



California Family Justice Initiative - Implement HOPE Theory in Your Center

Alliance for HOPE International invites your Center to participate in an exciting initiative that will help you better measure outcomes in your Center. To this end, the Alliance is hosting a series of webinars that focus on HOPE Theory. We have partnered with the University of Oklahoma to bring this valuable training and tool to your community.

We invite you and your leadership team to join us for this 3-part webinar series. This series will prepare sites for the Directors Pre-Conference on Evaluation and Impact in April 2016, where we will further discuss evaluation and impact in Family Justice Centers.

Webinar #1: Introduction to the Blue Shield Project - January 26, 2016 at 10 am PT Presented by: Casey Gwinn and Gael Strack Objectives:

- Understand the CFJI HOPE Theory Project
- Discuss the framework for the implementation of this initiative
- Discuss Evaluation as twofold:
 - o Organizational Processes: including policies, procedures, and intake
 - Survivor Outcomes: Engagement, VOICES Committees, and long term case management
- Explain Survivor Defined Success outcome measurements.

Webinar #2: Introduction of Hope Theory - February 26, 2016 at 10 am PT Presented by: Chan Hellman and Casey Gwinn Objectives:

- Understand Hope Theory
- Discuss its history
- Discuss the literature around Hope Theory and its outcomes

Webinar #3: Implementing Survivor Defined Success and Hope Theory into Family Justice Centers - March 25, 2016 at 10 am PT

Presented by: Casey Gwinn and Chan Hellman Objectives:

- Examine implementation in Family Justice Centers
 - Methodology
 - Benefits and Challenges
 - Things to consider
- Next steps

If you have any questions please contact Michael Burke toll free: (888) 511-3522 or by email at michael@allianceforhope.com

Made possible by:



Introduction to the Blue Shield Project – HOPE Theory

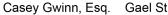
California Family Justice Initiative Presenters – Casey Gwinn, Esq., Gael Strack, Esq., Natalia Aguirre, Michael Burke and Jennifer Anderson January 26, 2016



Alliance for HOPE Team















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Recap

- Phase I: 5 Sites & 3 Regional Training Centers
 - Strategic planning, regranting \$, learning exchanges
- Phase II: 5 New Sites; 3 Regional Training Centers
 - Strategic planning, funding and sustainability, regranting funds, learning exchanges, site visits
- Phase III: 10 Sites Participated
 - Health initiative, health survey, identified survivor health needs, Van Nuys pilot, toolkit for integrating wellness into service delivery
- Phase IV: Strengthen partner integration and implement survivor defined navigation and services



Directors Leadership Summit April 11th

Registration now open!













April 12-14, 2016 Paradise Point Hotel and Spa 16th Annual International Family Justice Conference



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Agenda

- Understand the CFJI HOPE Project
- Discuss the framework for the implementation of this initiative
- Discuss Evaluation as twofold:
 - Organizational Processes: including policies, procedures, and intake
 - Survivor Outcomes: Engagement, VOICES
 Committees, and long term case management
- Explain Survivor Defined Success outcome measurements



Understand the CFJI HOPE Project



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Blue Shield of California Foundation 2015 Grant Proposal **Project Logic Model and Description**



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Project Goal

Individual Level

Organizational Level

Community Level Strengthen the integration of systems and partners in the FJC model to better serve and be held accountable to survivor needs and self-defined successes



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Guiding Principles

Trauma-Informed Approach

1. Safety

- 2. Trustworthiness & Transparency
- 3. Collaboration & Mutuality
- 4. Empowerment
- 5. Voice and Choice
- 6. Peer Support and Mutual Self-Help
- 7. Resilience and Strengths Based
- 8. Inclusiveness & Shared Purpose
- 9. Cultural, Historical, & Gender Issues

10. Change Process

FJC Guiding Principles

1. Safety-Focused

2. Victim-Centered

- 3. Culturally Relevant
- 4. Community-Engaged
- 5. Survivor-Driven
- 6. Transformative (willing to change)
- 7. Relationship-Based
- 8. Prevention-Oriented
- 9. Kind-Hearted
- 10. Empowered
- 11. Offender Accountability



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Organizational Culture

Family Justice Center Upholds the FJC Guiding Principles

* Survivor Centered *

Processes

Implement policies and procedures that:

- •Remove barriers
- Increase access to services
- Promote autonomy and empowerment
- •Support survivor and staff needs
- •Foster health and wellness

Policies operationalize organizational culture.

- Operations Manuals
- Intake Procedures
- Communications Plan
- •MOUs, Contracts, and Agreements
- •Job Descriptions and Evaluations
- •Staff Meetings

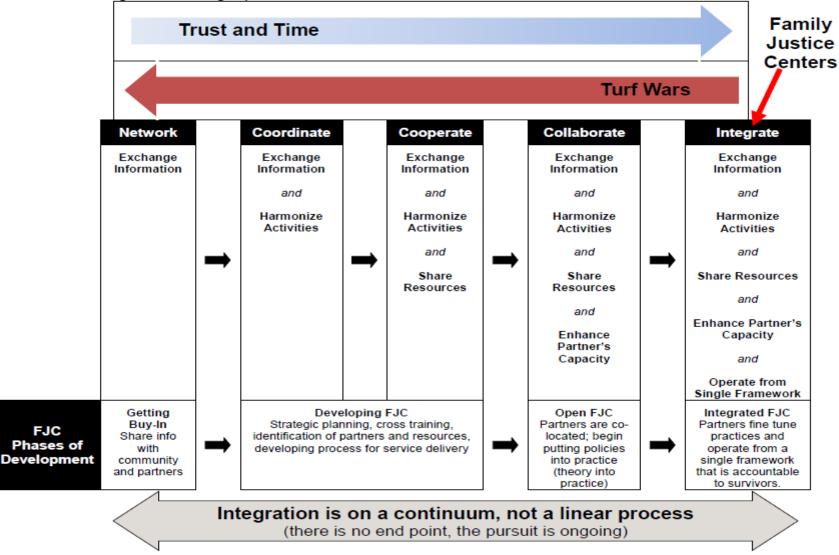


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Integration and Systems Change

Diagram 1. Continuum of Integration in Multi-Agency Model



Adapted from concepts of A.T. Himmelman "Collaboration for Change: Definitions, Models, Roles and A Collaboration Process Guide" and a tool developed by Lancaster Community Health Plan.

Where do you see HOPE?



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We need to think about and track outcomes and impact...

That measure the true changes in the lives of survivors and their children because of our work...







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CHEERING FOR THE CHILDREN

Creating Pathways to HOPE for Children Exposed to Trauma

CASEY GWINN

Foreword by Dr. Vincent J. Felitti Co-Author of the Adverse Child Experiences (ACE) Study



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- We have been working in collaboration with the University of Oklahoma on Hope Theory
- Integrating and tracking Hope in survivors is critical to demonstrating change and outcomes



- The project and evaluation elements of the Alliance HOPE Project are rooted in Hope Theory, developed by clinical psychologist Rick Snyder of the University of Kansas.
- Hope Theory assumes that human behavior is primarily driven by the pursuit of goals and suggests that hope comes out of a synthesis of two components that are vital for meeting goals successfully. In subsequent validated research, these components — actually two types of thinking — are called "pathways" and "agency" thinking (Hellman, 2009).



- "Pathways" thinking is the organizational aspect of hope. It grows out of a trauma- survivor's perceived ability to identify the necessary paths for achieving a desired goal (i.e., how to get from point A to point B).
- "Agency" thinking inspires survivors along these pathways, and grows out of perceptions of self-efficacy in the ability to navigate them to achieve goals (i.e. what compels us to act).



 Hope theory (Snyder, 2002), is a cognitive process related to a person's expectation toward achieving a future goal. Indeed, on the basis we are driven by our goals, hope theory argues that if we can establish clear strategies or pathways to achieving the goal and are willing to direct mental energy (agency) toward pursuing these pathways, we are experiencing hope.



 Those who have a pathway but low energy, motivation (agency) are considered low hope. Similarly, those with high mental energy but no mental pathways toward goal attainment are considered low hope. In order to be high hope, the person must have both pathways and agency toward their goal.



Discuss the framework for the implementation of this initiative



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Center Affiliation

Family Justice Centers Multi-Agency Models



Find Information on our Website

Questions? - Contact Natalia Aguirre | Natalia@allianceforhope.com



AFFILIATED CENTERS	Affiliated Centers
 About Affiliation Family Justice Centers 	The Alliance offers two levels of affiliation, each designed to reflect the individual needs of local communities, while ensuring adherence to best practices and trauma-informed approaches in service provision. These standards ensure communities are creating systems change and challenging the traditional way of providing services to victims and their children by bundling services and integrating critical service providers from the advocacy and criminal justice systems.
Resource Library CLICK HERE »	Levels of affiliation include: 1) Affiliated Multi-Agency Models; and 2) Affiliated Family Justice Centers.
Keep Updated on fjCA LATEST NEWS »	Affiliated Multi-Agency Models: To be considered an Affiliated Multi-Agency Model, applicants must: Have at least three different co-located service providers Adhere to and demonstrate the implementation of Family Justice Center Guiding Principles in service delivery Engage meaningfully with Alliance for HOPE's technical assistance team Provide requested statistics and data to Alliance for HOPE
	Affiliated Family Justice Center Models: To be considered an affiliated Family Justice Center, applicants must: • Have a centralized intake process and an information sharing process with a minimum of the following, full-time, co- located partner agencies: • A community-based organization (at least one: DV or SA Program) • Law enforcement investigators/detectives • Specialized prosecution unit • Civil legal services • Adhere to and demonstrate the implementation of Family Justice Center Guiding Principles in service delivery • Engage meaningfully with Allance for HOPE's technical assistance team • Provide requested statistics and data to Alliance for HOPE Alist of affiliated Centers will be posted March 2016. To begin the affiliation process please contact us.

http://www.familyjusticecenter.org/affiliated-centers/



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Blue Shield of California Foundation 2015 Grant Proposal **Project Logic Model and Description**



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Promising Practices in Service Delivery

Better understand national trends towards traumainformed care and long-term services Implementation of Full Frame Initiative and Trauma informed practices in FJCs and multiagency models

Modify "intake" and service delivery protocols

Create community after the crisis



The Five Domains of Wellbeing

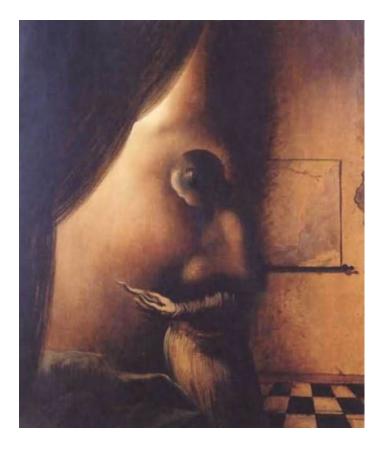


Drawn from practice, validated by research.



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Seeing People and Our Work Differently



The Five Domains of Wellbeing allows us to:

- 1. Put people and their assets, not their problems, at the center.
 - 2. Recognize that all behaviors serve a purpose.

3. Ask, "Is it worth it?" And then respond accordingly.





- We all have assets.
- We all have challenges.
- We all work to meet our needs in these domains simultaneously, as best we can given our experiences and what is available to us.
- Sustaining any change in one domain usually requires addressing the tradeoffs in the other domains.



Safety

The degree to which a person can be her or his authentic self and not be at heightened risk of physical or emotional harm.

What are the Danger Assessment Scores?



Stability

The degree to which a person can expect her or his situation and status to be fundamentally the same from one day to the next;

- where there is adequate predictability for a person to concentrate on the here-and-now and on the future, growth and change; and
- where small obstacles don't set off big cascades.

This means being able to count on some things regularly, and not always wondering when the other shoe is going to drop. Stability does not always come from 'having things worked out'.



Meaningful Access to Relevant Resources

The degree to which a person can meet needs particularly important for her or his situation in ways that

- are not overly onerous, and
- are not degrading or dangerous.

This means having easy enough access to the resources (not services!) that are needed, wanted and relevant to the victim.



Social Connectedness

The degree to which a person has and perceives a sufficient number and diversity of relationships that allow her or him to

- give and receive information, emotional support, and material aid;
- create a sense of belonging and value; and
- foster growth.



Mastery

The degree to which a person feels in control of her or his fate and the decisions she or he makes, and where she or he experiences some correlation between efforts and outcomes.



This means being and feeling good at something that is both challenging important to you, and where you feel you contributed to your success.



Discuss Evaluation as twofold Organizational Processes Survivor Outcomes



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Organizational Level - Objective

 FJCs will implement a trauma-informed, navigation oriented service model based on Alliance Guiding Principles, particularly the "victim- centered" and "survivor- driven" principles.



Organizational Level - Activities

- Alliance updates and disseminates Client Services Toolkit from a trauma-informed perspective
- Alliance trains intake specialists/navigators and frontline staff on Client Services Toolkit
- Alliance provides technical assistance on enhancing integration of FJC services, partners, and survivor engagement
- FJCs institutionalize key components of Health Services Toolkit (DA Checklist)
- Alliance trains FJCs for implementation of AB 1623



Organizational Level - Outcomes

- FJC Partners report increased communication, partner trust, and integration of services
- FJCs increase partnerships and/or strengthen work of existing partners
- FJC navigators and front line staff can articulate purpose and elements of trauma-informed intake and health and wellness
- FJCs establish/increase on or off-site health partnerships or programs
- FJCs meet minimum standards for compliance with AB 1623.



Survivor Engagement

- Creation of Statewide VOICES Network
 - Joyce Bilyeu Sacramento County
 - Susan Cain Stanislaus County
 - Yvonne Coiner San Diego
 - Patricia Duncan Hall Contra Costa County
 - Christy Coleman- Shasta County
 - > Julie Kundert Van Nuys

If you have a VOICES Chapter lead in your center and would like to nominate them to the CFJI VOICES Network email Michael Burke at michael@allianceforhope.com



Survivor Engagement

- Creation of VOICES Tool Kit
 - Created with Survivors for Survivors
 - Create a VOICES Network in your center



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Survivor Engagement

- Implement HOPE Survey
 into "intake process"
- Survivor centered navigation
- Evaluation of HOPE Survey Data
- VOICES Committee reviews Center policies





Survivor Defined Success Outcome Measurements

We will be discussing this topic at length April 11th during the Directors Summit





changing systems, changing lives



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 Despite the prevalence of intimate partner violence (which we use synonymously with domestic violence) and the resources directed at ending it, there is a lack of information about how survivors themselves define success.



 Survivors' examples of success centered on connection with family members, friends and other informal networks; on achieving something that created value and worth for themselves and others; and on moments characterized by calm, predictability and "normalcy."



 Services provide the lens through which practitioners understand survivor identity and success, whereas survivors derive identity and purpose from connection and personal accomplishment, far beyond the bounds of the abusive relationship and the walls of programs.



 Survivors and practitioners alike are hungry for tools and methods that help them extract lessons when things go well in their personal lives and in their work.



 Taking what we have learned and aligning policy, funding, and service systems with truly survivor-defined success is our collective task at hand.



 Ultimately, service delivery systems may be designed around and held accountable for concepts of survivor success that are far too narrow and do not account for the diversity of survivor experiences and priorities.



Question	Survivor	Practitioner
Identification of Single Moment of Success The Significance or Meaning of the Moment	 Informal connections (29%) Accomplishments (22%) Normalcy (17%) Informal connections (24%) Shift in confidence (20%) 	 Survivor shift in agency (24%) Practitioner agency (24%) Survivor insight (14%) Survivor breakthrough realization (25%) Shift in confidence/behavior
What or Who Enabled the	 Breakthrough realization (18.5%) Self (21%) Family (20%) 	 (22%) Milestones (12.5%) Survivor (19%) Practitioner actions (17.5%)
Moment? How Does SurvivorCope	 Friends and peers (15%) Informal connections (19%) 	 Fractioner actions (17.5%) Survivor family (17%) Informal Connections (18%)
in Between Moments of Success?	• Self-care (17%) • God/faith (12.5%)	 Self-care (12%) Use of conventional services (11%)



- Only 7% of survivor stories overall were about leaving or altering the relationship with the abusive partner.
- The remaining 93% were about connections with others, accomplishments outside the abusive relationship, and/or the normalcy of daily life.



Next Month – February 26, 2016



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CREATING PATHWAYS TO HOPE

Webinar #2: Introduction of Hope Theory

February 26, 2016 at 10 am PT Presented by: Chan Hellman and Casey Gwinn Objectives:

- Understand Hope Theory
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March 25, 2016



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Webinar #3: Implementing Survivor Defined Success and Hope Theory into FJCs and MAMs

March 25, 2016 at 10 am PT Presented by: Casey Gwinn and Chan Hellman Objectives:

- Examine implementation in Centers
 - Methodology
 - Benefits and Challenges
 - Things to consider
- Next steps



Directors Leadership Summit April 11th Implementing what you have learned

Registration open













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Contact Natalia Aguirre - natalia@allianceforhope.com



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Questions or Comments?



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Thank You!

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