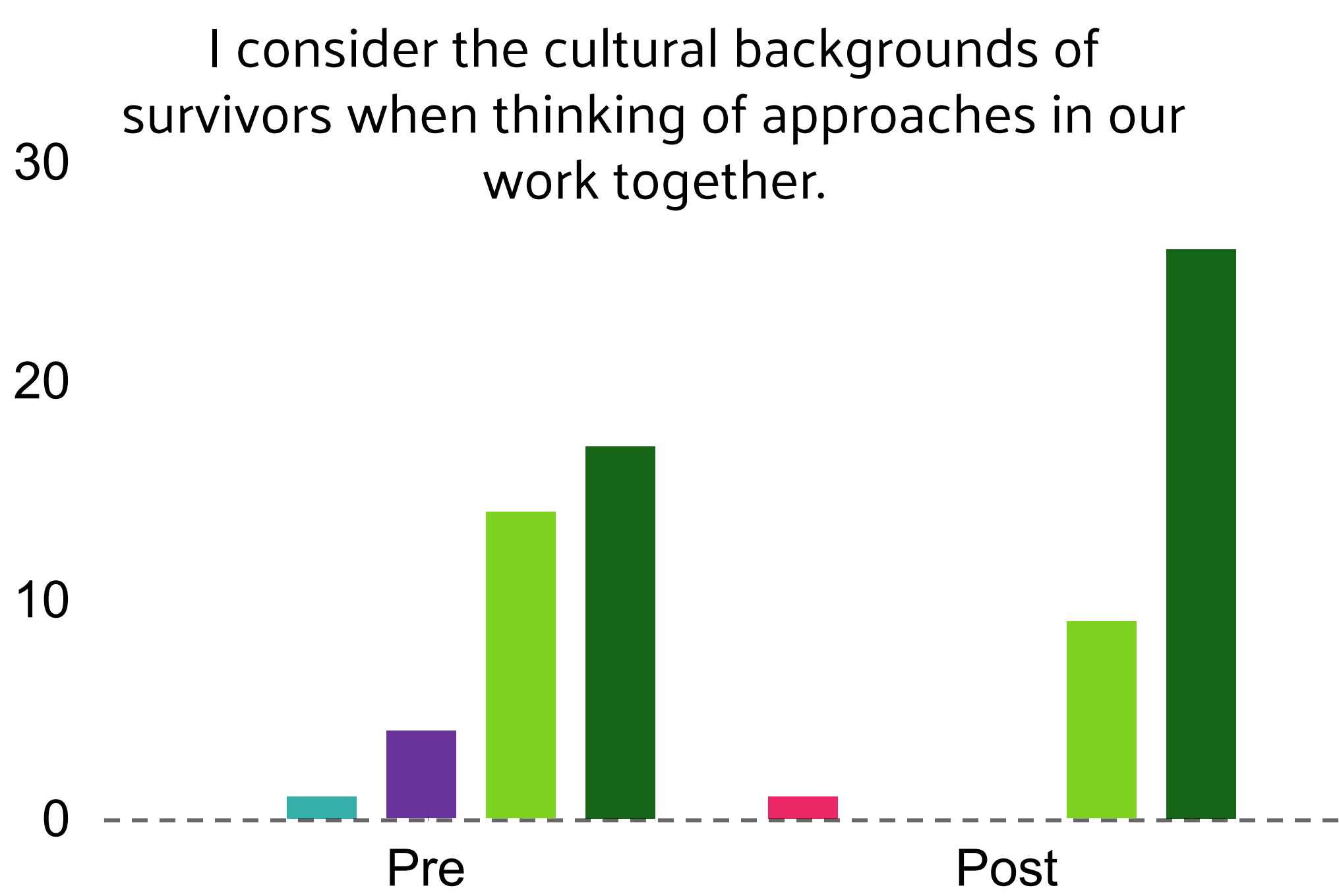
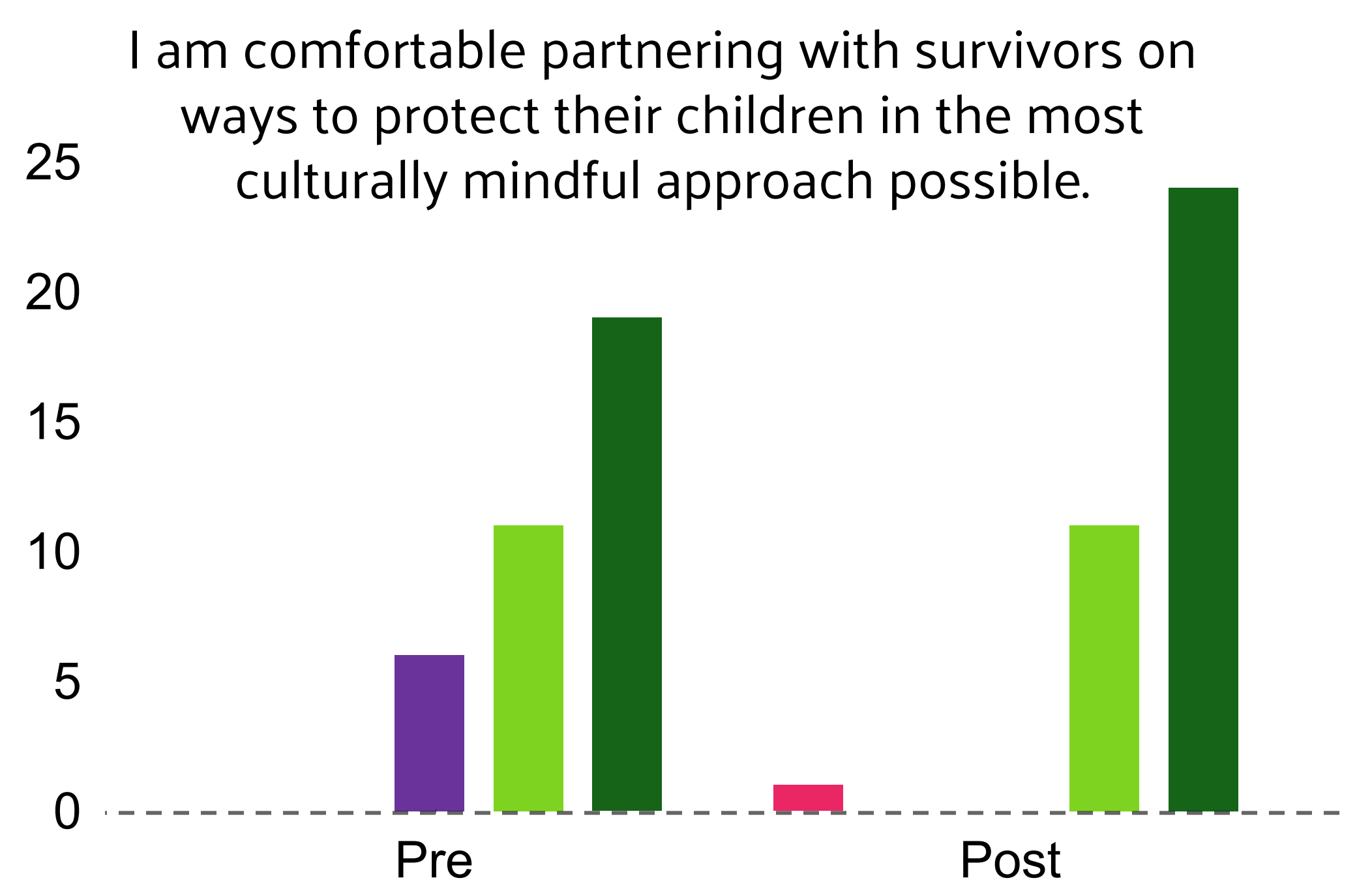
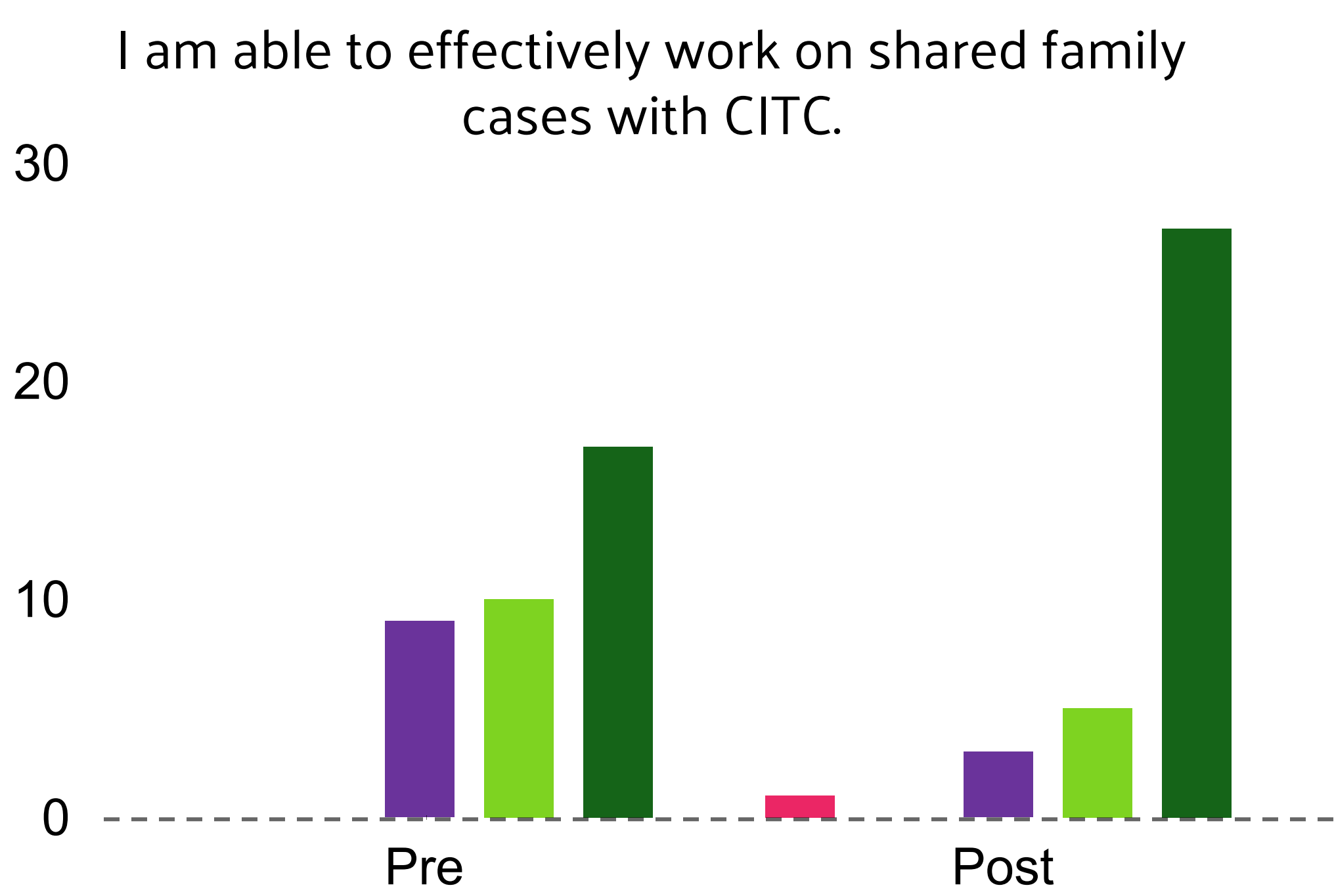
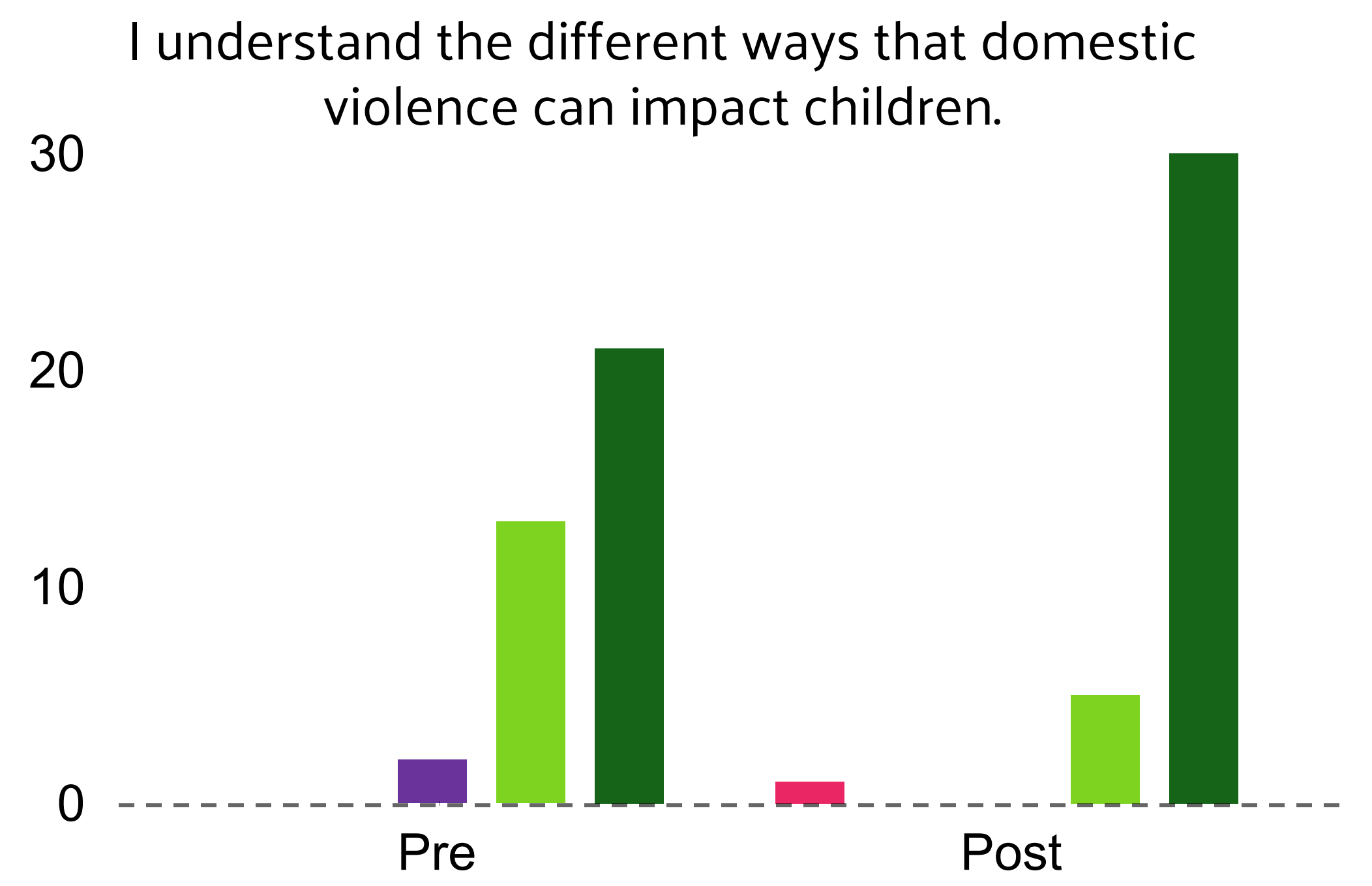
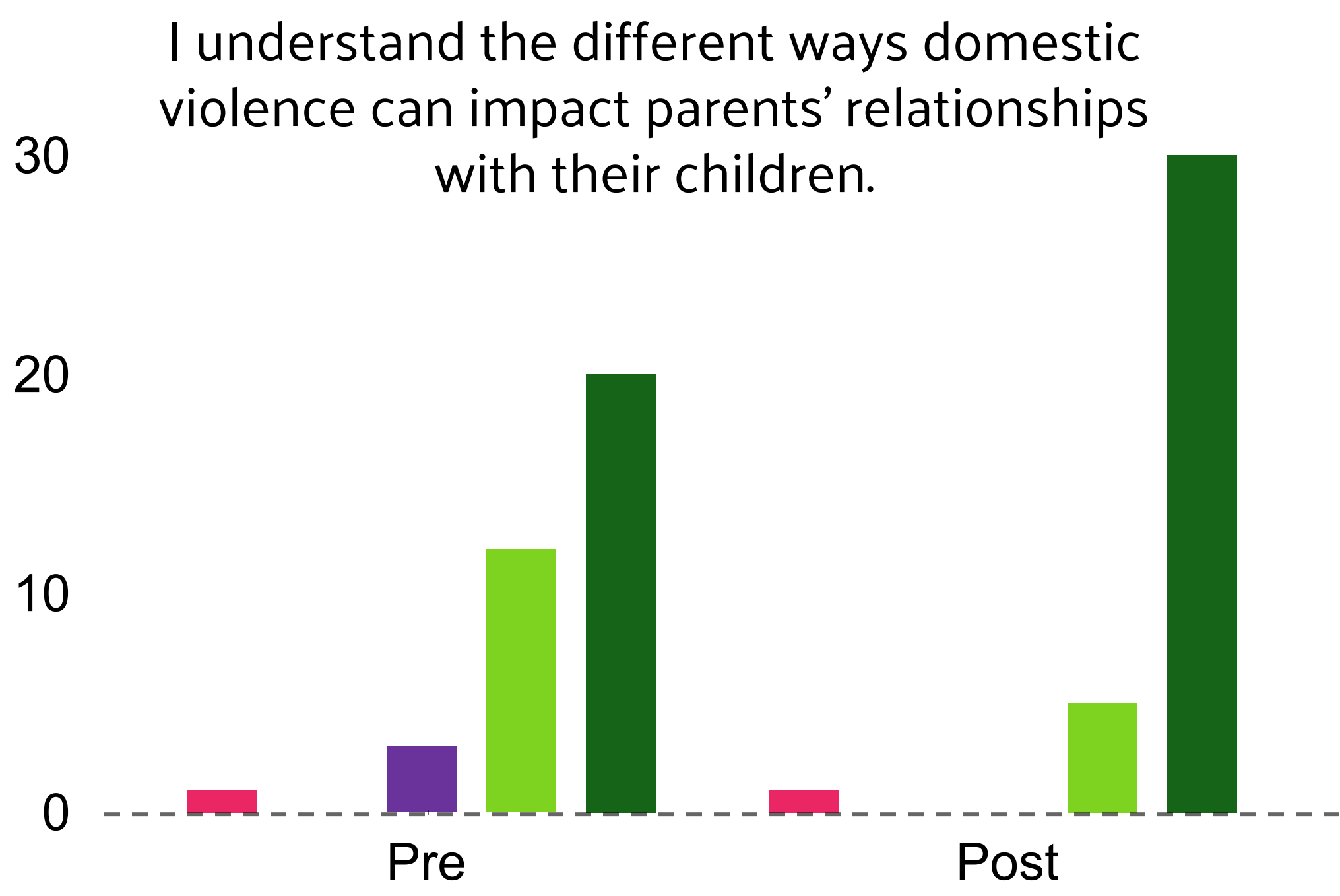
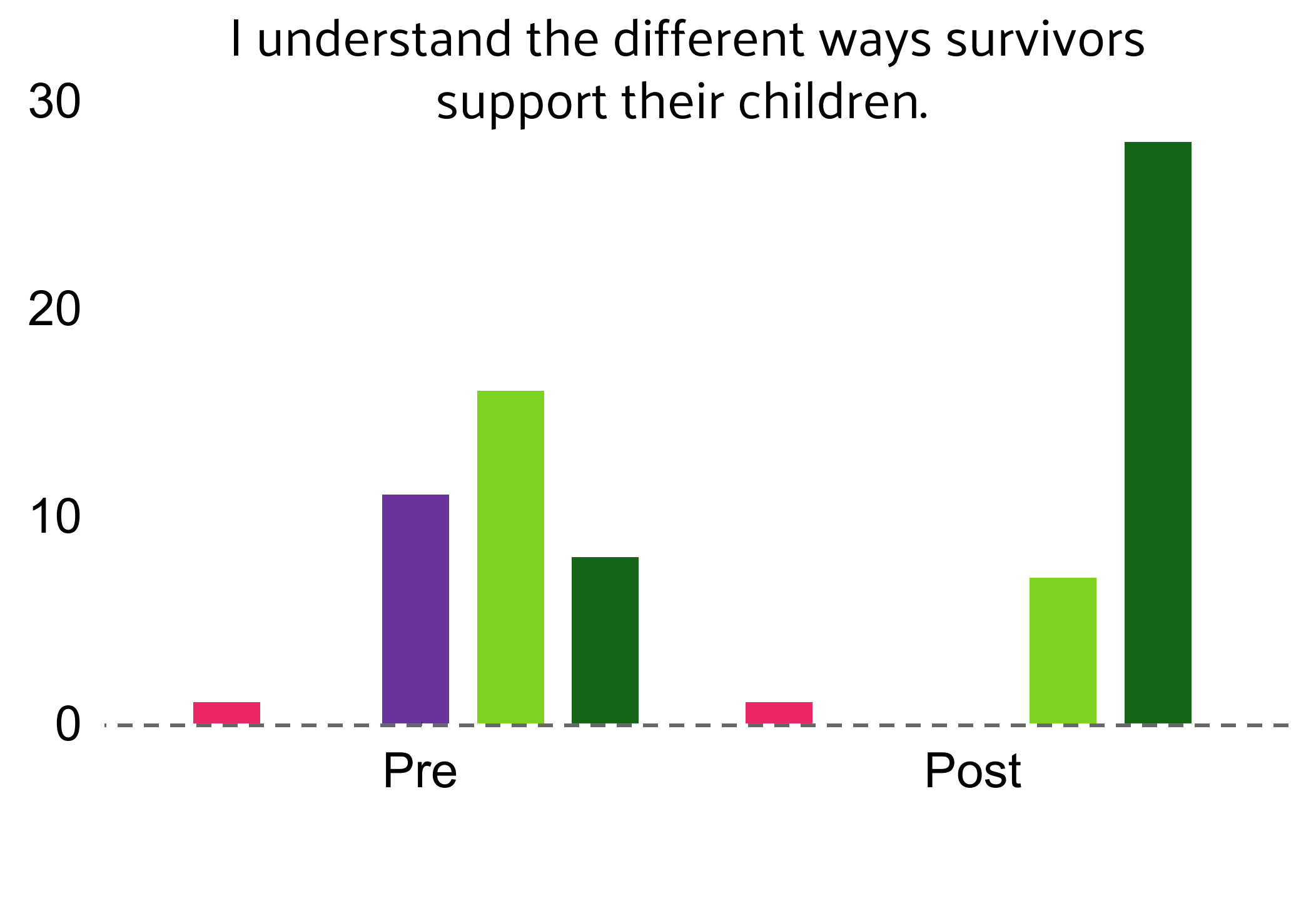
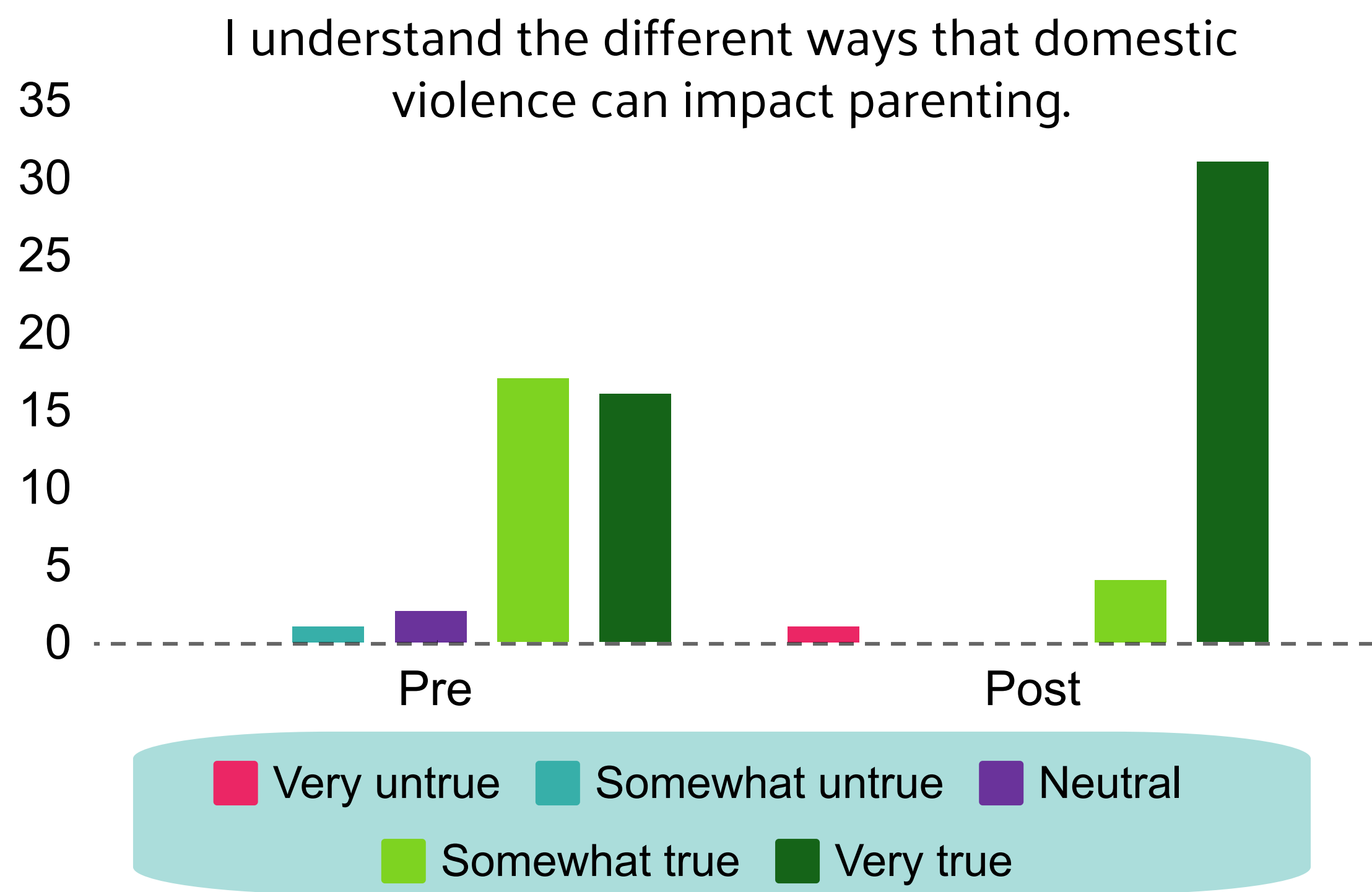
- Describe the impact of perpetrator’s behaviors on child and family functioning **100%**
- Describe the intersection of DV and other issues, like substance abuse **94%**
- Lead interventions for families where there are domestic abuse issues **94%**

* Posttest completion (n=18; response rate: 69.23%)

Common Indicators

The follow findings are for providers who attended either of the Safe & Together trainings in Anchorage, AK. One participant in the post survey endorsed "very untrue" for all items and shared they no longer worked in their position. We will consider omitting their entry in final evaluation report as this response pattern is likely indicative of the change in position.

Response rate: 64.29% (n = 36)



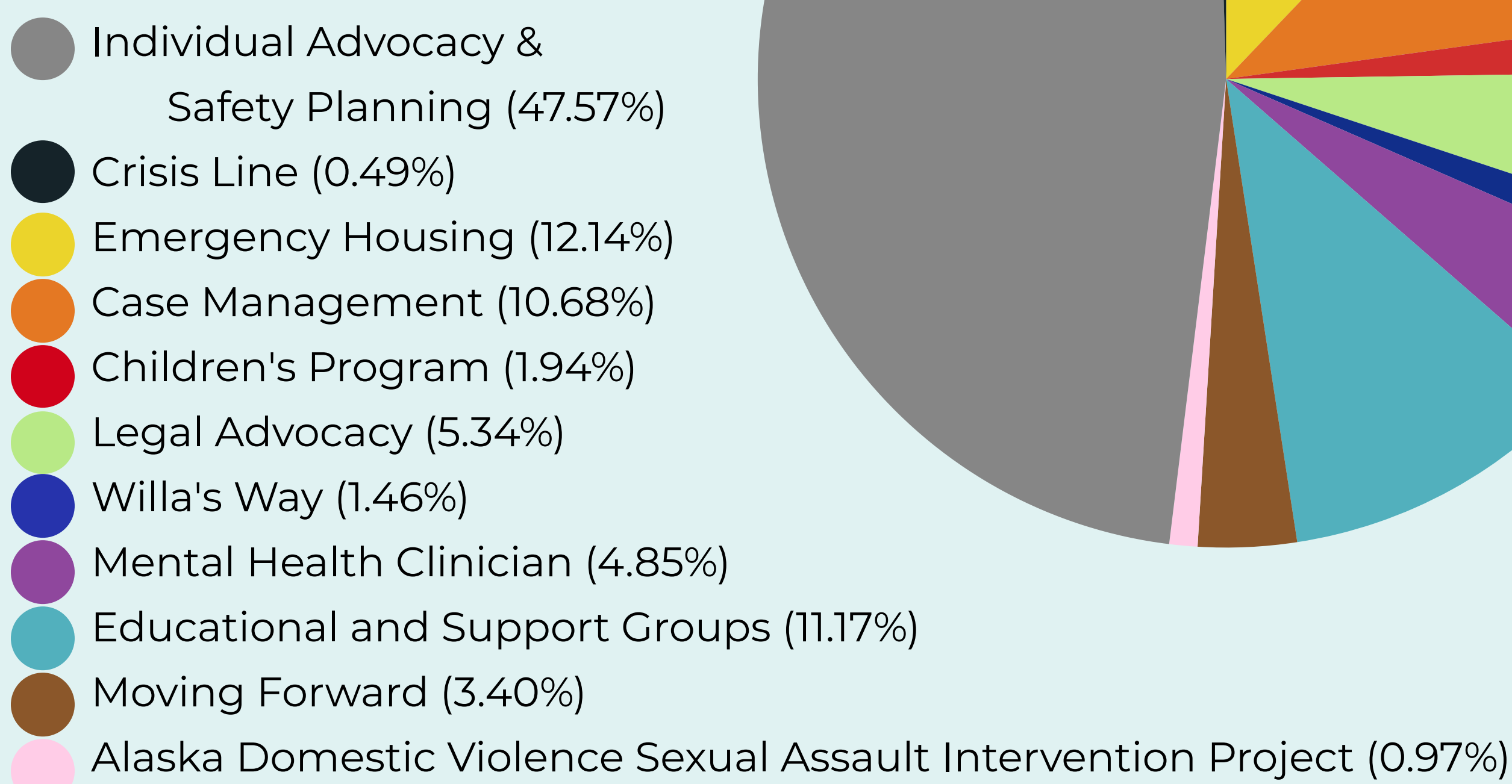
Improving Identification & Response: The Role of the Co-Located Advocate



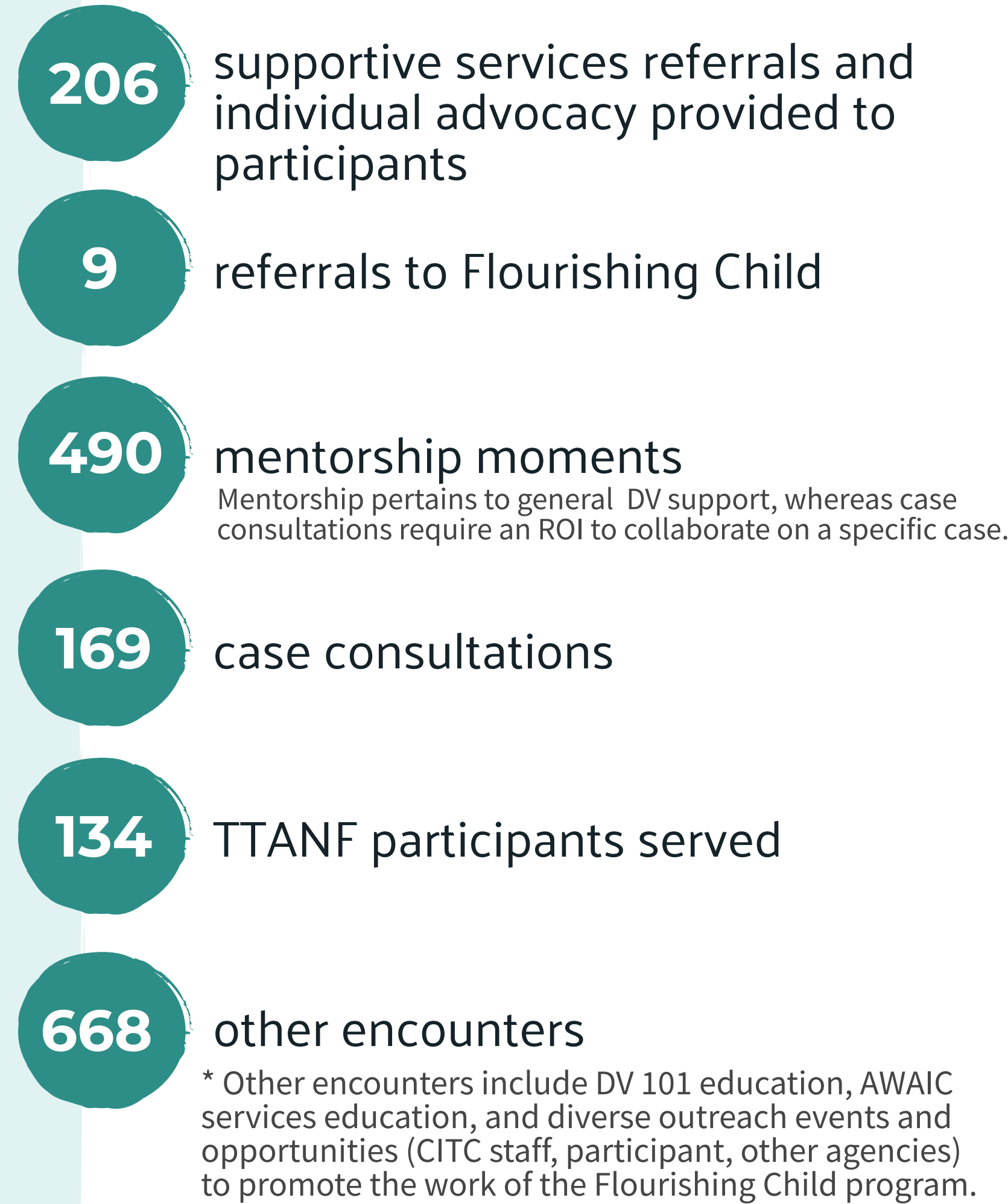
In partnership with AWAIC, the Flourishing Child program created a DV Advocate position to support survivors, children, and families impacted by DV. The Advocate is a trained professional that also supports staff from various department and is co-located within TTANF.

The role of this advocate is multifaceted and includes providing information, referrals, crisis management services, safety planning, and consultation to CITC staff and participants.

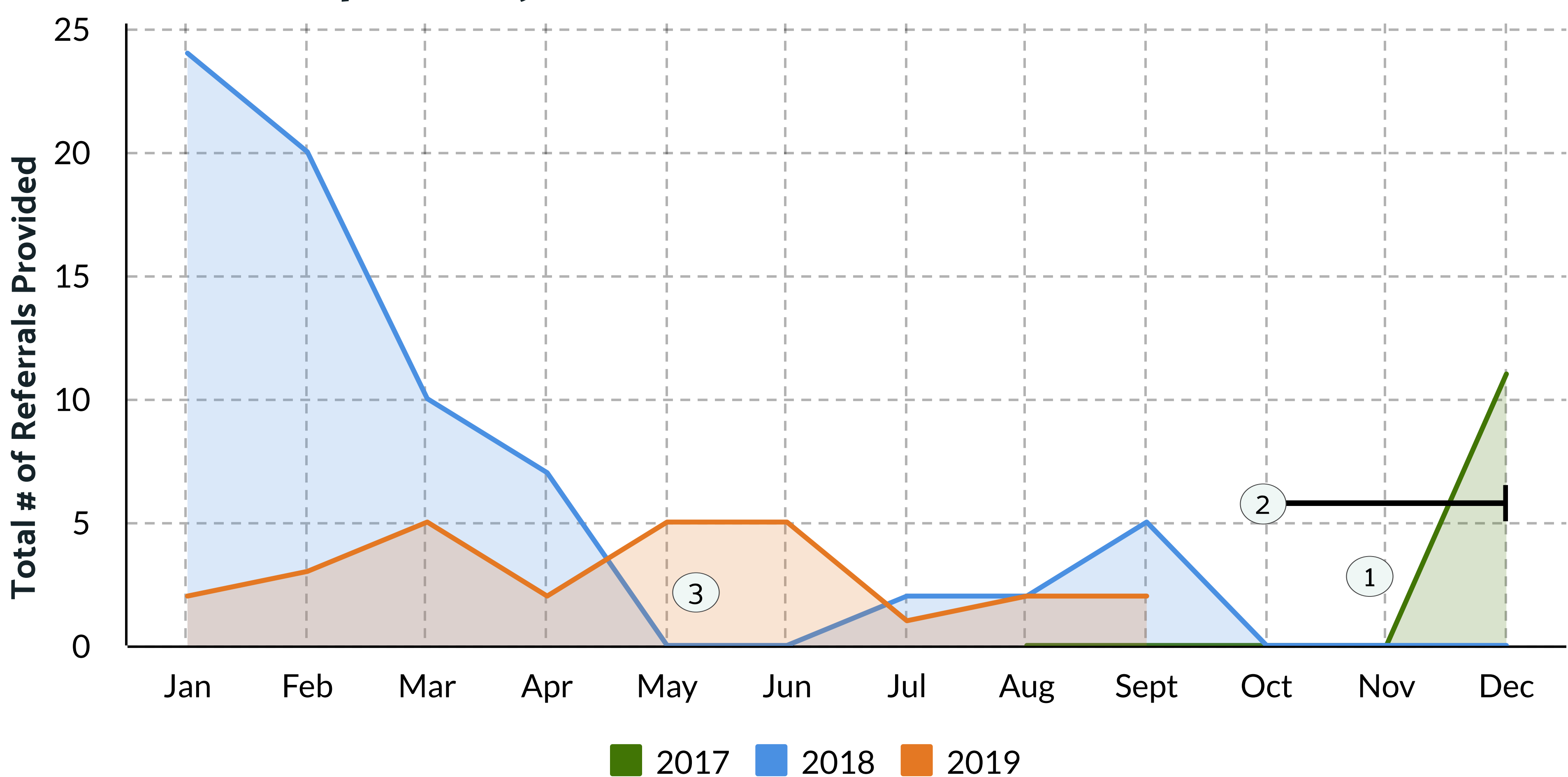
Program or Type of Referral Provided to Participants



Outputs



Number of Referrals Provided by co-located DV Advocate to CITC Participants by Month & Year



Advocate activity tracking began November 2017 and is ongoing. Below are corresponding contextual and program changes related to the number of referrals provided.

1. Referral tracking began Nov17
2. No advocate Oct18 - Jan19
3. Limited participant contact potentially due to training & developing DV training series (phase 1) May-June18

Improving Identification & Response

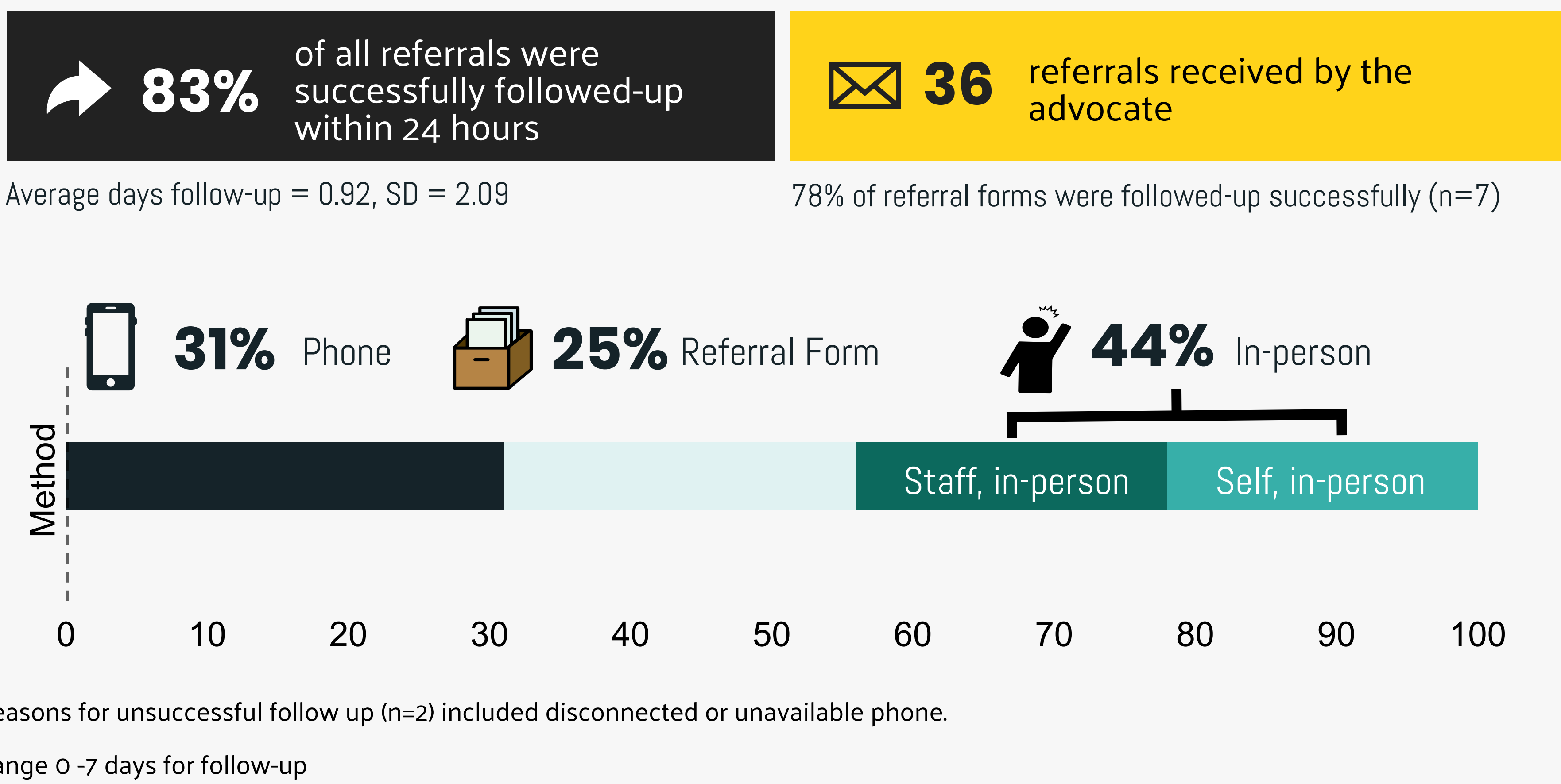
Implementing a Referral Process

Prior to implementing a referral process, CITC participants completed a DV Screening tool during a services orientation which provided an overview of CITC programs and services. The aim of the screening was to identify participants who might benefit from engagement in the Flourishing Child program or resources that may be of help.

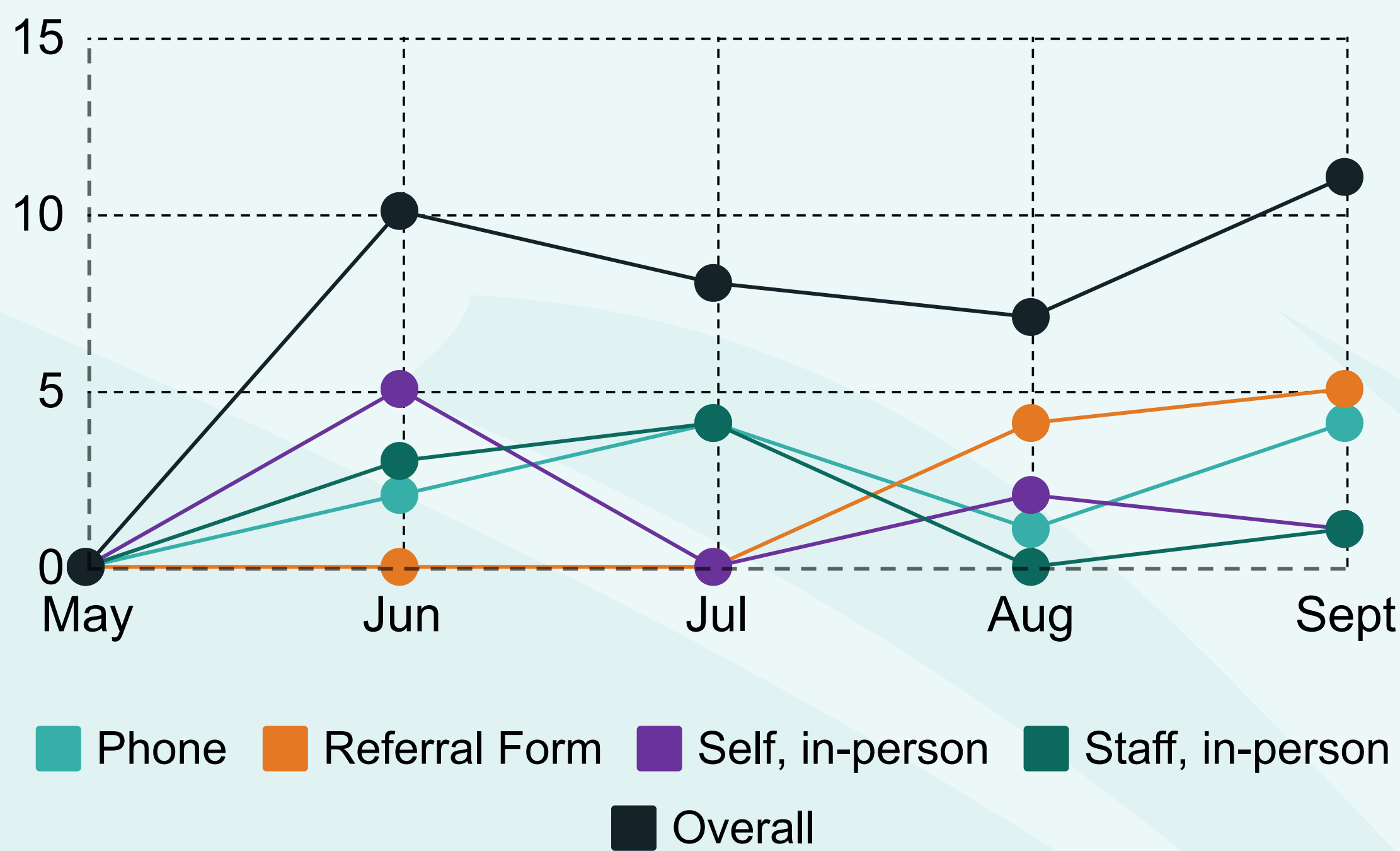
Of the 48 participants who completed this DV screening tool, only 10% were positive. This screening process was discontinued in September 2018 after a review of these results, feedback from providers, and discussion among Flourishing Child staff.

In order to identify and connect participants who would benefit from Flourishing Child or the co-located advocate services a referral process was implemented in May 2019. Staff were trained in the type of services offered by the co-located advocate, referral forms were developed, and secure drop boxes were installed around the CITC buildings. Fliers and announcements were posted in participant frequented locations informing them about the referrals.

Method of Referral to DV Advocate



Total Referrals by Month and Type



From the desk of the advocate...

In July 2019, the co-located DV advocate tabled an event at the Clare Swan Early Learning Center (an Early Head Start program) with the aim of sharing info with participants about the Flourishing Child program and AWAIC services. Clare Swan staff members interested in these services requested a DV Advocate referral box be installed at their location because they'd had experiences and concerns for participant related to DV that they served. A subsequent meeting with department manager led to the agreement and a DV Advocate Referral box was also installed at Clare Swan in September.

A participant in crisis was referred to the co-located DV advocate. The participant had recently been physically assaulted, was displaced, and seeking safety. The perpetrator was engaging in ongoing harassment and stalking behaviors. The local shelter was at capacity, but the advocate was able to speak with shelter management and advocate for the participant after screening severity and risk. Accommodations were made possible through this advocacy and partnership to provide emergency shelter to the participant and her children, as well as providing safe escort.

For Flourishing Child Program,
Child & Family Services Dept.
Cook Inlet Tribal Council

Prepared by
Strategic Prevention Solutions

