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HEARTLAND ALLIANCE INTERNATIONAL

NCTTP Research Symposium March 18, 2024

> Mary Kay Hazel, MSW Brooke Blackburn, BA Martin Hill, PhD



Presentation Objectives

- Introduction of Heartland Alliance Marjorie Kovler Center (MKC)
- Intake process
- Increase in demand for services
- Wait list challenges
- Restructured multi-tiered intake model
- · Collection of outcomes measures
- Shifting clinical intake measures
- Implications for evaluation and monitoring
- Next steps



Marjorie Kovler Center helps empower individuals to transform their lives while healing from the complex consequences of torture and trauma. Kovler Center provides medical, mental health, and social services; trains and educates locally and globally; and advocates for the end of torture worldwide.

MKC snapshot

- Part of Heartland Alliance International (HAI): human rights programs in 11 countries
- Marjorie Kovler Center founded 1987
- Heartland Alliance founded 1888: over 135 years of serving asylum seekers and vulnerable populations
- Located in Chicago, Illinois



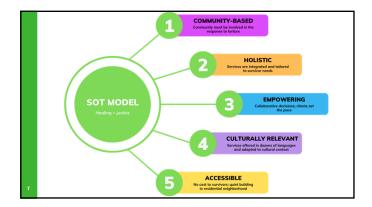
By the numbers

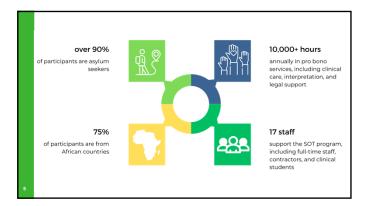
Program	Year founded	Survivors served annually	Countries represented
Survivors of Torture	1987	428	60
Healing Journeys (Child Trauma Program)	2018	140	38
Afghan Program	2021	107	1
Afghan Program	2021	107	1

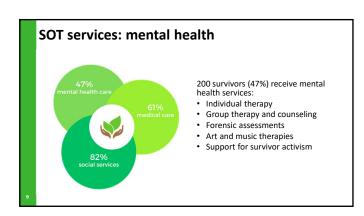
Survivors of Torture Program (SOT)



- Model developed with emphasis on the political dimensions of torture
- Medical, mental health, social, and legal services to survivors and family members
- Train on the special needs and care of torture survivors
- Advocate on issues affecting torture survivor community





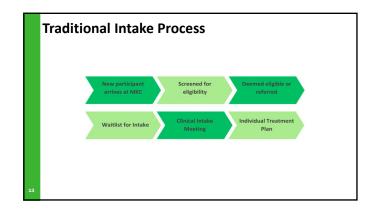


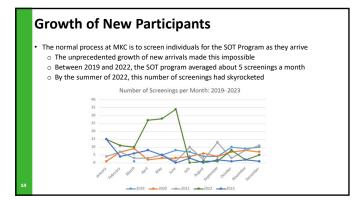
SOT services: medical	
47% mental health care 61% medical care 82% social services	260 survivors (61%) receive medical services: • Primary care* • Psychiatry* • Specialty medical care • Dentistry • Eye exams • Forensic assessments and affidavits* *services provided on site

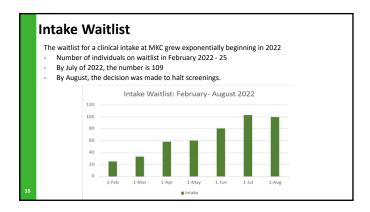
SOT services: case management 350 survivors (82%) receive social services and case management: Benefits registration Referrals to housing, food, education, and employment support Transportation assistance Coordination of medical, mental health, legal, and other services Links to volunteer support as needed for accompaniment, tutoring, interpretation

SOT services: additional

- Community programs: cooking groups, community garden, field
- Occupational therapy
- Massage therapy
- Acupuncture
- Client Advisory Council







Creation of Screening Waitlist In August, the number of individuals waiting for a screening is 97 --- by January 2024 the number is 360 No screenings except for emergency situations Waitlist Growth: February 22'- February 24' Waitlist Growth: February 22'- February 24'- February 24'

Reasons for Increased Numbers or New Participants

- Post COVID re-openings
- Increased Immigration delays
- Expanded social services from Pandemic
- Feeling of safety after the Trump Administration

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New Challenges for Intake Process Due to the number of new arrivals, wait times between the initial screening and the clinical intake tripled Beginning of 2022: weege wait time 2-3 months End of 2022: weege wait time 6-nonths Beginning in February, MKC model changed to allow for basic, non-clinical case management services to be offered to screened individuals For an average of 10 months, participants only met with Cht. This caused a disconnect and further delays when the clinical intake finally approached Additionally, more participants expression disinterest in clinical services at intake than ever before Wait times for Intake: 2022- 2023 45 40 23 2022 2023 2020 2021 2021 2021 2021 2022 2022 2022

Multi-Tier Intake Model: Phase 1

- Phase 1 allows for clients to meet with CM for basic needs and officially be counted as clients
 - Track services beginning with first meeting with CM
 - CM collects ORR well-being indicators to use as baseline
- Welcome groups are hosted by clinical staff and required for all new participants
 - Familiarizes clients with program structure and sets expectations



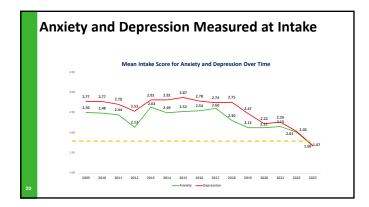
Multi-Tier Intake Model: Phase 2

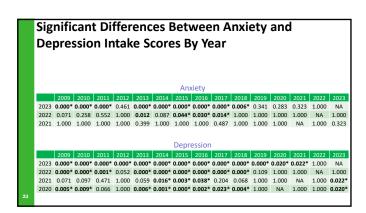
- Client is scheduled for a clinical intake
 - o Full trauma history and clinical evaluation
 - o Individual Treatment Plan (ITP) created. Client may access all MKC services, including clinical services like therapy, psychiatry, MFE, etc.
 - o Intake assessment no longer serves as official start in the SOT program
- Program Evaluation begins
 - \circ Comprehensive interview every 6 months for the next two years
 - More on program evaluation in following slides...
- Must complete intake to continue with any MKC services including CM
- \circ Those who do not engage in intake go on the stand-by list

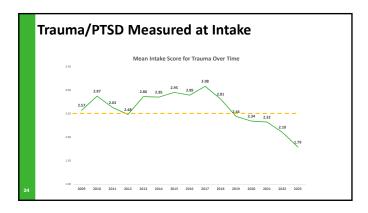
Outcome Evaluation

- Began tracking clinical and non-clinical outcomes in 2010
- Consistent with our holistic approach
- Measure programs efficacy for internal use an evidence for funders
- Meet with clients 6, 12, 18, and 24 months post-intake
- Hopkins Symptom Checklist 25
- Harvard Trauma Questionnaire
- Well-Being Questionnaire (WBQ) functional domain indicators
- Satisfaction Survey

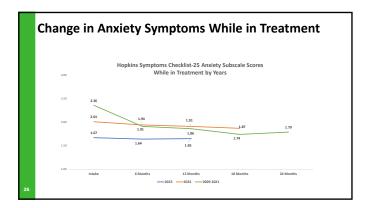
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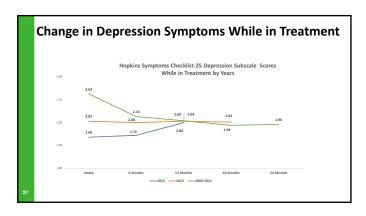






	Significant Differences Between Trauma Intake															
	Score By Year															
		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	2023							0.000*								NA
	2022	0.077	0.000*	0.017*	0.541	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.656	1.000	1.000	NA	1.000
	2021	1.000	0.018*	1.000	1.000	0.037*	0.011*	0.000*	0.004*	0.000*	0.029*	1.000	1.000	NA	1.000	0.028*
	2020	1.000	0.010*	1.000	1.000	0.023*	0.005*	0.000*	0.001*	0.000*	0.014*	1.000	NA	1.000	1.000	0.005*
	2019	1.000	0.189	1.000	1.000	0.352	0.134	0.007*	0.049*	0.000*	0.328	NA	1.000	1.000	0.656	0.000*
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	Change	in Tr	auma Sy	mptom	s While	in Treat	ment
	3.00		Harvard Trauma Qı Whil	uestionnaire Traum e in Treatment by Y			
	2.50	2.63					
	2.00	1.68	2.13	2.03 2.04	1.94	1.96	
	1.50						
8	1.00	Intake	6 Months	12 Months 2023 —2022 —2009-2	18 Months	24 Months	

Implications for Evaluation and Monitoring

- Increased wait times after screens lead to more services/intervention
- No correlation between number of services and intake scores
- Time as a factor screen to ITP is 6 months for clients who entered in 2022 vs. 10.5 months for those who entered in 2023
- To determine well-being, rely less on clinical improvement and consider social/functional well-being indicators
- Use traditional methods in combination with ORR outcomes

Next steps

- Further research to explore the association between types of services received (e.g., financial) and other variables with baseline clinical scores
- Analyze data with expanded sample size (include all 2023)
- Qualitative interviews to understand the decision to forgo therapy

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Thank You!



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