Txin Kaanguˆ Initiative

Implementation Guide

2022

ALEUT COMMUNITY OF ST. PAUL

TRIBAL GOVERNMENT

Center for Native Child and Family Resilience

Children's Bureau

Acknowledgements

Suggested Citation Text

Contents

About this Guide

This Implementation Guide provides information necessary for implementing the Txin Kaangux̂ Initiative (TKI), one of the Tribal child welfare programs developed and evaluated as part of the Center for Native Child and Family Resilience (the Center), a 5-year project of the Children's Bureau originally founded as the National Quality Improvement Center for Preventive Services and Interventions in Indian Country.

This Implementation Guide will help organizations or Tribes that would like to implement this holistic approach to healing and wellness do so in ways that are congruent with the culture, norms, rituals, and lifeways specific to their communities. It outlines the implementation strategies used in collaboration with TKI staff to further define and launch the program in their community. The guide provides the reader with the information necessary for implementing the holistic approach, such as material about the program's creation, general implementation guidance, recommendations for working with the community, suggestions for addressing evaluation and legacy planning throughout the process, and lessons learned along the way. The result is a document that integrates overarching implementation guidance with program-specific guidance for TKI.

This Implementation Guide references and should be used in conjunction with the TKI Program Manual. The TKI Program Manual discusses the Journey Through Systems Change, which provides the reader with a history of needed changes and the changes that occurred. The Program Manual also provides an explanation of current services and supports; how to access those services and supports; and the evaluation that occurred through CNCFR.

Material in This Guide

The following pages in this Guide provide information about:

- **The Background of the Center:** Provides an overall explanation of the Center including various aspects such as the purpose of the Center, Center partnership, how the Center partners with the 5 Tribal communities, and Indigenous Ways of Knowing.

- **The Txin Kaangux̂ Initiative Story:** Provides a highlighted version of TKI and is designed to work hand in hand with the TKI Program Manual which provides a deeper discussion of history, context, target population, and the program's impact.

- **Implementation and Evaluation Planning and Readiness:** Provides the reader with an overview of what activities need to be completed prior to implementation, such as conducting a Community Readiness Assessment. The Pathway to Change (PTC) is also discussed in this section. It is an activity designed to develop a theory of change and resulting Impact Model. Other information in this section includes Creating and Defining Roles, System Partners and Community Linkages, Training, Program Adaptation, Financial and Material Considerations, CQI, Data Collection, Mind Mapping, Fidelity Monitoring, and Lessons Learned.

- **Ongoing Program Implementation and Evaluation:** Discusses what needs to be done on an ongoing basis to support the day-to-day activities of TKI, including setting policies and procedures, determining the frequency of data collection and analysis, and communicating results to workers and the broader community.

- **Program Sustainability Through the Development of a Legacy Plan:** Describes the importance of developing a sustainability plan from the outset and how to use the Legacy Planning Tool to think through the various elements of sustainability. In the work of the Center, the legacy of a program refers to how it continues to operate in a community as the way things are done and the ability of the program to continue to serve the community and sustain it over time. The legacy of a

program and the ability to sustain all or part of it might look different depending on where the program is in the planning process and its incorporation in the larger community.

A Note About Material Not in This Guide

The Implementation Guide has been written to support the implementation of the program by other Tribes and organizations. Although this Implementation Guide may include some materials relating to TKI's local culture and traditions, some of the local cultural components may have been removed under guidance of the community to protect the local culture.

Groups implementing TKI are encouraged to draw on their own traditions and resources to make the program their own.

Background of the Center for Native Child and Family Resilience

The Center brings together experts in child welfare, Indigenous communities, and evaluation to promote Tribal solutions to child welfare. Comprising three partner organizations—JBS International, Inc., the Tribal Law and Policy Institute, and Mathematica—the Center seeks out and disseminates knowledge of culturally relevant practice models, interventions, and services that contribute to child maltreatment prevention.

The Center's work includes:

- Sharing information about existing programs uncovered during its literature review and environmental scan work.

- Partnering with five Tribal organizations to identify and enhance culturally based programs designed to strengthen community and family resilience in American Indian/Alaska Native (AI/AN) communities; these projects focus on efforts with promise for preventing and intervening in child maltreatment. All five projects share a unifying theme: they implement community- or practice-based innovations that strengthen the AI/AN families and reduce risks to AI/AN children.

- Developing approaches to program development and evaluation based on the collaborative model described in *A Roadmap for Collaborative and Effective Evaluation in Tribal Communities*, which provides a process for engaging Tribal community resources and expertise.

- Working with Indigenous child welfare experts to create a first-of-its-kind Resilience-Informed Care Curriculum, a trauma-informed curriculum that centers Indigenous resilience rather than trauma.

The Center embraces its unique opportunity to honor and advance the valiant community efforts that improve Native family resilience and to help empower Tribal communities of care by using culturally engaged, community-based evaluation models to demonstrate the effectiveness of these efforts and to disseminate Indigenous solutions to the field. Our work centers Indigenous Ways of Knowing (IWOK) in program development and evaluation, recognizing Tribal sovereignty over knowledge products and the value of lived experiences of Tribal communities in the approach we take to intercultural sharing of information.

The Center uses community-based and community-collaborative evaluation models compatible with IWOK to build knowledge and empower Tribal communities of care. Through program development and evaluation assistance, the Center supports culturally grounded and tribally created child and family service programs built upon Native philosophies, community and practice-based evidence, behavioral norms, relationships, and

attributes as part of culturally engaged and congruent community wellness.

For this work, the Center has gathered recognized experts in the field who are knowledgeable about Tribally based prevention, evaluation, and knowledge development (i.e., Tribal research) work. This group of experts has experience and understanding in the areas of Tribal program development, Tribal community-based prevention efforts, and child welfare prevention and intervention programs that support and strengthen family and community resilience. The experts bring to bear many modes of knowledge development and rigorous examination that center IWOK, which includes a range of epistemic approaches that embody the cultural values and worldviews of AI/AN cultures. IWOK offers insight into a variety of program effects and demonstrate how a constellation of factors and interventions have significant effects on prevention and care strategies that are frequently discounted or overlooked by approaches to program evaluation based in Western epistemologies.

IWOK in Action

The Center values the importance of continuous engagement with Tribal partners in a participatory manner by building relationships, knowledge, and skills through evaluation activities. This approach to project evaluation allows us to:

1. Ease concerns caused by the history of negative research experiences in Indian Country. The history of deficit-based research across Tribal communities has seen outside researchers impose Western frameworks, interpret data, and disseminate findings without incorporating Tribal input and understanding, addressing Tribal needs, or creating positive social change. Because we center participatory approaches, we prioritize collaborative and participatory engagement with Tribes throughout the evaluation process to gain trust and ensure that findings will provide useful tools for the community and reflect the cultural context in which they are implemented.

2. Allow sufficient time and employ a flexible timeline to accommodate a collaborative and participatory approach. The collaborative and participatory aspects of the evaluation require significant time and coordination, so we have factored additional time and flexibility into our evaluation timelines.

3. Use multiple data sources to overcome limitations of administrative data that may vary in availability and quality. Many Tribes may not have the resources for robust management information systems to track service delivery and participant outcomes data. Even if Tribes have child welfare data systems, the systems may not have the necessary tracking and reporting capacity or a scope that includes all the relevant information (e.g., about prevention programs). To address this potential problem, we use an approach that emphasizes direct data collection from site visits, cost workbooks, and participant intake and outtake forms. However, to minimize burden on sites, the plan can be adapted to include administrative data, if there is administrative data available. This approach, which uses confidential intake and outtake forms and culturally grounded storytelling for case studies, allows for high quality, Tribally focused data collection on sensitive topics.

The Txin Kaangux̂ Initiative Story

Overall Vision and History

The goal of the initiative is to provide for the integration of Tribal Government programs, services, divisions, departments, and their employees that provide for the health, welfare, and safety of the Aleut Community of St. Paul Tribal membership and community. TKI reflects the desire for a holistic approach to healing and wellness that relies on collaboration and creativity in a broad approach to service provision. What follows provides highlights of the steps taken throughout the years relative to the history of development of the program. Additional information can be found in the Program Manual.

Prior to 2011, the Tribe realized that Alaska Native and American Indian children were increasingly being lost in the child welfare system, a tragedy for the children, their families, and the community. Prior to its work with the Center, the Aleut Community of St. Paul Island had 78 Tribal member children (28 percent) in the United States foster care system; of those, 32 children are in the care and custody of the Alaska Office of Children's Services.[1] AI/AN people make up approximately 15.3 percent of the total population of Alaska, and AI/AN children are 27.4 percent of the child population.[2] AI/AN children are disproportionally represented in foster care; roughly 59.6 percent of all youth in the Alaska foster care system are Alaskan Native, an all-time high. AI/AN children are 2.17 times more likely to be in foster care.[3]

This caused the community to realize family services needed to be returned to St. Paul Island. In 2011, the Tribal Council informed the nonprofit corporation known as the Aleutian Pribilof Islands Association, Inc. (the federally recognized Tribal organization of the Aleut people in Alaska) that it would be reassuming the

Tribes role in self-governing the Indian Child Welfare Act (ICWA) program. In 2013, the Tribal Government was awarded a State of Alaska Rural Child Welfare Grant that allowed the Tribe to act on the behalf of the State of Alaska in cases that were moved to their Family Services program (children placed in out-of-home care that had moved beyond the investigative stage).

In 2015, the Tribal Council of the Aleut Community of St. Paul Island established the Txin Kaangux̂ Initiative as a preventative and integrative medicine model. The TKI's strategic plan, developed in September 2015, outlined how the program's definition of "healthy people" refers not only to the physical body, but also to the mind and spirit, and reflects an individual's relationships with other people, their environs, and their opportunities to learn and grow.

Subsequent highlights of TKI's development and implementation include:

- In October 2017, the Aleut Community of St. Paul Island entered into a Tribal State Compact agreement with the State of Alaska to assist the Tribe in completing services such as licensing, diligent inquiries in ongoing placement searches, family contacts, and emergency walk-throughs for placement.

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1   Office of Children's Services (OCS), 2018 Tribe-specific data provided by OCS (sent monthly)
2   Alaska Department of Labor Census Data, 2017
3   Office of Children's Services, 2018 Tribal State Collaboration Group—Statewide Data

- In 2018, the Aleut Community of St. Paul Island's TKI applied for and established a working relationship with the Center to assist the Tribe in improving Native family resilience and to help empower the Tribe's community of care by using a culturally engaged, community-based evaluation model to demonstrate the effectiveness of their efforts and disseminate those Native solutions to the field.

- In 2019, the Aleut Community of St. Paul Island became the first direct Title IV-E funded Tribe in Alaska.

- In 2022, the Aleut Community of St. Paul Island completed their Program Manual and Implementation Guide and began work on the program's Legacy Plan, which was anticipated to be completed during the summer months of that year.

TKI Description

The Aleut Community of St. Paul Island-Tribal Government (ACSPI) established the TKI, which translates roughly to "your health and wellness", to serve the Alaska Native village located on St. Paul Island, Alaska. The TKI was designed to be holistic in nature. Seeing that ACSPI's child welfare cases center around domestic violence, child sexual abuse, neglect, or parental substance abuse, the TKI offers a holistic healing and wellness package to families. Services offered include Cultural Activities, Behavioral Health, Youth Programs, Health Programs, Victim Services, Assistance Programs, Children and Family Programs, and Wellness. Additional information regarding the program can be accessed through the Program Manual.

Intended Outcomes of the Program

The TKI mission is to "empower our community to build strong and resilient families" through the idea of Ataqakun Anguillid, or "living together as one." By re-centering its approach to individual health on each person's interconnectedness with their entire community (i.e., rather than focusing solely on individual well-being), the TKI is returning to traditional values that will help people see their value and role in keeping the entire community safe. The Initiative will decrease or prevent child maltreatment and improve child welfare outcomes through the following routes:

- Providing integrated, holistic, non-punitive services to justice-involved families.

- Identifying families at risk of child maltreatment, and thereby enabling efforts preventing that maltreatment.

- Engaging the community to bring awareness to TKI services and destigmatize the need for engaging in services.

Program Considerations

- **Teaming.** Consider developing teams to lead the community, program, and/or Tribe's effort to affect needed change. "Effective teaming is crucial to the success of each step of an agency change initiative—from problem exploration, through planning and implementation, monitoring, and evaluation, to planning for intervention sustainability."[4]

- **Program Manual.** Read the Program Manual prior to reading this manual. The Program Manual sets the context for the entire TKI program and will therefore connect the dots for you as you begin to read this manual.

- **Community Readiness.** Determine whether the community is ready to embark on system change. We have all heard that change is difficult, no matter what change you are trying to make. Change becomes even more difficult when you are trying to create a new way of doing things for a community that is not ready to drive down the road to system change. Does everyone know about the challenge that results in a need for change? Is everyone ready to work on the change? Is the change you want to make the root cause or challenge, which requires the change in the first place? Or is it a symptom of that root cause? It is important to understand all aspects of systems change; otherwise your efforts may be doomed because the community is not ready. Because of this, the Center used the Community Readiness Model described below to ensure implementation efforts were well founded and focused on the changes needed by the community.

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4   Capacity Building Center for States, "Change and implementation in practice: Teaming" (Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, 2018) 13

Implementation and Evaluation Planning and Readiness

Preventing and intervening on child maltreatment are serious issues, and changes related to them may have particularly vexing barriers at multiple levels. Ensuring any community is ready and able to make these changes prior to implementation is vital to the success of the program. As a result, the Center worked with TKI project staff to complete a Readiness and Evaluability Assessment and the Pathway to Change. They used the information obtained during these processes to prepare for key elements of implementation such as: staff roles, processes, and training; financial needs; and data collection, evaluation, and continuous quality improvement (CQI).

Readiness and Evaluability Assessment

The process of community change can be complex and challenging, and the Community Readiness Model (CRM) offers tools to measure a community's readiness for change and to develop stage-appropriate change strategies. The CRM is a model for community change that integrates a community's culture, resources, and level of readiness to address child maltreatment more effectively. The model:

- Allows communities to define issues and strategies in their own contexts.

- Builds cooperation among systems and individuals.

- Increases capacity for Tribal communities to prevent and intervene in child maltreatment.

- Encourages community investment in issues related to child maltreatment and awareness.

- Can be applied in any community (e.g., geographic, issue-based, organizational).

- Can address a wide range of issues.

- Serves as a guide to the complex process of community change.

The CRM can help promote community recognition and ownership of issues related to child maltreatment. Creating shared ownership can help ensure that implementation strategies are culturally congruent and sustainable. The CRM can help address resistance and conserve valuable resources (e.g., time and money) by guiding the selection of strategies that are most likely to be successful. It encourages the use of local experts and resources instead of reliance on outside experts and resources.

Readiness is the degree to which a community is prepared to act on an issue. In this context, readiness is:

- Issue-specific.

- Measurable across multiple dimensions.

- Variable across dimensions.

- Variable across different segments of a community.

- A feature that can be increased successfully.

- An essential piece of knowledge for the development of strategies and interventions.

Matching an intervention to a community's level of readiness is essential for success. To measure readiness, the Community Readiness Assessment (CRA)[5] uses key respondent interviews in the community to measure the extent to which a community is prepared to act on an issue. The findings from the interviews are scored and used to match an intervention to the community's level of readiness. The readiness assessment measures address readiness in six areas:

1. Existing community efforts

2. Community knowledge of the efforts

3. Leadership

4. Community climate

5. Community knowledge about the issue

6. Resources related to the issue

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5   Materials in the Community Readiness Assessment were adapted by JBS International, Inc. based on materials from the Tri Ethnic Center for Prevention Research, Community Readiness Assessment (Colorado State University) and SAMHSA Tribal Training and Technical Assistance Center, Community Readiness Manual on Suicide Prevention in Native Communities.

The evaluability assessment builds upon the strong tradition of oral storytelling in Tribal communities. This approach enables communities to talk about their proposed program and how it fits into their communities in their own words and in their own way. The Center developed the guided storytelling framework approach in conjunction with the CNCFR Indigenous Evaluation Workgroup, a group of experts in Tribal research and evaluation.

The CRA took place over several meetings between March and April 2019. Due to the location of the island, Charlene Naulty, Director, Community Safety and Peace, facilitated in-person meetings, when possible, followed by phone calls and emails to gather additional data. The evaluability assessment was also supported by Sonja Ulrich, Director, Center for Native Child and Family Resilience. The assessment was conducted over a period of six weeks and included meetings and interviews with:

- Pribilof School District

- St. Paul Island School Teachers

- Tribal Government Employees

- Community Members

- Alaska Office of Children's Services, South Central Regional Office

- City of St. Paul Department of Public Safety

Creating a Pathway to Change

Once you have a sense of the community's support for and ability to implement a change, the next steps for implementation involve understanding the change you want to create. A theory of change is a description of a desired change in a project or program and the steps required to take to achieve chosen goals intended to get your program to a future state of desired change. The Pathway to Change (PTC) is a tool that was developed under the Capacity Building Center for Tribes, a federally funded technical assistance provider for Tribes. The PTC has been used to support Tribes in the development of a theory of change and the initial development of project work plans on technical assistance projects.

Because the PTC is a tool for developing solutions to complex problems using a collaborative process for defining a long-term vision and the steps to achieve that goal, the Center used the PTC tool to brainstorm and identify the future state of change for each Center project. At its core, the PTC consists of a 7-step process for developing an Impact Model, a visual tool that provides a map for achieving program goals.

The use of a collaborative team to support this activity is critical to its success, and team development should occur prior to embarking on this activity. (See Program Considerations above.) The steps of the PTC are:

- **Step 1:** What We Build: The PTC activity begins with development of a short statement that captures the long-term desired condition (i.e., future state achieved as a result of the change). The statement becomes your Vision of Success, which you should review regularly as you move through the PTC activity.

- **Step 2:** Who We Impact: The next step is to identify the people, groups, and stakeholders that will be impacted by the changes brought about by achieving the Vision of Success. Potential groups to consider include mothers, fathers, children, youth, adolescents, community, child welfare professionals, the Tribe, etc.

- **Step 3:** What We Know: Subsequently, you compile background and contextual information relevant to achieving the Vision of Success and completing your project.

- **Step 4:** What We Bring: This step involves identifying the resources, strengths, and challenges that the program, Tribal community, and children and families bring to the desired project and that will be used in achieving the Vision of Success.

- **Step 5:** What We Change: In this step, you will identify the specifics of what will be different once the Vision of Success is achieved.

- **Step 6:** What We Do: At this point, you will list some of the activities that will lead to the changes identified in the previous step, What We Change.

- **Step 7:** How We Know (Evaluation and CQI): The purpose of this section is to think about how the evaluation and CQI concepts of outputs and milestones are connected to the activities you are undertaking. This section looks at some of the activities listed in the section "What We Do" (and related to a change identified in the section "What We Change") and identify outputs and milestones for those activities.

The PTC tool and a more detailed description of the process can be found in the Appendix.

Creating and Defining Roles

Leadership

The success of a program requires a strong leadership team. Although all staff are integral to the mission, the TKI program has several key members on island and within the Anchorage, AK, office to complete the mission. The Director and Division Directors are responsible for ensuring the program is active and operational. The Director is responsible for grants and the macro level operations of the program. The Division Directors work with the staff on implementing program services and assist with the grant reports. On-island, the Healing and Wellness Division Director acts in the position of supervisor and monitors the day-to-day work. The Community Education Outreach Coordinator acts as the liaison between Divisions and coordinates all training and outreach efforts for the TKI in the community.

Staffing

Staffing for the TKI consists of the following positions in Anchorage and on St. Paul Island. The Required Training by Position table in the Appendix contains additional information relative to essential duties and responsibilities, qualifications, education, and experience.

#	ANCHORAGE SUPPORT OFFICE
1	Behavioral Health Division Director
2	Executive Assistant
3	Executive Director
4	Family and Victim Services Division Director
5	Family Services Specialist x2
6	Social Services Associate
7	TKI Administrator
8	Tribal Probation Officer

#	ST. PAUL ISLAND OFFICE
1	Community Case Manager
2	Community Education and Training Specialist
3	Community Wellness Specialist
4	Elder Specialist
5	Food Bank Coordinator
6	Healing and Wellness Division Director
7	Housing Coordinator
8	Receptionist
9	Victim Services Advocate x2
10	Victims of Crime Coordinator
11	Judge
12	Office of Justice Administration Director
13	Tribal Court Clerk
14	Tribal Court Navigator x2

The Chief Judge and Director of the Office of Justice and Governance Administration work off site. As expected, the essential duties and responsibilities, qualifications, education, and experience differ from one position to the next. However, these positions are required at TKI for the program to function efficiently and meet the goals of the program.

Other Departments that support the TKI include the Ecosystems Conservation Office, Office of Cultural Affairs, Office of the President, and the Department of Business and Economic Development (DBED). Within DBED are the following Divisions: Finance, Human Resources, Accounts Payable/Receivable, Education, Housing, Training, and the Bering Sea Campus.

Training

Each position in the Required Training by Position table in the Appendix, at a minimum, must have the following training and education: high school diploma or equivalent, bachelor's degree in human services, social work, criminal justice, psychology, health care administration, or similar field preferred. Other combinations of education and experience could provide the competencies, knowledge, skills, and abilities required. The table's "Required" column indicates the minimum education or training required for each position. The red bullet points in that same column refers to any additional training requirements for the position.

System Partners and Community Linkages

Outside of the agency, the success of the program relies on the Pribilof School District, the Central Bering Sea Fisherman's Association, Southcentral Foundation, Tanadgusix, and the City of St. Paul to assist the Tribe in maintaining and promoting a healthy community. Through this collaboration, social services programs, prevention services, and financial services are provided to the community of St. Paul.

Practice Mapping

The TKI program wanted to ensure each staff member understood the day-to-day practice when working with children and families within their communities. So, prior to working with the Center, the TKI obtained the services of a consultant who met with the program team to develop their Tribal Child Welfare Practice Maps.

Tribal Child Welfare Practice Maps ensure staff, other programs, and the community at large understand the practices associated with the Tribe's child welfare program. Practice maps documented how the child welfare program's work moves from one step

to the next, identified resources needed to support the mission, assisted with thinking through policy development, helped identify partners required to support the work, and identified gaps in the service array.

Additional information can be found in the TKI Program Manual.

Program Adaptation

When conducting work in a rural Native community, one abundant with culture and community connection, it is imperative that services are adapted to meet the communities within the service area. The TKI modified the child welfare system to incorporate the Aleut Community of St. Paul Island Tribal Values and Codes in their practice while also syncing with federal and state requirements. The Tribal Court was also modified to move from a punitive system to one that promoted restorative justice. The TKI also modified the Healing of the Canoe treatment program to integrate the customs and traditions of the Unangan culture.

Financial and Material Considerations

The community of St. Paul Island is located 800 miles away from the mainland of Alaska, in the middle of the Bering Sea. Due to its remoteness, operational costs are higher on the island than on the mainland. Beyond overhead cost (e.g., personnel, rent, utilities, office equipment), additional costs include travel to and from the island for conferences, grantee meetings, and other expenditures such as training, vehicle purchase, and consulting fees.

Following is a portion of the overall operating budget for the Department of Community Safety and Peace and the Department of Healing and Wellness that was dedicated to the development, maintenance, and operation of the TKI. Funding streams, originating from various sources, were combined much like a system of care flexible funding account which allows for the purchase of goods or services that may not be otherwise available to a family due to the requirements and constraints of each one of the areas of funding. Below is a 2015 through 2022 table of Annual Costs by Year.

The 2015 Year was the initial year of TKI, and costs increased

every year due to the recruitment and onboarding of new staff, salary, benefits, training, new office space, travel, supplies, equipment, and other direct expenses. The FY 2022 column represents a portion of the costs for that year.

ANNUAL COSTS BY YEAR

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Personnel Expense	$745,963	$869,644	$1,133,541	$1,099,470	$1,198,284	$1,191,999	$1,129,219	$212,613
Travel	$238,430	$202,152	$203,758	$271,430	$247,025	$142,261	$109,998	$28,503
Supplies	$39,641	$39,876	$67,745	$55,350	$90,845	$57,514	$115,633	$20,255
Equipment	$96,489	$63,634	$56,868	$212,172	$65,336	$50,660	$140,977	$45,669
Other Direct Expenses	$150,197	$250,713	$68,113	$119,729	383,359	$170,173	$466,558	$115,378
SUBTOTAL:	$1,270,720	$1,426,019	$1,530,025	$1,758,151	$1,984,849	$1,612,607	$1,962,385	$422,418

Data Collection, Evaluation, and CQI

Program evaluation tells the story of how a vision for change and the actions taken to bring that vision to fruition lead to better outcomes for children and families. Telling that story requires gathering data from numerous sources, be they program participants and alumni, Elders, external reviewers, case management or other automated information systems, budgets, etc. Evaluation efforts might address different aspects of a program, including:

- Outcome evaluations, which could help with understanding whether the program is having the intended effects

- Implementation or process evaluations to identify the extent to which the program is running as intended

- Cost evaluations, which address how much a program costs to operate

- Quality assurance, which helps assure that the program implementation aligns with desired outcomes

These efforts work best when they are included in the implementation discussions from the beginning. For example, thinking in terms of being able to gather data to evaluate the program while formulating the program's desired outcomes means that putting in place the processes for data gathering can happen at the outset rather than as an afterthought—collection processes for desired

data can be built into the program itself, rather than conducting evaluations that rely on data that happened to be gathered (regardless of how useful they are for measuring the specific outcomes). In addition, considering evaluation at the time of program implementation allows the opportunity for further reflection on and refining of program goals and the like.

Data Collection

All TKI programs collect data at the time of intake and continue doing so throughout each family's or client's navigation of the service array. In addition to the collection of demographic information, TKI programs collect data on family systems, mental and physical health, domestic violence, substance use, and general financial information. The data is used to determine appropriate level of services and assists in the designing of the individual or family treatment plan. Periodic progress evaluations are conducted with customers to determine if the services provided are meeting the needs of the customer and to establish additional services if needed. The data is also used to guide practice as it provides insight to patterns and social impacts of the community. Programs looking to implement an initiative like TKI should have a system to track program data. TKI uses an electronic system known as Safety, Advocacy, and Family Engagement (SAFE), which was developed using the 12-Bravo system.

Creation of Mind Maps

To better understand the TKI's goals, the TKI team used mind mapping, a process that draws out implicit knowledge about a particular topic, represents the vision for TKI, and creates a narrative for it. As the TKI staff had previously mentioned the importance of drawing and artistic expression to their ways of knowing, the Center team knew that mind mapping would be an ideal tool for integrating IWOK into the evaluation process. The metaphor of a "sea of change" allowed the community to illustrate how they will travel from where they are to where they hope to be in the future.

The Center used mind mapping with the TKI to generate conversations about outcomes, evidence, and data, and to achieve more participatory engagement in evaluation planning. Mind mapping is a brainstorming strategy that combines left- and right-brain thinking to draw out the implicit knowledge and beliefs of a group. This tool helped facilitate a deeper conversation about the TKI outcomes of interest and programmatic expectations, resulting in rich cultural metaphors and the development of a story-driven evaluation.

The Sea of Change

The individuals paddling in the *Baidarka* demonstrate the importance of working together. When paddlers are not paddling in unison, as shown by the left *Baidarka*, the journey is more strenuous and frustrating. However, when the struggling paddler has someone modeling in the front and someone supporting them from behind, we move to the second *Baidarka*, as shown on the right, with everyone paddling together. The wake of this *Baidarka* serves as a guide for those behind it, leading the way.
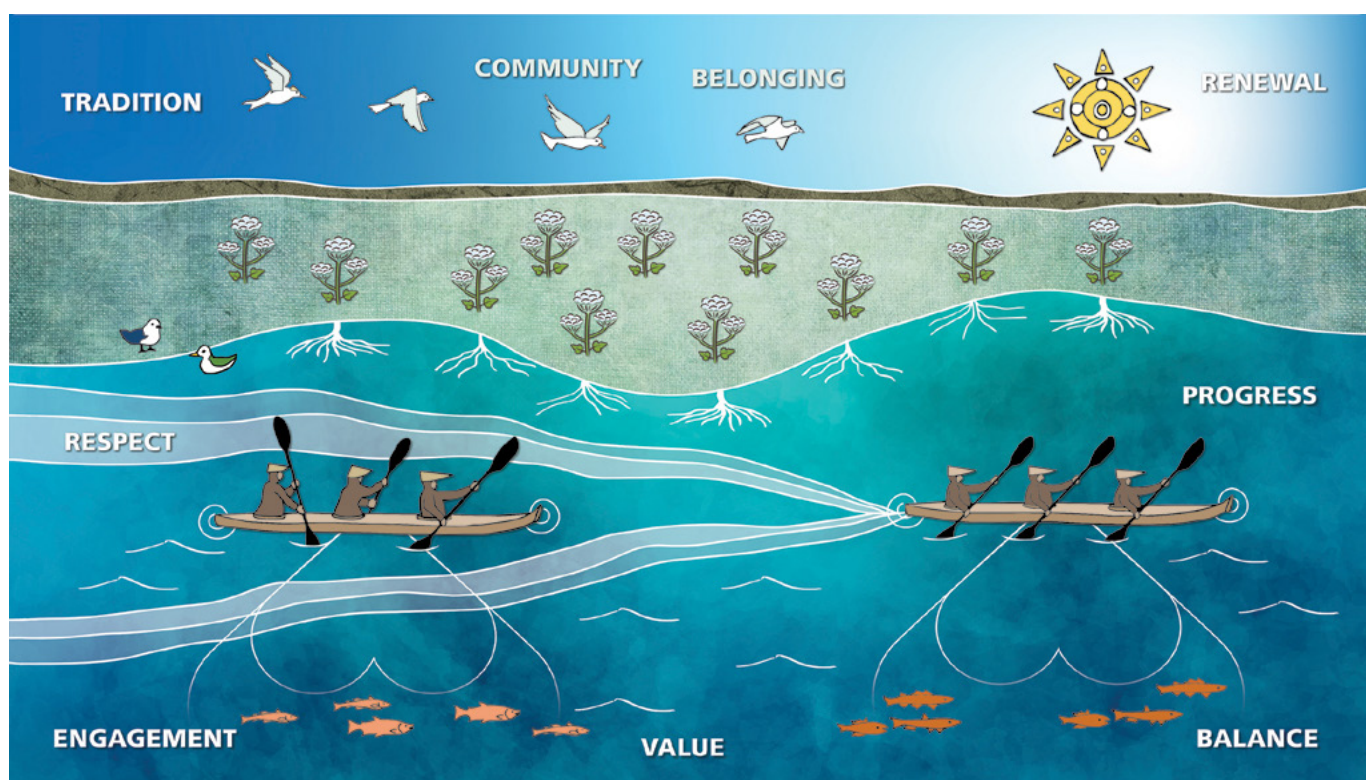
The sun symbolizes what the paddlers are traveling toward: light, warmth, energy, love, and life. The *poochkis* and their roots symbolize the culture, traditions, history, and way of life for people on the island. What is beneath the surface is responsible for all that blooms and flourishes on the bountiful island. This is also represented in the reflections of the hearts that are beneath the paddlers, to remind us that the love and spirit that guides our work, even if not always visible, is always there.

The mind mapping process allowed the community to make their values and goals explicit to themselves and communicate them in-depth to people outside the community. In addition, the mind mapping process has been a catalyst for team building and team cohesion. We consistently heard how the consensus-building aspect of mind mapping brought the project team together locally as well as how it contributed to building relationships with Center Team members. In this way, it embodies the best of the Center's approach to IWOK and culturally centered evaluation. There are five steps involved in the creation of a mind map:

1. **Create a Mind Mapping Team:** Ideally, this consists of a team of facilitators and a minimum of 4–5 participants (participants may include program staff, program clients/beneficiaries, program stakeholders, or community members with a vested interest in the program). For TKI, the team consisted of staff from the Anchorage support office and the office located on St. Paul Island.

2. **Creating a Picture:** The Mind Mapping Team then reflects on a broad question (e.g., "How does this program impact the lives of people we serve?" or "How does this program change our community?"). The team creates a picture, an illustration, or some other image in response to the question. Once that is done, the team meets to discuss the picture they created and explain the meaning of the picture. During this discussion, it is important for the facilitator to take note of commonalities and differences in participants' pictures, as the next goal is to create a common, unified picture that reflects both the common themes across pictures as well as unique differences. The unified picture may be a collage of individual pictures/images or an entirely new picture. There must be consensus from the entire group on the final picture developed.

3. **Identifying Activation Words:** Once the picture is developed, the team identifies activation words, which are words or phrases that come as an immediate response to the picture (e.g., "What do you think of when you look at this picture?"). Ideally, the team will identify 6–8 activation words. Again, achieving group consensus on the final list of activation words is necessary before proceeding to the next step.

4. **Going to the Next Level:** After identifying activation words, the next step is to expand on each activation word. The Mind Mapping Team reflects on questions such as "What do we mean by this word?", "What is this word related to?", and "What is it not related to?" Whereas activation words are surface level, the meanings captured at this step go much deeper.

5. **Reflection on the Whole:** This is the analysis phase of the process. Once Steps 2–4 have been exhausted, Step 5 involves stepping back and looking at the full mind map. The Mind Mapping Team may think about such questions as: What sorts of things are we seeing in this mind map that are expected/what we planned? Are there elements here that we didn't plan to see/that surprise us? What aspects of the mind map emerged that are important evaluation considerations (e.g., outcomes that we want to systematically track)?

Fidelity Monitoring/Continuous Quality Improvement

Fidelity monitoring is key to program success, as it will inform you if the program and its related services are being implemented/provided as intended. It will inform you how your program is working in real-life situations for purposes of monitoring CQI and can also inform the program's evaluation component. To that end, the TKI utilizes community-based and community-collaborative evaluation models compatible with IWOK to build knowledge and empower Tribal communities of care and to ensure established processes and protocols are being followed as designed.

As noted above, in 2019, the Aleut Community of St. Paul Island became the first direct Title IV-E funded Tribe in Alaska. The prevention program authorized by the Family First Prevention

Services Act is referred to as the Title IV-E prevention program, and the services being provided are referred to as Title IV-E prevention services. Numerous services are provided, and the program must explain how services will be continuously monitored throughout the Title IV-E prevention services plan to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices.[6]

Lessons Learned

Implementation

COVID-19 posed some unique additional challenges during implementation that are worth noting even as the virus becomes endemic. Tribes considering replication of an initiative like the TKI should plan for situations that inhibit face-to-face meetings. When the pandemic became widespread in the United States, it became readily apparent that a visit by Center staff to the support office in Anchorage was out of the question. Even more so, Center staff travel to St. Paul Island was never considered due to what would have been disastrous effects to the community if a CNCFR team member carried the virus to the island and potentially placed the entire island community at catastrophic risk. Instead, Zoom and Microsoft Teams were used to continue the weekly contact with the TKI team in Anchorage and on St. Paul Island. Each year, the CNCFR and TKI team also conducted a 1- or 2-day virtual site visit to ensure activities in the project

workplan were being completed as designed and to address any other topics requested by the TKI team.

Although a lot of time was expended on marketing materials (e.g., program brochures), a recent community survey indicated there is not a lot of awareness on the programs offered through the Tribe. As result of this information, all program brochures were mailed out to St. Paul community members. Additionally, a new promotional plan was developed to address the lack of awareness in the community.

Carefully designed plans must be formulated for staff to travel to and from the island. The average cost for a round trip airline ticket is $1,680.00 from Anchorage. The per diem rates are also high for travel to and from the island. In addition, the time expended to visit the island must be weighed against other competing work interests, tasks, and activities. Weather is always a factor and can have a deleterious impact on the program's travel budget when staff must remain on the island upon the cancellation of flights; with only three flights on a 25-passenger plane available each week, the weather can quickly change itineraries.

Evaluation Planning

One of the biggest lessons we learned is that individuals who participate in services do not feel comfortable with participating in the evaluation process. Staff reported that client hesitancy was linked to several factors, including hesitancy in participating in data collection that would delve into their healing journey as well as reluctance to participate in data collection of any kind after feeling "over surveyed" by other efforts by the Tribe to understand community needs. Obviously, this poses a challenge at the end of the project when there is limited information to evaluate. In hindsight, conversations with the service users about the evaluation process should have happened much earlier and the number of questions asked should have been kept to a minimum. Also critical is explaining the importance of gathering Tribally led data for the creation of services specific to Tribal populations, since most services and data fit the Western model we are trying so diligently to move away from. Understanding biases amongst staff will also go a long way. If a staff member does not like to take

6   See DCSP Title IV-E Prevention Program, Five Year Plan 2020–2024.

a survey or be a part of a focus group, they will not encourage participation in them. So, designing the evaluation study might need to be accompanied by a staff questionnaire.

Readiness

Although programs try to prepare for any eventuality that could somehow inhibit program success, there are always situations where even the *best laid plans* go awry. For example, in 2019 it would have been difficult to plan for—let alone *believe*—that everyone will be caught up in a world-wide pandemic, but that is the situation in which the Center staff and project site personnel found themselves. The Center had to figure out innovative ways in which to accomplish all tasks found in each project's work plan. Innovations included the utilization of varying electronic platforms in which to communicate and share work products across thousands of miles of territory. The pandemic revealed that readiness is not static and must constantly be reviewed and contingency plans explored requiring immediate decision-making skills to ensure the work continued.

Ongoing Program Implementation and Evaluation

Communication Strategies

There are several avenues of communication that exist to provide information to staff about program operations. These avenues consist of:

- **Practice Mapping.** The maps ensure staff understand the practices associated with the Tribe's child welfare program.

- **Brochures and Service Directory.** The brochures are used primarily to disseminate service descriptions and how to access services for the community but serves that same purpose for program staff when needed. The Service Directory complements the brochures and provides additional contact information.

- **Multidisciplinary Team.** There is a team in place that enables cross-program communication about the needs of clients. During the team's meetings, information briefings could occur to discuss changes in practice, use of electronic systems, and ongoing confidential discussions around the complex needs of individuals.

- **Weekly Briefing Meetings.** Every Monday and Friday morning, information briefings occur with staff to discuss impending activities and protocols such as those involving employee timesheets.

- **Social Media.** Multiple Facebook posts are made on the Aleut Community of St. Paul Island Department of Healing and Wellness page promoting program activities and information on healthy and safe living.

- **Annual Meeting Newsletter.** Each year an annual newsletter is mailed to all Tribal members.

- **Public Service Announcements.** Multiple times throughout the day community announcements are provided by the local on-island radio station KUHB-FM. Community announcements consist of upcoming activities and information on services offered through the Tribe.

- **Annual and Bi-annual Meeting.** Meetings that provide information and updates to the community regarding all the Tribal programs are held twice a year.

- **Quarterly report outs of the Tribal Council.** Each quarter, Department and Division directors report to the Tribal Council on the progress of the various programs. These meetings also serve to gain approval on such things as policies and procedures. In addition, the Tribal Council makes strategic decisions on Tribal program directions.

Policies and Procedures

During implementation of the TKI, policies and procedures were reviewed and revised/developed as needed. Later, an additional Departmental Policy and Procedure Manual was developed to provide a roadmap for personnel recruitment and onboarding policy and procedures. Agency and Departmental policies and procedures are provided to staff on their first day or employment.

Policies may be found on a server or in a binder in the staff member's office. Additionally, copies of all policies and procedures are available in the Tribal Council Chambers. If changes to policies are needed or additional policies are developed, they are presented to the Tribal Council for review and approval.

As with most or all similar programs, TKI reviewed, revised, and developed policy and procedures allowing families or clients to access services. Families in need of services or support can access assistance through the Tribal office on island and in Anchorage. At the time of intake, the individual completes the new client packet, which consists of the following forms: Release of Information, Statement of Income and Residency, Confidentiality, Notice of Privacy, Rights Regarding Personal Health History, Complaints, and Acknowledgment of Notice of Privacy Practices. Also included in the packet is an Intake Registration form that queries the client about services needed and elicits information necessary for determining what services are appropriate.

Reports of child maltreatment may be received through various means (e.g., telephone, email, in-person). Upon receiving the report denoting an allegation of Child Abuse and/or Neglect (CA/N), the Family Services staff documents the reported information in the SAFE database system. When additional information is needed to determine the level of intervention, collateral contacts are made to better understand the family dynamics. If it is determined there is a violation of the Constitution, the report is screened in, and subsequently reviewed by the Director. If the Director approves the screening decision, a response time is determined. The response time is based upon the severity of the allegation and information collected which corroborates the CA/N report. For reports indicating a non-emergent referral (i.e., it is a situation where it is deemed that the children involved are not in danger of imminent risk of harm or accident if they stay in their current living environment) the response time is 24–72

hours. Emergent referrals (i.e., a situation where the children are in danger of imminent risk of harm or accident if they stay in their current living environment) require a response time that ranges from zero (i.e., immediate) to 24 hours. Once a response time is set, the family assessment begins. A report is screened out if there is no indication that a child is unsafe, or the report doesn't indicate a violation of the Constitution.

See the Program Manual for additional information.

Ongoing Coaching and Supervision

Child protection staff are provided weekly case staffing meetings/supervision. Other program staff receive bi-weekly supervision. In addition to meeting to discuss case-specific matters, staff receive feedback on their performance and encouragement to participate in trainings that promote growth and knowledge enhancement. Staff are also strongly encouraged to further their knowledge by participating in informal educational opportunities outside of work.

Celebrating Success

- Even the smallest of successes are something to celebrate. For example, the team celebrated one person attending a community meeting on island. While this may seem insignificant in the lower forty-eight contiguous States, for a small landmass located in the Bering Sea with approximately 480 people, the ability to get one person to show for a meeting is huge! Many of the TKI team meetings involve child and adult protection issues where discussions center on things such as mandatory reporting or other areas where TKI staff are asking individuals to be vulnerable and to trust the TKI staff with some of their most coveted and often dangerous secrets. Other times the team celebrates individuals when they complete substance abuse treatment, a parenting class, or even engaging in case planning. Every step towards a goal is one step closer to success.

Program Sustainability Through the Development of a Legacy Plan

Creating a program that continues in a community requires ongoing support and resources to help the program remain effective and continue to achieve its goals. Sometimes this involves planning for sustaining an entire program, perhaps with an eye toward ensuring its continued existence following the end of grant funding; other times, this means planning for the program's legacy, perhaps when the whole of the program cannot be sustained but critical elements of it persist in an institution or a community.

The legacy of a program might look different depending on where the program is in the planning process and its incorporation in the larger community.

As part of implementation planning, organizations should consider the desired legacy of cultural resilience, family strengthening, child protection, community resilience, and risk reduction they want for their program. Legacy planning may involve not just consideration of financial resources for the continuation of a program in its entirety, but also might include understanding the relationships with and between community entities (e.g., community members, agencies, coalitions), community support for the program, and leadership in the community.

The Legacy Planning Tool and instructions for completion can be found in the Appendix.

Legacy Plan

Weekly project calls using Zoom were held to create the legacy plan that assisted the TKI with considerations on how to sustain the program and how the program will continue the desired legacy of holistic service provision, cultural resilience, family strengthening, child protection, community resilience, and risk reduction. Great consideration was given to determining what positions were absolutely needed and how to maintain the funding for services. Additionally, strategic plans were created to ensure current services maintained operational. Plans were also developed to

establish what services to pursue in the future. Additionally, strong working relationships with external stakeholders are needed. Not only do these relationships support the agencies mission, but they can also help offset costs and make the voice of a healthy community even louder.

Lessons Learned

Over the course of the past few years, TKI has learned many lessons while conducting work related to the sustainability of this project.

- While it can be empowering for staff to be a part of the process, having too many staff at the table can stifle creativity and cause delays in productivity, or it can lead to work being reviewed and changed multiple times. Careful thought and planning must be employed to ensure key staff are at the table and are ready to participate on the tasks at hand. These issues can be partially addressed through a focused process to create an implementation team with clear roles and structures.[7]

- Staff buy-in is important when trying to develop a strong team, initiative, and correspondingly a strong community. Build on successes in the process to develop buy-in. For example, the mind mapping process was viewed as a productive effort by staff and helped strengthen their engagement.

- The program also highlighted the importance of needing the community to participate in the vision of a healthy community. Everyone wants a healthy community but getting the engagement can be a challenge. Innovative strategies must be employed to bolster engagement, such as the use of incentives in the form of gift cards or giveaways.

- Ensure policies and procedures are reviewed for purposes of enhancement early in program development.

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7   For information on assembling effective teams, see "Volume 1: Teaming and Communication" from the Guide to Developing, Implementing, and Assessing an Innovation, available at https://www.acf.hhs.gov/cb/report/guide-developing-implementing-and-assessing-innovation.

Appendix

Blank forms and templates and brief instructions for use.

1. Readiness and Evaluability Assessment Overview

2. Community Readiness Assessment Interview Questions

3. Guided Evaluability Assessment Discussion Guide

4. Readiness and Evaluability Narrative Summary

5. Pathway to Change Overview and Instructions

6. Pathway to Change Impact Model

7. Work Plan Template

8. Project Driven Evaluation Planning Tool

9. Evaluation Plan Template

10. Legacy Plan Guidance and Template

11. Txin Kaangux̂ Initiative Required Training by Position

1 Readiness and Evaluability Assessment Overview

Community Readiness Assessment

Assessing community readiness for change and supporting Tribal communities to prevent and intervene in child maltreatment

August 31, 2018

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Table of Contents

Overview

Many prevention and intervention models in Indian Country build resilience by using Tribal cultural values, the transmission of family traditions, and the experiences of Tribal youth. Guided by these values, traditions, and experiences, Tribal communities have shown great promise in developing resilience-based models for child abuse prevention. The experiences of Tribal communities suggest that these approaches are often effective in enhancing family resilience and reducing the risks of harm to children and adults—yet rarely have these strategies used collaborative community-based evaluation to demonstrate their effectiveness.

The *Center for Native Child and Family Resilience* (the Center) is a partnership effort between JBS International, Inc. (JBS), the Tribal Law Policy Institute (TLPI), Mathematica, and the Children's Bureau. The Center will generate and disseminate knowledge of culturally relevant practice models, interventions, and services that contribute to child maltreatment prevention.

As part of a Children's Bureau project to raise awareness of Tribally engaged prevention and intervention efforts, the Center supports and enhances resilience-related approaches to Tribal child welfare by supporting Tribes in developing and building evidence-based standards of care. The Center embraces the unique opportunity to honor these valiant community efforts that improve Native family resilience and to help empower Tribal communities of care by using culturally engaged, community-based evaluation models to demonstrate the effectiveness of these efforts and disseminate Native solutions to the field.

The Center will collaborate with Tribes, Tribal communities, and community-based organizations to develop or enhance models of effective prevention services, whether these services already exist in the community or their implementation in Indian Country appears promising. The community organizations may include social services agencies and community partners committed to the health, safety, and education of children, youth, families, and communities.

The unifying theme shared by these projects will be the community- or practice-based innovations that strengthen the Indian family and reduce risks to Indian children. The Center will work with communities to share their community or cultural strategies for prevention and resilience. This engagement and partnership will be founded on a collaborative model described in the document, *A Roadmap for Collaborative and Effective Evaluation in Tribal Communities* (*Roadmap)*. Importantly, the *Roadmap* provides a process for engaging Tribal community resources and expertise.

The Center will bring together the collaborative efforts of recognized experts in Tribally based prevention, evaluation, and knowledge development (i.e., Tribal research). This group of experts have experience and understanding in the areas of Tribal program development, Tribal community prevention efforts, and child welfare prevention and intervention programs that support and strengthen family and community resilience.

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The experts bring to bear many avenues of knowledge development and rigor of examination that rely on quantitative and qualitative measures of effect, including Indigenous Ways of Knowing, which includes a range of epistemic approaches that embody the cultural values and world view of Indigenous cultures. Indigenous Ways of Knowing can offer insight into variety of program effects and demonstrate how a constellation of factors and interventions have significant effects on prevention and care strategies.

Many prevention models in Indian Country build *resilience* by using *Tribal cultural values*, the *transmission of family traditions*, and the and experiences of *Tribal youth*. Guided by these values, traditions, and influences, Tribal community initiatives have shown great promise in developing resilience-based models for child maltreatment prevention. The experiences of Tribal communities suggest that these approaches are often effective in enhancing family resilience and reducing the risks of harm to children and adults—yet rarely have these strategies used collaborative community-based evaluation to demonstrate their effectiveness.

The **Center for Native Child and Family Resilience** (the Center) will support and enhance resilience-related approaches to Tribal child welfare by empowering Tribal Communities to develop evidence-based standards of care. The Center embraces the unique opportunity *to honor* these valiant community efforts that improve Native family resilience and *to help empower* Tribal communities of care by using culturally engaged, community-based evaluation models to demonstrate the effectiveness of these efforts and disseminate Native solutions to the field.

The Center readiness and evaluability onsite group (onsite team) will serve to implement to readiness and evaluability collaborations with selected communities. The onsite team is made up of a Center lead, an evaluation partner from the Center evaluative team (Mathematica), and an onsite team lead, whom is a member of the local Tribal community initiative or program requesting the community based brief assessment.

Project Goals

As part of a Children's Bureau project to raise awareness of Tribally engaged prevention and intervention efforts*,* the Center will partner with Tribes to examine solutions for healing the family trauma persisting in the aftermath of the numerous historical injuries shared by many Tribal communities, including the break-up of Indian families and child removal.

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The Center works in partnership with Tribal communities to:

- Honor effective Tribal community and practice-based models of prevention;
- Promote awareness and use of culturally relevant child maltreatment prevention services that are supported by practice-based evidence in Tribal child welfare systems;
- Improve holistic services for American Indian/Alaska Native (AI/AN) children affected by child abuse and neglect;
- Develop models of cultural, community, and trauma resilience;
- Build the evidence-base of Tribal child welfare knowledge and practice through evaluation; and
- Transfer knowledge from project findings to the field.

What is the Community Readiness Model?

The Community Readiness Model:
Is a model for community change that…

- Integrates a community's culture, resources, and level of readiness to address child maltreatment more effectively.
- Allows communities to define issues and strategies in their own contexts.
- Builds cooperation among systems and individuals.
- Increases capacity for Tribal communities to prevent and intervene in child maltreatment.
- Encourages community investment in issues related to child maltreatment and awareness.
- Can be applied in any community (geographic, issue-based, organizational).
- Can be used to address a wide range of issues.
- Serves as a guide to the complex process of community change.

What does "readiness" mean?
Readiness is the degree to which a community is prepared to take action on an issue.
Readiness…

- Is issue specific.
- Is measurable.
- Is measurable across multiple dimensions.
- May vary across dimensions.
- May vary across different segments of a community.
- Can be increased successfully.
- Is essential knowledge for the development of strategies and interventions.

Matching an intervention to a community's level of readiness is absolutely essential for success. Interventions must be challenging enough to move a community forward in its level of readiness. However, efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for successful implementation, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies.

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Why use the Community Readiness Model?

- The prevention and intervention of child maltreatment is a serious issue that may have barriers at various levels. The Community Readiness Model addresses this resistance.
- It conserves valuable resources (e.g., time and money) by guiding the selection of strategies that are most likely to be successful.
- It is an efficient, inexpensive, and easy-to-use tool.
- It promotes community recognition and ownership of issues related to child maltreatment.
- Because of strong community ownership, it helps to ensure that strategies are culturally congruent and sustainable.
- It encourages the use of local experts and resources instead of reliance on outside experts and resources.
- The process of community change can be complex and challenging, but the model breaks down the process into a series of manageable steps.
- It creates a community vision for healthy change.

What should NOT be expected from the model?

- The model cannot make people do things they do not believe in.
- Although the model is a useful diagnostic tool, it does not prescribe the details of exactly what to do to meet your goals. The model defines types and intensity of strategies appropriate to each stage of readiness. Each community must then determine specific strategies consistent with their community's culture and level of readiness for each dimension.

Process for Using the Community Readiness Model

Prevention and Intervention in Child Maltreatment

→ Define "Community"

→ Conduct Key Respondent Interviews

→ Score to Determine Readiness Level

→ Develop Strategies/Conduct Workshops

→ Create Community Change

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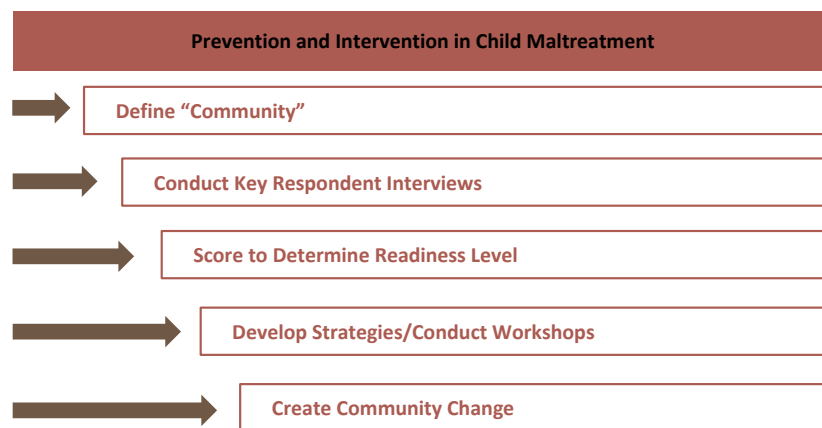
Step-by-Step Guide to Doing an Assessment

Step 1:

Identify your issue. In each project, the issue/project may be different. The readiness assessment will not only provide us with valuable insight into the community's perspective on the issues they are facing but will also give us information on related issues within the community. It may be that the project has already identified what the issue is believed to be. The team should analyze the project proposed to determine if it is really intended to impact the issue. Starting a project can be very exciting but knowing what issue or challenge will be addressed through the project development and implementation will guide the plans. If the project proposed does not directly address the issue facing the community, then discuss if the project proposed is the right project or if the issues the project intends to address will impact the overall change wanted by the community.

Step 2:

Define your "community." This may be a geographical area, a group within that area, an organization, or any other type of identifiable "community." It could be youth, Elders, a reservation area, or a system.

Step 3:

Conduct a Community Readiness Assessment using key respondent interviews to determine your community's level of readiness to address the issue you are facing.

Step 4:

Analyze the results of the assessment using both the numerical scores and the content of the interviews. Once the assessment (Step 3) is complete, you are ready to score your community's stage of readiness for each of the six dimensions (refer to next page), as well as compute your overall score.

Step 5:

Develop strategies to pursue that are stage appropriate. For example, at low levels of readiness, the intensity of the intervention must be low key and personal.

Step 6:

Evaluate the effectiveness of your efforts. After a period of time, it is best to conduct another assessment to see how your community has progressed.

Step 7:

Utilize what you've learned to apply the model to another issue. As your community's level of readiness to address the identified issue increases, you may find it necessary to begin to address closely related issues.

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Dimensions of Readiness

Dimensions of readiness are key factors that influence your community's preparedness to take action on the issue your community is facing. The six dimensions identified and measured in the Community Readiness Model are comprehensive in nature. They are an excellent tool for diagnosing your community's needs and for developing strategies that meet those needs.

A. **Community efforts:** To what extent are there efforts, programs, and policies that address the issue the community is facing?

B. **Community knowledge of the efforts:** To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

> **Your community's status with respect to each of the dimensions forms the basis of the overall level of community readiness.**

C. **Leadership:** To what extent are appointed leaders and influential community members supportive of the project/intervention?

D. **Community climate:** What is the prevailing attitude of the community toward the project/intervention? Is it one of helplessness or one of responsibility and empowerment?

E. **Community knowledge about the issue:** To what extent do community members know about or have access to information on the issue they want to address and understand how it impacts your community?

F. **Resources related to the issue:** To what extent are local resources (people, time, money, space) available to support the prevention and/or intervention efforts?

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Stages of Community Readiness

Stages of Readiness		Description
1	No Awareness	The issue is not generally recognized by the community or leaders as a problem (or it truly may not be an issue).
2	Denial/Resistance	At least some community members recognize that the issue is a concern, but there is little recognition that it might be occurring locally.
3	Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4	Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5	Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6	Initiation	Enough information is available to justify efforts. Activities are underway.
7	Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8	Confirmation/Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9	High Level of Community Ownership	Detailed and sophisticated knowledge exists about the issue, prevalence and consequences. Effective evaluation guides new directions. Model is applied to other issues.

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How to Conduct a Community Readiness Assessment

Conducting a Community Readiness Assessment is the key to determining your community's readiness by dimension and by overall stage. To perform a complete assessment, you will be asking individuals in your community the questions on the following pages. There are 30 questions, and each interview should take 30 to 60 minutes. Before you begin, please review the following guidelines:

A. Identify Community Members:

Identify individuals in your community who are committed to the issue and intervention. In some cases, it may be "politically advantageous" to interview more people. However, only eight interviews or group participants are generally needed to accurately score the community. Try to find people who represent different segments of your community. Individuals may represent:

- Health and medical professions
- Social services
- Mental health and treatment services
- Schools or universities
- Tribal, city, and county government
- Law enforcement
- Clergy or spiritual community
- Community at large, Elders, or specific high-risk groups in your community
- Youth (if appropriate to do so and parent or guardian permission may be required)

B. Review and prepare

Review proposed questions for each dimension and gear them towards the particular project if appropriate. (Referred to in the following pages.)

C. Contact Interviewees

Contact the people you have identified, see if they would be willing to discuss the issue, and schedule the interview or group meeting time. Remember, each interview will take 30 to 60 minutes. Alternatively, group meetings will take 60 to 90 minutes.

D. Conduct Interviews

Avoid discussion with interviewers but ask for clarification when needed and use prompts as designated.

- Record or write responses as they are given.
- Try not to add your own interpretation or second guess what the interviewee meant.

E. Scoring

After you have conducted the interviews, follow the directions for scoring.

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Community Readiness Interview Script

Introductory script (sample)

Hello, my name is _____. We are conducting interviews in our community to ask questions about the prevention and intervention of child maltreatment. I'm contacting key people and organizations in our community that represent a wide range of community-based organizations and community members. The purpose of this interview is to learn how ready our community is to address prevention and intervention efforts in child maltreatment.

Each interview will last about 30 to 60 minutes (60 to 90 minutes for groups), is voluntary, and individual names will not be associated with interviews. These questions will cover six dimensions, which include: existing community efforts, community knowledge about prevention, leadership, community climate, knowledge about the problem, and resources for prevention efforts.

You were identified as a key source of information due to your role/experience as _____.

Is this a good time to talk? Ok, well, let's get started. [If needed, schedule another time to talk.]

[Proceed to conduct interview, documenting responses. Following the interview proceed to next paragraph of narrative.]

Thank you for taking the time to do this interview. Your information will be used to help our community build a prevention plan to address and child maltreatment. It will be based on the information from this and other interviews, and an assessment of our community strengths and needs. Your time and your commitment to our community is greatly appreciated.

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Community Readiness Assessment Interview Questions

Dimension A: Existing community efforts

1. On a scale from 1 to 10, how much of a concern is the issue in our community? (With 1 being "not at all" and 10 being "a great concern"). Please explain your rating.

2. What prevention/intervention programs or services are available in our community that address the issue?

3. How long have these programs or services been available?

4. What prevention programs or services are being planned for our community that address the issue?

5. What other treatment efforts or services are available in our community?

6. How long have these services been available?

7. What efforts or services are being planned for our community that address this issue?

8. Generally, do people in the community use these services? Are there plans to expand additional services or efforts? Please explain.

9. What policies related to the issue are in place in the community?

10. Can you describe efforts to involve the community, including youth and Elders, in the planning of prevention programs or services to address this issue?

Dimension B: Community knowledge about prevention

1. Based on your knowledge, what does the community know about efforts being made to address the child maltreatment? Include information such as the name of programs, the services provided, how to access services, who they serve (such as youth, adults, males, females), and the focus of the treatment.

2. On a scale from 1 to 10, how aware is the general community of these prevention and treatment efforts? (With 1 being "not at all" and 10 being "a great deal"). Please explain your rating.

3. What are the strengths of the available prevention programs and treatment services?

4. What are the limitations of the available prevention programs and treatment services?

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Dimension C: Leadership

1. On a scale from 1 to 10, how concerned are our elected leaders with providing child welfare prevention/intervention programs for community members? (With 1 being "not at all" and 10 being "a great concern"). Please explain your rating.

2. On a scale from 1 to 10, how concerned are our informal or influential leaders with providing prevention and intervention services for community members? (With 1 being "not at all" and 10 being "a great concern"). Please explain your rating.

3. How are these leaders (elected or informal) involved in efforts regarding child maltreatment in our community? In other words, what are they doing?

4. Would the leadership (elected or informal) support additional efforts to address and plan for the prevention and intervention of child maltreatment in our community? Please explain.

Dimension D: Community climate

1. How would you describe our community?

2. What are the community's feelings about the prevention of child maltreatment?

3. How does the community support the prevention and intervention efforts?

4. What are the primary obstacles to obtaining or adding more prevention or intervention programs or services in our community?

Dimension E: Knowledge about the problem

1. How knowledgeable are community members about the issue of child maltreatment? Please explain.

2. In our community, what types of information are available about the prevention of child maltreatment?

3. Is local data on child maltreatment and prevention programs available in our community? If so, from where?

Dimension F: Resources for prevention efforts

1. Who would a person turn to first for help if he or she needed parenting support?

2. What are the community's feelings about getting involved in child maltreatment efforts (e.g., talking to a person thinking about suicide, volunteering time, financial donations, providing space)?

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3. Please describe any prevention plans or grants to address the issue of child maltreatment in our community.

4. Do you know if any of these prevention activities or grants are being evaluated?

5. These are all of the questions we have for you today. Do you have anything else to add?

Scoring Community Readiness Interviews

Scoring is an easy step-by-step process that gives you the readiness stages for each of the six dimensions. The following pages provide the process for scoring. Ideally, the Center readiness and evaluability onsite group (onsite team) should participate in the scoring process in order to ensure valid results on this type of qualitative data. Here are step-by-step instructions:

1. Working independently, the onsite team scorers should read through each interview in its entirety before scoring any of the dimensions, in order to get a general feeling and impression from the interview. Although questions are arranged in the interview to pertain to specific dimensions, other interview sections may have some responses that will help provide richer information and insights that may be helpful in scoring other dimensions.

2. Again, working independently, the onsite team scorers should read the anchored rating scale for the dimension being scored. Always start with the first anchored rating statement. Go through each dimension separately and highlight or underline statements that refer to the anchored rating statements. If the community exceeds the first statement, proceed to the next statement. In order to receive a score at a certain stage, all previous levels must have been met up to and including the statement which the scorer believes best reflects what is stated in the interview. In other words, a community cannot be at stage 7 and not have achieved what is reflected in the statements for stages 1 through 6.

3. On the scoring sheet, the onsite team scorer puts his or her independent scores in the table labeled INDIVIDUAL OR GROUP SCORES using the scores for each dimension of each of the interviews. The table provides spaces for the eight key respondent interviews or consensus group interviews. Similarly, group consensus feedback is scored independently by the Center readiness and evaluability onsite team members to obtain the level of community readiness on each dimension.

4. The onsite team may follow up with the Tribal community participants of the group to clarify or resolve informational gaps which arise.

5. When the independent scoring is complete, the onsite team then meets to discuss the scores. The goal is to reach consensus on the scores by discussing items or statements that might have been missed by one scorer, communications indicating variance in readiness and which may affect the combined or final score assigned. Remember: Different people can have slightly different impressions, and it is important to seek explanation for the decisions made. Once

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consensus is reached, fill in the table labeled COMBINED SCORES on one of the scoring sheets. Add across each row to yield a total for each dimension.

6. To find the CALCULATED SCORES for each dimension, take the total for that dimension and divide it by the number of interviews. For example: If onsite team has the following combined scores for their interviews:

Interviews	#1	#2	#3	#4	#5	#6	#7	#8	Total
Dimension A	3.5	5.0	4.25	4.75	5.5	3.75	2.75	3.00	32.50

TOTAL Dimension A: 32.50 ÷ # of interviews (8) = 4.06

Repeat for all dimensions, and then total the scores. To find the OVERALL STAGE OF READINESS, take the total of all calculated scores and divide by the number of dimensions (6).

- Example of final scores for each dimension:

  Dimension A: 4.06

  Dimension B: 5.67

  Dimension C: 2.54

  Dimension D: 3.29

  Dimension E: 6.43

  Dimension F: 4.07

  26.06 ÷ # of dimensions (6) = 4.34 Overall Stage of Readiness

In the example above, the average 4.34 represents the fourth stage of readiness (preplanning).

The scores correspond with the numbered stages and are "rounded down" rather than up, so a score between a 1.0 and a 1.99 would be the first stage, a score of 2.0 to 2.99 would be the second and so forth.

- Finally, under comments, write down any impressions about the community, any unique outcomes, and any qualifying statements that may relate to the score of your community.

- Strategies are developed per dimension based on their individual readiness scores.

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Community Readiness Assessment Scoring Sheet

Scorer: _____   Date: _____

INDIVIDUAL or GROUP SCORES: Record each scorer's independent results for each interview for each dimension. The table provides spaces for up to eight interviews. Group consensus interviews, if added to individual scoring interviews, are repeated for as many participants as were in the group.

Interviews	#1	#2	#3	#4	#5	#6	#7	#8
Dimension A								
Dimension B								
Dimension C								
Dimension D								
Dimension E								
Dimension F								

COMBINED SCORES: For each interview, the onsite team scorers should discuss their individual scores and then agree on a single score. This is the COMBINED SCORE. Record it below and repeat for each interview in each dimension. Then, add across each row and find the total for each dimension. Use the total to find the calculated score below.

Interviews	#1	#2	#3	#4	#5	#6	#7	#8	Total
Dimension A									
Dimension B									
Dimension C									
Dimension D									
Dimension E									
Dimension F									

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CALCULATED SCORES: Use the combined score TOTAL in the table above and divide by the number of interviews conducted. Add the calculated scores together and enter it under total.

Stage

Score

TOTAL Dimension A _____ ÷ # of interviews _____ = _____

TOTAL Dimension B _____ ÷ # of interviews _____ = _____

TOTAL Dimension C _____ ÷ # of interviews _____ = _____

TOTAL Dimension D _____ ÷ # of interviews _____ = _____

TOTAL Dimension E _____ ÷ # of interviews _____ = _____

TOTAL Dimension F _____ ÷ # of interviews _____ = _____

Score	Stage of Readiness
1	No Awareness
2	Denial/Resistance
3	Vague Awareness
4	Preplanning
5	Preparation
6	Initiation
7	Stabilization
8	Confirmation/Expansion
9	High Level of Community Ownership

COMMENTS, IMPRESSIONS, and QUALIFYING STATEMENTS about the community:

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Anchored rating scales for scoring each dimension

You may assign scores in intervals of .25 to accurately reflect a score on which consensus can be attained. The hyphens ("-") under each of the levels of readiness (i.e., 1 through 9) for each dimension indicates intervals of .25 (e.g., 1.00, 1.25, 1.50, 1.75, 2.00).

Dimension A. Existing community efforts

1   No awareness of the need for efforts to address the issue.

-

-

-

2   No efforts addressing the issue.

-

-

-

3   A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything.

-

-

-

4   Some community members have met and have begun a discussion of developing community efforts.

-

-

-

5   Efforts (programs or activities) are being planned.

-

-

-

6   Efforts (programs or activities) have been implemented.

-

-

-

7   Efforts (programs or activities) have been running for at least 4 years or more.

-

-

-

8   Several different programs, activities, and policies are in place, covering different age groups and reaching a wide range of people. New efforts are being developed based on evaluation data.

-

-

-

9   Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvement.

-

-

-

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Dimension B: Community knowledge of the efforts

1   Community has no knowledge of the need for efforts addressing the issue.
-
-
-

2   Community has no knowledge about efforts addressing the issue.
-
-
-

3   A few members of the community have heard about the efforts, but the extent of their knowledge is
     limited.
-
-
-

4   Some members of the community know about local efforts.
-
-
-

5   Members of the community have basic knowledge about local efforts (e.g., their purpose).
-
-
-

6   An increasing number of community members have knowledge of local efforts and are trying to
     increase the knowledge of the general community about these efforts.
-
-
-

7   There is evidence that the community has specific knowledge of local efforts including contact persons,
     training of staff, clients involved, etc.
-
-
-

8   There is considerable community knowledge about different community efforts, as well as the level of
     program effectiveness.
-
-
-

9   Community has knowledge of program evaluation data on how well the different local efforts are
     working and their benefits and limitations.
-
-
-

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Dimension C: Leadership (includes appointed leaders and influential community members)

1   Leadership has no recognition of the issue.
-
-
-
2   Leadership believes that the issue is not a concern in their community.
-
-
-
3   Leaders recognize the need to do something regarding the issue.
-
-
-
4   Leaders are trying to get something started.
-
-
-
5   Leaders are part of a committee or group that addresses the issue.
-
-
-
6   Leaders are active and supportive of the implementation of efforts.
-
-
-
7   Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.
-
-
-
8   Leaders are supportive of expanding and improving efforts through active participation in the expansion or improvement.
-
-
-
9   Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly.
-
-
-

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Dimension D: Community Climate

1   The prevailing attitude that the issue is not considered, is unnoticed, or overlooked within the community, "It's just not our concern."

-

-

-

2   The prevailing attitude is, "There's nothing we can do," or "Only those people do that" or "Only those people have that."

-

-

-

3   Community climate is neutral, uninterested, or believes that the issue does not affect the community as a whole.

-

-

-

4   The attitude in the community is now beginning to reflect interest in the issue, "We have to do something, be we don't know what to do."

-

-

-

5   The attitude in the community is, "We are concerned about this," and community members are beginning to reflect modest support for efforts.

-

-

-

6   The attitude in the community is, "This is our responsibility," and is now beginning to reflect modest involvement in efforts.

-

-

-

7   The majority of the community generally supports programs, activities, or policies, "We have taken responsibility."

-

-

-

8   Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. Participation level is high, "We need to keep up on this issue and make sure what we are doing is effective."

-

-

-

9   All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability.

-

-

-

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Dimension E: Community knowledge about the issue

1   The issue is not viewed as an issue that we need to know about.
-
-
-

2   No knowledge about the issue.
-
-
-

3   A few in the community have basic knowledge of the issue and recognize that some people here may
    be affected by the issue.
-
-
-

4   Some community members have basic knowledge and recognize that the issue occurs locally but
    information and/or access to information is lacking.
-
-
-

5   Some community members have basic knowledge of the issue, including signs and symptoms.
    General information on the issue is available.
-
-
-

6   A majority of community members have basic knowledge of the issue and prevention of the issue,
    including the signs, symptoms and behaviors. There are local data available.
-
-
-

7   Community members have knowledge of, and access to, detailed information about local
    prevalence.
-
-
-

8   Community members have knowledge about prevalence, causes, risk factors and related health
    concerns.
-
-
-

9   Community members have detailed information about the issue and prevention/intervention with
    the issue and related concerns, as well as information about the effectiveness of local programs.
-
-
-

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Dimension F: Resources related to the issue (people, money, time, space)

1   There is no awareness of the need for resources to deal with the issue.
-
-
-

2   There are no resources available for dealing with the issue.
-
-
-

3   The community is not sure what it would take, or where the resources would come from, to initiate
     the efforts.
-
-
-

4   The community has individuals, organizations, and/or space available that could be used as
      resources.
-
-
-

5   Some members of the community are looking into the available resources.
-
-
-

6   Resources have been obtained and/or allocated for the issue.
-
-
-

7   A considerable part of ongoing efforts are from local sources that are expected to provide
      continuous support.
-
-
-

8   Diversified resources and funds are secured, and efforts are expected to be ongoing. There
      is additional support for further efforts.
-
-
-

9   There is continuous and secure support for programs and activities, evaluation is routinely expected
       and completed, and there are substantial resources for trying new efforts.
-
-
-

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Record of community strengths, conditions or concerns, and resources

Community Name: _____ Date of Workshop: _____
Staff Name(s): _____
Overall Readiness Score and Stage: _____

Strengths	Conditions/Concerns	Resources

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-EXAMPLE-

Record of community strengths, conditions or concerns, and resources

Community Name: Anywhere, USA   Date of Workshop: 8/1/2014
Staff Name(s):
Overall Readiness Score and Stage: 4, Preplanning

Strengths	Conditions or Concerns	Resources
Community pride Caring for one another Strong family units;

Religious/spiritual support Education Strong work ethic Cultural heritage Low crime/safe community Honesty (painfully so);

Low cost of living Lake resources Recreation (baseball, track, golf);

Tribal support; | Negative attitude Stigma Powerful and inaccurate gossip;

School involvement is low Tough to challenge Lack of program buy-in from general community Low socioeconomic status Lack of youth input;

Large minority population that is ignored by the state Few programs available locally No confidentiality Everyone knows everyone; | School Church Community and civic groups Spiritual leaders;

Good healthcare and clinic Volunteers Lake School activities and clubs Family Neighbors Finances Health fairs;

Sports opportunities Strong political connections;

Local supportive newspaper;

Local radio station; |

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Important points about using the model

Keep in mind that dimension scores provide the essence of the community diagnostic, which is an important tool for strategizing. If your Community Readiness Assessment scores reveal that readiness in one dimension is much lower than readiness in others, you will need to focus your efforts on improving readiness in that dimension. For instance, if the community seems to have resources to support efforts but lacks committed leadership to harness those resources, strategies might include one-on-one contacts with key leaders to obtain their support.

> *Remember: "Best practices" are only best for your community if they are congruent with your stage of readiness and are culturally appropriate for your community.*

As another example, if a community has a moderate level of existing efforts but very little community knowledge of those efforts, one strategy may be to increase public awareness of those efforts through personal contacts and carefully chosen media consistent with the readiness stage. The facilitator should start with the first dimension and read the questions under that dimension. The facilitator should then ask the group to refer to the anchored rating scale for that dimension and using their responses to the questions asked, look at the first statement and see if they feel they can confidently say that their community meets and goes beyond the first statement.

> *Remember, it is the dimension scores which provide the community diagnostic to serve as the "guide"—showing you where efforts need to be expended before attempting advancement to strategies for the next stage.*

The facilitator should then lead the group through the statements until one is reached that even just one member cannot agree that the community has attained that level. Everyone's input is important. Don't try and talk someone out of their opinion—they may represent a different constituency than other group members. A score between the previous statement where there was consensus and the one where consensus cannot be attained should be assigned for that dimension.

Validity and reliability of the Community Readiness Model Assessment tool

The Community Readiness Model Assessment tool provides an assessment of the nature and extent of knowledge and support within a community to address an issue at a given point in time. Both "the community" and "the issue" change from application to application, so standard techniques for establishing validity are not easily followed. The **Center for Native Child and Family Resilience** (the Center) will support clarity and empower Tribal Communities by performing this brief community readiness assessment protocol. In establishing the validity of a measure, it is customary to find another measure that has similar intent that is well documented and accepted and see if, with the same group of people, results on the new measure agree with results on the more established measure. It is difficult to apply this methodology to the Community Readiness Assessment tool, since each application is unique

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and the constructs or ideas that the tool is measuring have not been addressed by other measures. There are, however, still ways validity can be established.

Following the protocol described in the scoring section helps increase the Community Readiness Assessment tool's validity and utility. This process generally ensures:

- The group consensus feedback is scored independently by the Center readiness and evaluability onsite team members to obtain the level of community readiness on each dimension.
- The Center readiness and evaluability onsite (onsite team) team may follow up with the Tribal community participants of the group to clarify or resolve informational gaps which arise.
- Following this community consensus building readiness appraisal scoring, the onsite team will meet to find consensus in an alternative ranking of the readiness assessment based upon the experience of the interview process.
- Having completed this process, a balance will be sought to clarify variances in the consensus-based community participants or stakeholders and the experiences of the onsite evaluation team.

Defining the Brief Assessment Process

Sometimes there is insufficient time or resources for a full assessment, but it is critical to develop an understanding of where your "community" is on each dimension before making plans for efforts.

If available, a group of people representative of the community, such as a coalition, the assessment can be done in the group, with discussion targeted toward building consensus for scoring for each dimension.

For such an assessment, one person of the onsite evaluation team should serve as facilitator, with the other of the team listening in to observe the process and feedback. Each participant should have a copy of the anchored rating scales for each dimension.

Validity and reliability of the Community Readiness Model Assessment tool

Establishing Construct Validity

The theory of the Community Readiness Model is a "broad scale theory." A broad scale theory deals with a large number of different phenomena, such as facts or opinions, and a very large number of possible relationships among those phenomena. Although it is not possible to have a single test to establish construct validity for a broad scale theory, it is possible to test hypotheses that derive from the theory. If the hypotheses prove to be accurate, then the underlying theory and the instrument used to assess the theory are likely to be valid (Oetting & Edwards). This approach has been taken over the course of development of the Community Readiness Model and construct validity for the model has been demonstrated. An explication of the hypotheses tested and results are presented in the Oetting & Edwards article.

Acceptance of the Model

The Community Readiness Model Assessment tool provides an assessment of the nature and extent of knowledge and support within a community to address an issue at a given point in time. Both "the community" and "the issue" change from application to application, so standard techniques for

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establishing validity are not easily followed. In establishing validity of a measure, it is customary to find another measure that has similar intent that is well documented and accepted and see if, with the same group of people, results on the new measure agree with results on the more established measure. It is difficult to apply this methodology to the Community Readiness Assessment tool since each application is unique and the constructs or ideas that the tool is measuring have not been addressed by other measures. There are, however, still ways validity can be established.

As with measures of validity, the Community Readiness Assessment tool does not lend itself well to traditional measures of reliability. For many types of measures, the best evidence for reliability may be test-retest reliability. That type of methodology assumes that whatever is being measured doesn't change and if the instrument is reliable, it will obtain very similar results from the same respondent at two points in time. Readiness levels are rarely static, although they may remain at approximately the same level for very low stages and very high stages for some time. Once an issue is recognized as a problem in a community (stage 3, vague awareness or stage 4, preplanning), there is almost always some movement, often resulting in some efforts getting underway (stage 6, initiation) and likely becoming part of an ongoing program (stage 7, stabilization) or beyond. This movement from stage to stage can take place in a relatively short period of time depending on circumstances in the community and movement can occur at different rates on the different dimensions. For this reason, calculating a test/retest reliability is inappropriate.

Consistent Patterns

We have, however, taken a careful look at changes in community readiness over time, and there are consistent patterns that reflect on reliability. In one of those studies, for example, communities that were assessed as being low in readiness to deal with methamphetamine abuse were also assessed as being low in readiness over the next 3 years. In contrast, communities that were above stage 4, preplanning, were likely to change in readiness. For this pattern to occur, the measures of readiness had to be reasonably consistent over time.

An aspect of reliability that is highly important in determining how useful this model can be is inter-rater reliability. There are two ways of looking at this type of reliability for the Community Readiness Model— consistency among respondents and inter-rater reliability in scoring.

Consistency Among Respondents

One aspect of inter-rater reliability is the level of consistency among the respondents who are interviewed about readiness in their community. We have calculated consistency across respondents, and it is generally very high. We improve accuracy by restricting respondents to persons who have been in the community for a year or more, which generally results in a valid interview—an interview that accurately reflects what is actually happening in the community.

At the same time, we do not expect or want to obtain exactly the same information from each respondent—that is why we select respondents with different community roles and community connections. Each respondent is expected to have a unique perspective and their responses will reflect that perspective. The information that is collected through the interviews is never "right" or "wrong," it simply reflects the understanding of the respondent about what is going on in the community. There are, of course, occasions when respondents do not agree; when they have radically different views of what is going on in their community. If one respondent gives responses vastly different from the others

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in the same community, we add further interviews to determine what is actually occurring in that community. The very high level of agreement among respondents is, therefore, enhanced because of these methods that we use to assure that we are getting an accurate picture of the community.

Inter-Rater Reliability in Scoring

The consensus of interviews with community respondents are scored independently by the scorers to obtain the level of community readiness on each dimension. We have tested inter-rater reliability on over 120 interviews by checking the agreement between scores given for each interview by the raters. The scorers, working independently, gave the exact same score when rating dimensions on an interview 92% of the time. This is an exceptionally high level of agreement and speaks to the effectiveness of the anchored rating scales in guiding appropriate assignment of scores.

It is part of the scoring protocol that after scoring independently, scorers meet to discuss their scores on each interview and agree on a final consensus score. We interviewed the scorers following this process and for nearly all of the 8% of the time they disagreed, it was because one scorer overlooked a statement in the interview that would have indicated a higher or lower level of readiness and that person subsequently altered their original score accordingly.

The inter-rater reliability is, in a sense, also evidence for validity of the measure in that it reflects that each of the two persons reading the transcript of the same interview, were able to extract information leading them to conclude that the community was at the same level of readiness. If the assessment scales were not well grounded in the theory, we would expect to see much more individual interpretation and much less agreement.

2 Community Readiness Assessment Interview Questions

Dimension A: Existing Community Efforts

1. On a scale from 1 to 10, how much of a concern is the issue in our community? (With 1 being "not at all" and 10 being "a great concern"). Please explain your rating.

2. What prevention/intervention programs or services are available in our community that address the issue?

3. How long have these programs or services been available?

4. What prevention programs or services are being planned for our community that address the issue?

5. What other treatment efforts or services are available in our community?

6. How long have these services been available?

7. What efforts or services are being planned for our community that address this issue?

8. Generally, do people in the community use these services? Are there plans to expand additional services or efforts? Please explain.

9. What policies related to the issue are in place in the community?

10. Can you describe efforts to involve the community, including youth and Elders, in the planning of prevention programs or services to address this issue?

Dimension B: Community Knowledge About Prevention

1. Based on your knowledge, what does the community know about efforts being made to address the child maltreatment? Include information such as the name of programs, the services provided, how to access services, who they serve (such as youth, adults, males, females), and the focus of the treatment.

2. On a scale from 1 to 10, how aware is the general community of these prevention and treatment efforts? (With 1 being "not at all" and 10 being "a great deal"). Please explain your rating.

3. What are the strengths of the available prevention programs and treatment services?

4. What are the limitations of the available prevention programs and treatment services?

Dimension C: Leadership

1. On a scale from 1 to 10, how concerned are our elected leaders with providing child welfare prevention/intervention programs for community members? (With 1 being "not at all" and 10 being "a great concern"). Please explain your rating.

2. On a scale from 1 to 10, how concerned are our informal or influential leaders with providing prevention and intervention services for community members? (With 1 being "not at all" and 10 being "a great concern"). Please explain your rating.

3. How are these leaders (elected or informal) involved in efforts regarding child maltreatment in our community? In other words, what are they doing?

4. Would the leadership (elected or informal) support additional efforts to address and plan for the prevention and intervention of child maltreatment in our community? Please explain.

Dimension D: Community Climate

1. How would you describe our community?

2. What are the community's feelings about the prevention of child maltreatment?

3. How does the community support the prevention and intervention efforts?

4. What are the primary obstacles to obtaining or adding more prevention or intervention programs or services in our community?

Dimension E: Knowledge About the Problem

1. How knowledgeable are community members about the issue of child maltreatment? Please explain.

2. In our community, what types of information are available about the prevention of child maltreatment?

3. Is local data on child maltreatment and prevention programs available in our community? If so, from where?

Dimension F: Resources for Prevention Efforts

1. Who would a person turn to first for help if he or she needed parenting support?

2. What are the community's feelings about getting involved in child maltreatment efforts (e.g., talking to a person thinking about suicide, volunteering time, financial donations, providing space)?

3. Please describe any prevention plans or grants to address the issue of child maltreatment in our community.

4. Do you know if any of these prevention activities or grants are being evaluated?

5. These are all of the questions we have for you today. Do you have anything else to add?

3 Guided Evaluability Assessment Discussion Guide

**Center for
Native Child
and Family Resilience**

Native Solutions with Native Voices
Guided Evaluability Assessment Discussion Guide

How to use this discussion guide:

You should tailor the discussion guide to each person or group of people you speak with. You can start by asking the bolded questions. The bullets that follow are probes you may use to get more information—*you do not need to ask each one*.

Discussion Guide
1. Please tell us about your community.
• Family or community wellness: What efforts does your community currently have available for community or family wellness or healing?
• Living in balance and harmony: I understand that different Indigenous languages may have specific words or phrases for the concept of living in balance and harmony. Do you feel comfortable sharing how your community expresses this concept in services?
• Traditional parenting and kinship practices: How do people in the community teach of life, respect for gifts of life or how to be in the world? And who does that?
• Knowledge bearers: Who are the knowledge bearers? Who are the Tribal/cultural community leaders active in family or community wellness?
• Cultural history: How do you think about the community's resilience? I'm sure you're used to hearing about intergeneration trauma, but what does that mean in this community? What aspects of cultural practices remain a source of strength? What aspects of intergenerational trauma or this history still impact the health of individuals, families, and the community?
• Politics: What's the political climate around this program? Who are the Tribal community organizers or champions of wellness? Are they aligned with this program?
• Relationship with public human service agencies (e.g., state/local, health, social services, or child welfare): What is your relationship with state or local public human services agencies? In what ways do they help or hinder your program?
2. Can you tell us the story of your program? Can you tell us about how this program got started?
• Process: What process or vision did you follow which led to developing this model or program? How did you get there?
• Program history: What was the process for understanding the community and cultural ways that would benefit this program? Please tell me the story of how a shared vision brought the program to this point.
o How did you identify the need for this program, and what went into that? (Formal needs assessment, Tribal council decided, etc.)

1

- Partners/knowledge bearers: Who were the leaders or organizers of the program development? What type of guidance or vision led to their commitments to the program?

- Activities: What are the essential activities of your program? Where are the activities and functions of the program offered (in community, in office or in a traditional setting)?

- Staffing: How do you identify the skills needed to be a part of your program? Do you staff traditional healers, culture bearers, or Elders as part of your program?
    - Are any youth communities or groups involved in this program?

- Resources: How do you balance assessing and serving the needs of your children and families in ways that are reflective of your culture?

- Work with other agencies: What other partners are involved in this program (e.g. federal/state/local, health, social services, or child welfare), and what does their involvement look like?
    - In what ways do they help or hinder your program?
    - How does this program interact with other programs that are running (if any)?

3. What are the most essential parts of your program that reflect your ways of knowing and caring for people?

- Decolonization and cultural revitalization: Are decolonization and language/cultural revitalization a part of your program or vision for the future?

- Native wellness and healing: What do you see influencing the most change in the children and families you see that are part of this program? When you think about your approach to prevention and/or healing, what/where/who do you look to better understand how it is working (information/data, observations, stories, etc.)?

- Trauma: How do you address historical and intergenerational trauma in your program?

- What is the shared vision of the people and participants involved in the program? Are the efforts guided by cultural values, or possibly the guidance of spiritual calling or the vision of leaders?

- How do you keep families engaged? What happens when people prematurely leave the program?

4. How do people get to you for wellness and healing? How do they find the program?

- Other services available: Where else can people go for help and healing?

- Demand for services: Please describe how community members access your program. Are there other people your program could serve, but haven't yet? What are the barriers to accessing services?

- Capacity: Are there limits around how many can participate?

- Eligibility criteria: Who do you serve? Are there eligibility requirements (e.g., Tribal citizenship, age, where they live)?

5. Tribal communities have practiced evaluation through their own cultural lens since time immemorial. Some of this became part of the foundation for Western models and others remained in Native communities. What is the history of evaluation in this community? Is that history good or bad? How has it impacted the community?

- What could have/should have been done differently?

- Has this history (good or bad) informed a code of conduct for conducting evaluation today?

- How do Elders view data methods and evaluation from your cultural experience?

- How does your community prefer to collect information?

2

6. What kind of information tells you that the program is effective? How would you come to know if you're having a positive or desired impact?

- What would people say that would tell you if you were achieving the impact which you seek for the participants?

- What would the desired impact look like, and how would you know?

- Information sources: Where does that information come from?
  - Who records that information and how?
  - What would participants say?
  - What would Elders and leaders say?

- What would community members experience as a result of the program?

- Does the state collect any information about the program?

- What information, if any, does the Tribe collect about this program?

7. Are there challenges that you've had to overcome with this program?

- Strengths: How did you overcome them?

- Learning: Where or in what areas are you still learning about how to best implement this program?

8. What's your vision for the future? What do you need to achieve that vision?

- Capacity: What are your needs for capacity building?
  - If you could have any kind of additional support to help these families, what would it be?

- How does the program align with the current priorities/strategic vision of the Tribe?

- Outcomes: What tangible efforts or behaviors are important at the individual, family, community, or even Tribal levels?
  - Where do you hope to make the biggest impact?

9. What would you like to learn from an evaluation? What is your vision for an evaluation?

- What approach to evaluation is in keeping with your values as a community?

- What would an evaluation of this program look like?

- Is there a local or regional Institutional Review Board (or IRB)?
  - Does the Tribal council or other governing body review applications?

10. You've shared a lot about your community and the story of this program. In thinking about the future of your community and this program's place in it, how would you tell the story of its future in the community? Where do you envision your program heading?

3

4 Readiness and Evaluability Narrative Summary

Readiness and Evaluability Assessment

Tribe/Organization Name
Project Name

Overview

[Material that explains what is included in following document, who the players are, and a 1-2 sentence summary of the readiness and evaluability assessments. This is the frame of the story we're telling, and what unfolds will provide the details and explanation.]

Program Summary

Material should cover:
1. Project and Community Overview
2. Proposed Program Summary
3. Desired Program outcomes or effects
4. Story of the Program Components

The Readiness Assessment

The readiness assessment measures the extent to which a community is prepared to take action on an issue. Matching an intervention to a community's level of readiness is absolutely essential for success. Interventions must be challenging enough to move a community forward in its level of readiness. However, efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. The readiness assessment measures change readiness for six areas:

- Existing community efforts
- Community knowledge of the efforts
- Leadership
- Community Climate
- Community knowledge about the issue
- Resources related to the issue

[ORGANIZATION OR TRIBE] community is in the following stages of readiness for each area:

Existing community efforts	**Stage X, XXXXX:** Description based on the material in Appendix A
Community knowledge of efforts	**Stage X, XXXXX:** Description based on the material in Appendix A
Leadership	**Stage X, XXXXX:** Description based on the material in Appendix A
Community climate	**Stage X, XXXXX:** Description based on the material in Appendix A
Community knowledge about the issue	**Stage X, XXXXX:** Description based on the material in Appendix A
Resources related to the issue	**Stage X, XXXXX:** Description based on the material in Appendix A

The Evaluability Assessment

[The content here should address the material gleaned from the storytelling discussion questions in three categories: program context, program information, and evaluation. For each of these categories, there should be a 1–2 paragraph summary and then separate, brief discussions of the strengths and key areas for capacity building related to the category.]

The evaluability assessment builds upon the strong tradition of oral storytelling in Tribal communities. This approach enables communities to talk about their proposed program and how it fits into their communities in their own words and in their own way. We developed the guided storytelling framework approach described here in conjunction with the Indigenous Evaluation Workgroup, a group of experts in Tribal research and evaluation.

Program context

[Material here should address these questions from the Guided Evaluability Assessment Discussion Guide:

- Please tell us about your community.
- Can you tell us the story about your program? Can you tell us about how this program got started?
- What are the most essential parts of your program that reflect your ways of knowing and caring for people?
- What's your vision for the future? What do you need to achieve that vision?]

Program information, activities, and resources

[Material here should address these questions from the guided storytelling model:

- How do people get to you for wellness and healing? How do they find the program?
- Are there challenges that you've had to overcome with this program?
- Other material addressing: program activities/services, recruitment and enrollment, participation/number of participants served, program duration, program staffing, program resources (including funding), and partnerships.]

Evaluation/Ways of Knowing

[Material here should address these questions from the guided storytelling model:

- What is the history of evaluation in this community? Is that history good or bad? How has it impacted the community?
- What kind of information tells you that this program is effective? How would you come to know if you're having a positive or desired impact?
- What would you like to learn from an evaluation? What is your vision for an evaluation?
- In thinking about the future of your community and this program's place in it, how would you tell the story of its future in the community? Where do you envision your program heading?]

Key Resources for Communities

[Provide a list of resources that will allow the organizations and communities take their programs to the next level of implementation and evidence-building. These resources are selected for their relevance to the program's readiness and evaluability findings.]

The following resources have been provided to assist [TRIBE/ORGANIZATION] to take their programs to the next level of implementation and evidence-building, based on the findings of the readiness and evaluability assessments.

5 Pathway to Change Overview and Instructions

Pathway to Change: Your Road Map

Capacity Building
CENTER FOR TRIBES

FIRST TALK: FOUNDATIONS

What We Build

PURPOSE OF THIS SECTION: Develop a short and memorable statement that captures the long-term desired condition you wish to see as a result of your project. This statement is your project's Vision of Success and you will refer back to it as you move forward on the Pathway to Change.

Examples of a Vision of Success:

> *"Children grow up in our community in safe, healthy, and culturally grounded families."*

> *"Families in our community experience social, emotional, cultural, and economic well-being."*

QUESTION TO CONSIDER:

Remember, you are envisioning a desired future that will come about through your project. To develop your Vision of Success, asking questions such as the following may be helpful:

- What essential transformation (in children, families, community, child welfare program, etc.) would you like to see come about as a result of your project?
- What would your project like to leave behind as its legacy?
- What would you like your community to say in that future about what your project accomplished?
- What will be different in your community (or child welfare program) as a result of successfully completing your project?

Describe your long-term Vision of Success:

Center for
Native Child
and Family Resilience

Pathway to Change: Your Road Map

Who We Impact

PURPOSE OF THIS SECTION: Identify the people, groups, and stakeholders that will be impacted by the change brought about by achieving the Vision of Success.

QUESTIONS TO CONSIDER:

- Who is the direct target of this change? (individuals, groups, systems)
- Who will be involved in making the change happen?
- Who else will be impacted by the change?

List the people, groups, and systems impacted by the change:

People, Groups, Systems	How They Are Impacted

Center for
Native Child
and Family Resilience
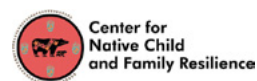
Pathway to Change: Your Road Map

FIRST TALK: FOUNDATIONS

What We Know

PURPOSE OF THIS SECTION: Compile background and contextual information that is relevant to achieving the Vision of Success and completing the desired project.

QUESTIONS TO CONSIDER:

- What conditions currently exist in our community, with our families, or in our program?
- How does our child welfare program currently operate?
- What kinds of things are happening in our program/community that could support or detract from our project?
- What information or data do we have about the issues involved? What do we think may be contributing to these issues?

List of What We Know:

Center for
Native Child
and Family Resilience

Pathway to Change: Your Road Map

Capacity Building
CENTER FOR TRIBES

FIRST TALK: FOUNDATIONS

What We Bring

PURPOSE OF THIS SECTION: Identify the resources, strengths, and challenges that the program, Tribal community, and children and families bring to the desired project and which will be utilized in achieving the Vision of Success.

QUESTIONS TO CONSIDER:

- What formal and informal resources are available in our program? Our community?
- What do we see as the major strengths and resources of the program, the community, and children and families?
- What do we see as the major challenges and risk factors facing children and families in our community?

List the resources, strengths, and challenges that we bring to our desired project:

Center for
Native Child
and Family Resilience

Pathway to Change: Your Road Map

FIRST TALK: FOUNDATIONS

What We Change

PURPOSE OF THIS SECTION: Identify specifics of what will be different than it is currently once the Vision of Success is achieved.

It may be helpful to think about what needs to happen or exist to move from the conditions in the What We Bring section to the conditions that will exist when the Vision of Success is achieved.

QUESTIONS TO CONSIDER:

- What needs to be put in place or revamped to reach our Vision of Success (These could be changes in practice or staffing, new services, support from community, etc.)
- What doesn't exist now, but will need to in the future, to achieve the Vision of Success?
- What needs to be happening in order to go from where we are now to the Vision of Success?
- What are our assumptions about why these changes need to happen and how they lead to the Vision of Success? What resources will we need to access?

List of changes that will need to occur to achieve the Vision of Success:

Center for
Native Child
and Family Resilience

Pathway to Change: Your Road Map

FIRST TALK: FOUNDATIONS

What We Do

PURPOSE OF THIS SECTION: List some of the activities that will lead to the changes identified in the previous section, What We Change.
During the work planning phase of your project, ideas from this section may be developed in greater detail and included in the project work plan.

QUESTIONS TO CONSIDER:

- What practical activities will help us make our changes?
- What tasks need to be a part of each activity?
- Who needs to be involved in each activity?
- What will result from each activity?

Change	Activity(ies)

Center for
Native Child
and Family Resilience

Pathway to Change: Your Road Map

Change	Activity(ies)

Pathway to Change: Your Road Map

How We Know (Evaluation & CQI)

PURPOSE OF THIS SECTION: Help you begin to think about how the evaluation and Continuous Quality Improvement (CQI) concepts of *outputs* and *milestones* are connected to the activities in a work plan.

In this section we'll look at some of the activities listed in the section "What We Do" (and related to a change identified in the section "What We Change") and identify outputs and milestones for those activities.

> Milestone = An action or event marking a significant point in progress or development; a sign of progress.
> Output = A direct and measurable product of a program activity.

QUESTIONS TO CONSIDER:

- What will indicate that we have achieved a particular activity or step within an activity?
- What are the milestones of a particular activity?
- How would we monitor our work to show we've met a milestone?
- What types of outputs would we expect from each activity?
- What data do we currently collect on activities and what new data might need to be collected?

Center for
Native Child
and Family Resilience

Pathway to Change: Your Road Map

Activity	Milestones (signs of progress)	Output(s) of the activity	How will we know activity has been completed?

6 Pathway to Change Impact Model

Pathway to Change Impact Model
Project
[Tribe]
[Date]

What We Build

What We Know

How We Know

Who We Impact

What We Bring

What We Do

What We Change
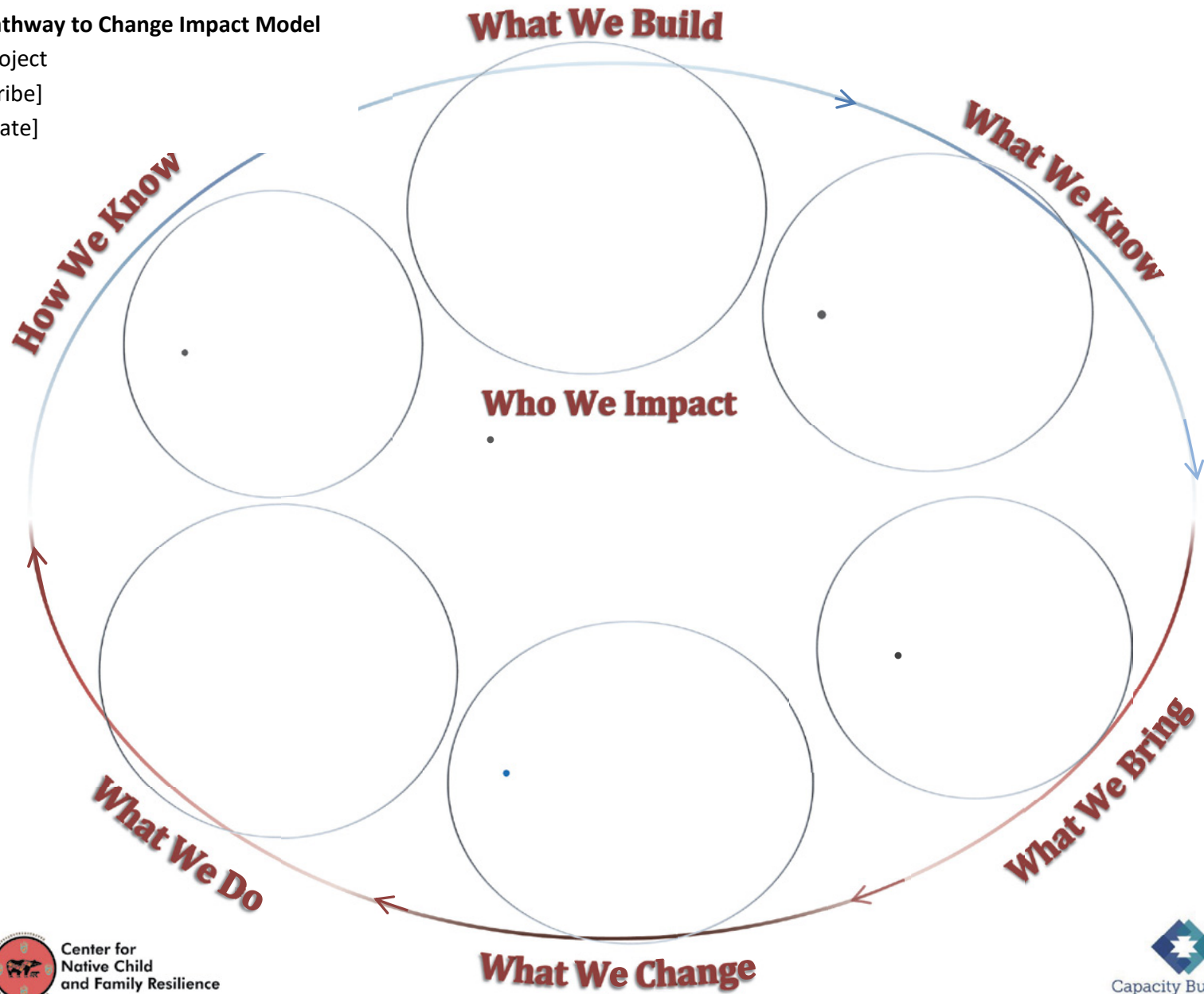
Center for
Native Child
and Family Resilience

Capacity Building
CENTER FOR TRIBES

7 Work Plan Template

Insert project or tribal logo here

Center for Native Child and Family Resilience

Children's Bureau

[PROJECT NAME]

SECTION 1: PROJECT WORK PLAN

Proposed Project Summary

[Use text from the *Program Summary* section of the **Readiness and Evaluability Assessment** report.]

[TRIBAL ORGANIZATION]'s Project Site Team

[Enter the brief narrative in this area.]

[TRIBAL ORGANIZATION]'S PROJECT SITE TEAM		
NAME	**ROLE/TITLE**	**KEY RESPONSIBILITIES**
		•
		•
		•
		•

Center for Native Child and Family Resilience Team

[Enter the brief narrative in this area.]

CENTER FOR NATIVE CHILD AND FAMILY RESILIENCE TEAM		
NAME	**ROLE/TITLE**	**KEY RESPONSIBILITIES**
		•
		•
		•

Work Plan Focus Area: Planning for Implementation

GOAL #1:			
DESIRED OUTCOMES			
Short-term: Long-term:			
Objective 1.1:			
ACTIVITIES	**PERSON(S) RESPONSIBLE**	**TIMELINE**	**EXPECTED OUTPUT (MILESTONE)**
1)			
2)			
3)			
4)			
Objective 1.2:			
ACTIVITIES	**PERSON(S) RESPONSIBLE**	**TIMELINE**	**EXPECTED OUTPUT (MILESTONE)**
1)			
2)			
3)			
4)			

3

Objective 1.3:			
ACTIVITIES	**PERSON(S) RESPONSIBLE**	**TIMELINE**	**EXPECTED OUTPUT (MILESTONE)**
1)			
2)			
3)			
4)			

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Work Plan Focus Area: Intervention Implementation

GOAL #2:
DESIRED OUTCOMES
Short-term:
Long-term:

Objective 2.1:

ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE	EXPECTED OUTPUT (MILESTONE)
1)			
2)			
3)			
4)			

Objective 2.2:

ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE	EXPECTED OUTPUT (MILESTONE)
1)			
2)			
3)			
4)			

Objective 2.3:

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ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE	EXPECTED OUTPUT (MILESTONE)
1)			
2)			
3)			
4)			

Project Budget

[Insert the budget that was approved by the CNCFR to support this project here]

Budget		
Category	**Description/Justification**	**Amount**

Parking Lot

PARKING LOT			
Identified Issue (What?)	**Needed Action**	**Person Responsible (Who?)**	**Due Date (By When?)**

Schedule of Deliverables

[Enter the schedule of deliverables in this area.]

Schedule of Deliverables		
Item	**Description**	**Due Date**

8 Project Driven Evaluation Planning Tool

Project-Driven Evaluation Planning Tool

Using the Project-Driven Evaluation Planning Tool

Project-driven evaluation is the process of identifying, articulating, and understanding a program's value or outcomes. If the story of a project site's program or intervention is the story about how they build resilience among Native families, then evaluation is the journey between that vision, what they do (the work and activities), and the outcomes of that work. It is the story of how their vision leads to results for children and families.

Native people have a wealth of diverse languages, worldviews, teachings, and experiences. Long before Western researchers took up the mantle of scientific inquiry, Native people pursued knowledge and balance through intense interaction and observation with every aspect of their social, spiritual, and natural worlds. Indigenous Ways of Knowing honor the interconnectedness of all things and encapsulate the power of the current moment as it is woven together with lessons learned and passed on through deep time. Despite periods of great upheaval caused by colonial impositions and federal Indian policy, Indigenous knowledge and Native nations persist and thrive.

Native nations are working to recover, preserve, and decolonize their communities. It is with this knowledge that the Center seeks to work with project sites, to build Tribal capacity and bolster Tribal self-determination through a project-driven evaluation process.

The Project-Driven Evaluation Planning Tool will help guide and empower project sites through the evaluation process. The Center team is composed of representatives from JBS, TLPI, and Mathematica. Each project site will work with Center team members whose roles include a Center Lead, Evaluation Lead, and Indigenous Projects Program Lead. Center team members will use this tool to initiate and foster ongoing guided conversations with project sites to build stories of effectiveness through cross-site evaluation. The Center team will work with project sites to take stock of where they are in their story and where they want and need assistance in getting to where they hope to go. In the discussions with project sites, the Center team will identify and consider the purpose evaluation might serve for each project.

Ultimately, the Center team will use this tool to identify project values and inform the development of an evaluation plan that includes site-specific and cross-site collection and analyses of outcome, process, and cost components.

The final evaluation plan will be shared with and ultimately approved by the Children's Bureau (CB), as required by the cooperative agreement. However, this is intended to be an iterative and collaborative process between the Center team and project sites. This tool is meant to foster bidirectional learning and the creation of an evaluation plan that accurately reflects and aligns with the needs of each project site and CB.

How to use this tool

The Center team will facilitate discussions with project sites using questions from the first three sections as prompts to further expound on what communities want to know, what they already know, and further understand and capture project values. The first three sections of this tool will help evoke important information needed to complete the final "Project-Driven Evaluation Plan" (Section Four). Tailor questions in each section as appropriate to each project site. Further instructions are included in italics throughout each section.

Section Four includes tables that capture evaluation questions, information sources, responsibilities, and a timeline of evaluation activities. The Center team will summarize the information collected during discussions to populate this final section. To support this effort, the Center team and project sites can consider using visioning exercises, small group discussions, focus groups, talking circles, or one-on-one conversations. When the Project-Driven Evaluation Plan is complete, the Center team will share it with respective project sites to ensure that the information captured represents a shared understanding of the work ahead, and who will be responsible for each component.

1. Defining Key Terms

When first engaging with the project site, take time to come to a common understanding of key terms that will be used throughout the evaluation. It is essential to honor Indigenous Ways of Knowing throughout this process. Indigenous people have distinct training, knowledge, cultural protocols, and experience that informs how they might approach evaluation. The communities are the experts on their history and program development. This is a project-driven evaluation, care must be taken not to impose a western academic perspective onto the process of

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evaluation planning. The Center team might ask the following questions to understand and define key terms:

- How does the project understand evaluation?
- What evaluation terms are the project comfortable using?
- Is there a word or words that reflect the concept of evaluation in the local Indigenous language?
- What approach is in keeping with your values as a project?
- How do you prefer to communicate?

If the project site discusses terms like "fidelity," "quality assurance plan or continuous program improvement," "informed consent" or "outcomes," please ask them to describe what these terms mean to them.

2. Developing Evaluation Questions

The following questions are intended to help the project site identify what they want to learn about their program. The Center team can work with project sites to identify what they are seeking to find and what information is needed to inform the process. As discussions unfold, it is important to engage all relevant partners or knowledge bearers throughout the process. Remember to be purposeful in communication and check in regularly with partners throughout the process to ensure everyone is aligned in understanding what is formulated.

3

Who should be involved in evaluation planning activities? How will each person be involved? (They may be advisors, or help conduct the evaluation plan, such as a program evaluator working in partnership with Center staff and advisors.)

Eligibility: What are the eligibility criteria for participating in the program? Who is the program designed for? For example, it might be at-risk Native youth from [project site community] between the ages of 10 and 19 or teen parents under the age of 21.

Consent: What is the planned consent process? Is informed consent needed? For example, you might plan to gather consent prior to the start of the program or participants will sign consent/assent forms at the first program session. If you plan to work with youth, you might stipulate that participants must have both signed parental consent and youth assent forms in order to participate. You might note that not consenting to participate in the evaluation will not affect participation in the program.

Setting: Where will the program take place? Is the program designed to take place in a particular setting or service area? For example, a school, community center, or within the sovereign jurisdiction of particular Tribes?

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Administration/collection of information: Who will collect/gather information? At what points do they collect this information? For example, at program enrollment and exit or at program enrollment and 6 months after program exit? Who will analyze the information collected, and how? For example, X will enter it into an Excel spreadsheet, which they will use to automatically calculate numbers.

What outcomes do you want to achieve from your program? How do these outcomes address:

- preventing child maltreatment, including decreasing maltreatment, reducing perpetrator recidivism, promoting protective factors, and reducing risk factors, and
- Tribal, community, or systems outcomes, including building knowledge and skills of providers and increasing availability and awareness of culturally relevant services which other communities and entities might learn from?

How do you see the story of effectiveness unfolding for your program? For example, what do you hope to see in families after they complete the program? What does success look like for you and your project? How will you know if the program is working? What are the local and cultural indications of success? What does achieving your outcomes look like? For example, you might ask– How many families reunify, are fewer families referred to child welfare, or how are community members engaging in cultural traditions?

If the answer is yes to any of the questions, be sure to discuss and/or follow up with the project site leads to discuss possible information sources (such as enrollment, participation), when and how those data are collected, and who collects it.

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What do you want to know about your program's implementation? Do you want to know if it is being delivered as intended? Do you want to document how your program should be implemented? Do you want to know how many hours of service people typically receive through your program? Do you want to document what services you are providing through your program? Do you want to document the challenges and successes of implementing this program? Do you want to know about the types of families you serve?

If the answer is yes to any of the questions, be sure to discuss and/or follow up with the project site leads to discuss possible information sources (such as enrollment, participation), when and how those data are collected, and who collects it.

What do you want to know about the costs of delivering your program? What would you want to learn from a cost study? Do you have a process in mind? Do you want to understand cost per person served? Do you want to know how much each component of your program costs? Do you want to know how much it costs to start up this program? Do you want to know how much it costs to run the program once it's set up? Do you want to know how much money you save families or your community by offering these services?

If the answer is yes to any of the questions, be sure to discuss and/or follow up with the project site leads to discuss possible information sources, how and when data are collected, and who collects it (for example, do they track how much time each type of staff spends on the program? Do they have cost estimates for all partners' work on this program? Do they know or can they find out how much their fixed costs are—cost for space, equipment, overhead, information technology, and human resources, etc.?).

What evaluation study permissions are needed? A key part of the evaluation process is ensuring you follow local approval processes for working with and collecting information from children and families. Before you collect any information, it is essential that you engage local approval bodies to gain permission. Depending on your project you may be required to engage some combination of:

- Local institutional review board (IRB)
- Tribal or regional IRB
- Local policy councils and/or Tribal councils
- Local spiritual leaders, knowledge bearers, or Elders

What is the estimated timeline for approval/review? How often do relevant approval bodies meet? What documentation is needed? For example, do you need to get a Tribal resolution passed? Do you need to establish a memorandum of understanding (MOU) or agreement of collaboration and participation from partners? Do you have a data ownership plan in place? Have you thought about data access and storage? Have you identified and established a plan to adhere to local mandatory reporting processes?

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3. Information sources to inform the story

What do you already know about how your program is working, and how do you know? Do you have an indication of demand for the program? For example, is there a waitlist for the program? Do you have information sources that demonstrate program effectiveness? For example, are children returned to their families more quickly? Do you have information on participation? For example, do you collect enrollment forms or attendance records? Do Elders support or champion the program? Do you monitor referrals or have sources of information that show the community and Elders support the program? Do you have a process in place to monitor ongoing program activities (quality assurance plan or continuous program improvement plan)?

How do you measure the success of your program? What do you see as the benefits of this effort (what are the outcomes or values from your program)? How do you measure that outcome or value of interest? When do you use these measures? For example, if you want to see participants more connected to their spirituality and cultural identity, you might measure that with the Native American Spirituality Scale or through attendance at ceremony or enacting certain cultural or spiritual rites. You might employ a measure with eligible participants at the start and end of the program to observe changes in connection to spirituality and identity.

Be sure to also indicate if a project site wants to measure a particular value or outcome but does not know how to. Consider identifying or describing relevant instruments for consideration.

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What other information sources exist that you are not currently using? Do you collect or have access to child welfare administrative data? What are the barriers to accessing this information? Do you have agreements in place with other agencies or partners to access this information? If not, do you need an agreement to access the information?

4. Project-Driven Evaluation Plan

Instructions: After ongoing discussions with project sites, use the information gathered from the first three sections to fill out the final Project-Driven Evaluation Plan section. This section includes tables that capture evaluation questions, information sources, responsibilities, and a timeline of activities for site-specific and cross-site evaluation activities. Examples are provided in grey. We will populate the tables with the cross-site measures for outcomes, cost, and implementation and note how these will be captured/collected in each project site.

We will have tables for each project site that get at their unique interests, along with the cross-site items all sites need to capture. We will combine the project site tables into one (1) evaluation plan document that describes the site-specific and cross-site plans.

Implementation or process evaluation: What you want to know about how your program works

Evaluation questions	Information sources	Who will collect this information?	When will this information be collected?	Who will analyze this information?
Is the program delivered as intended?	*1. Observation checklists* *2. Case review notes*	*1. [Name, Role]* *2. [Name, Role]*	*1. Weekly, from Sept 2019 through Aug 2020*	*1. [Name, Role]* *2. [Name, Role]*

Areas of assistance desired for implementation or process study:

Examples: Creating an observation tool to document fidelity, developing a QA process, analyzing qualitative data.

Outcome Evaluation: How you will know if your program is successful

Evaluation questions	Information sources	Who will collect this information?	When will this information be collected?	Who will analyze this information?
Does the program improve family wellness?	*Indian Family Wellness Assessment*	*[Name, Role]*	*At baseline, and at end of program*	*[Name, Role]*

Include information on: the eligibility criteria for participating in the program, the planned consent process, the setting of the evaluation, who will administer the program, and who will collect/gather information and at what intervals.

Areas of assistance desired for outcome evaluation:

Examples: How can we measure family wellness? How can we show that children are returned to their families after participating in our program?

Cost evaluation: How you know how much it costs to operate your program

Evaluation questions	Information sources	Who will collect this information?	When will this information be collected?	Who will analyze this information?
What are the ongoing costs to running this intervention?	*Time-use study*	*[Name, Role]*	*Weekly, for one month*	*[Name, Role]*

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Areas of assistance desired for cost study:

> *Examples: How do we find out how much it costs to run our program? How can we tell funders how much each component of our program costs?*

Project-Driven Evaluation Timeline

Add key dates here for what was learned above. For example: when to get IRB approval and how long it may take; when you plan to start the evaluation; or when data collection activities will occur.

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9 Evaluation Plan Template

[*Insert project icon here*]

[*Project site*] Evaluation Plan

- Program description. *[insert]*
- Program goals and anticipated outcomes *[insert]*

[*Introduction to three components of the evaluation: implementation, cost, outcome. If applicable: Appendix 1-X includes the proposed data collection instruments/questionnaires.*]

Implementation evaluation

[*Brief narrative about purpose, program components, information sources and rationale for selection, and planned analysis.*]

Table 1. Implementation evaluation: How the program works

Questions about how program works	Information sources	Who will collect this information?	When will this information be collected?	Who will analyze this information and how (if known)?
Example: Is the program delivered as intended?	*1. Observations[1]* *2. Case reviews*	*1. [Name, Role]* *2. [Name, Role]*	*1. Weekly, from Sept 2020 through Aug 2021*	*1. [Name, Role]* *2. [Name, Role]*

[1] The use of observations as an information source is not intended to mean that evaluators will be observing program participants. These observations may occur naturally as part of the program's service delivery.

Cost evaluation

[Brief narrative including the purpose, level of effort for project site staff, volunteers, and consultants to develop/implement/refine the program, program components, research questions, rationale for information sources, and planned analysis.]

Table 2. Cost evaluation: What the program costs

Questions about program costs	Information sources	Who will collect this information?	When will this information be collected?	Who will analyze this information and how (if known)?

Outcome evaluation

[Brief narrative including the purpose, program components, research questions, rationale for information sources, and planned analysis.]

Table 3. Outcome evaluation: What program success looks like

Questions about success of program	Information sources	Who will collect this information?	When will this information be collected?	Who will analyze this information and how (if known)?
Example: How much does the program improve family wellness?	*Family stories*	*[Name, Role]*	*After each program session*	*[Name, Role]*

Center for Native Child and Family Resilience | **[Project name] Evaluation Plan**

2. Information sources to tell the story of success

Table 4. Information sources and the evaluations they will inform

Information source	Implementation evaluation	Cost evaluation	Outcome evaluation

Our information sources will include:

[Describe each relevant information source and the kinds of information we will get from each. Delete bullets that are not going to be collected for the project site.]

Table 5. Outcome domains, information sources, and measures

Outcome domain	Information source(s)	Method of collecting information

3. Evaluation timeline and strategies to ensure success

[Include a bulleted list of challenges and potential strategies before the table.]

Table 6. Evaluation activities and anticipated start and end dates

Activity	Person/Team responsible	Anticipated start date	Anticipated end date

3

10 Legacy Plan Guidance and Template

Legacy Planning Tool

A program's legacy refers to how it continues to operate in a community as the way things are done, the ability of the program to continue to serve the community and sustain it over time. The legacy of a program and the ability to sustain all or part of the program might look different depending on where the program is in the planning process and its incorporation in the larger community.

The Legacy Planning Tool serves as a discussion guide for program leadership. It helps gather the information required for planning for sustainability and to brainstorm ways to address the key elements of sustainability. It provides leadership with prompts to help sites envision a legacy for their program and figure out how the program can continue to help increase Tribal well-being. None of the prompts are mandatory and not every prompt will apply to every site. Leaders should work with programs and use the prompts they feel will help create the desired legacy of cultural resilience, family strengthening, child protection, community resilience, and/or risk reduction they want for their program.

The tool is divided into two parts ("Planning the Legacy" and "Creating the Legacy"). Ideally, "Planning the Legacy" should be used early in the life cycle of a program, helping the site think through their specific vision and mission for the program. "Creating the Legacy" should ideally be used later in the life cycle of a program to more concretely assess where the program is in their outlined vision, where they hope to be and what they need to do to get there. In this way, the program can build and sustain a program, guided by culture, that becomes a foundational part of the community.

Planning the Legacy

This part includes prompts designed to help the program think about the parts they want to sustain, why they are important to sustain and how it might happen. Leaders can use the prompts contained in this part with the program early in the process so they can start thinking about sustainability in order to create a mission and vision to ground and guide the program as it moves forward.

- How does/will this program function in the community? What role does/will it play?

- How is culture integrated into the program?

- What goals do we want to achieve? Where does the program want to go in the future?

- What do we want to develop or increase as a result of the program?

  - ☐ Workforce: practitioner(s) and/or ICWA program staff expertise

  - ☐ Resources: foster homes, coalitions, curricula, learning platforms, modules, documentation, handouts, print/online resources

  - ☐ Buy-in: Tribal Council, Community, other

  - ☐ Partnerships

  - ☐ Improvements in systems (child welfare, etc.) and infrastructure

  - ☐ Others? (describe)

- Who is the program designed to help and how?

- Is the program supported by the community? Are there members of the community that actively advocate for continuing the program? Does the program have strong Tribal Council support?

- What, if anything, would have to change if the program would continue? (For example, will any of the following change: the person or office that oversees the program, data collection processes, or target population?)

- If the program has already begun, is anything known about early indicators of its effects? Where has it been most successful? What lessons have we learned about the program?

Creating the Legacy

This part includes more targeted prompts surrounding the key elements of sustainability and helps sites think of ways to build a program so that it rests on the natural supports of the community and can be continued without the help or support of the Center. Leaders can use the prompts contained in this part to help sites plan for how the program can become a successful part of how things are done and the services that are offered in the community.

There are three categories of legacy creation addressed below. They are Program Support; Organizational Support; and Fiscal Support.

PROGRAM SUPPORT

Creating a program that is sustainable requires ongoing support and resources to help the program remain effective and continue to achieve its goal. The following discussion questions can help to determine the type and extent of the supports and resources that will be required for day-to-day operation of the program.

Training

- Does the program require any training? If so, how will training be provided to new and existing program staff?

- What would be lost if training could not continue?

- Given the turnover that often exists in programs, how will the history and vision of the program be integrated into training for new employees? How will current employees and those that have extensive knowledge of the program be able to transfer their knowledge to others?

Fidelity Tracking Processes

Assuring fidelity of the program is the process of making sure the program closely follows and is carried out in a way that is consistent with what the creators of the program wanted.

- What parts of the fidelity tracking process can be continued? Who should be involved? How?

- Will the fidelity tracking process need to change in order to continue? If so, what needs to change?

- How will the fidelity tracking process be used as a learning tool, identifying what is working as well as where the program and organization need to learn and grow?

Identification and Use of Data

- What program data should continue to be gathered? For example: number of people served, fidelity to the program, effects of the programs etc.

- What program data should no longer be gathered?

- How will program data be used to identify whether the program needs to be adapted in order to better fit the needs of the community?

3

Community Driven Evaluation

- Do community driven evaluation results inform program planning and ongoing program operations? If we have been undergoing an evaluation, will it continue? Will it convert to a continuous quality improvement (CQI)[1]/fidelity monitoring type of evaluation?

- If we have been working with an external evaluator, will that continue, or will we need to develop internal evaluation capacity?

ORGANIZATIONAL SUPPORT

Organizational support includes program management and the resources required keep it running. It includes the organizational processes and policies that need to be in place to maintain a program and support its continued operation as well as planning for succession and dealing with transitions in leadership.

Program Management and Leadership-Succession

- Is the program integrated into the operations of the agency/organization?

- Who will oversee this program on a permanent basis?

- If there is a change in leadership, how will that be addressed through training? How will we ensure the next leader has the necessary qualifications to run the program?

- How will Tribal and program leadership, program staff and community work together to make sure the program is continued? To make sure culture guides the way things are done? What roles will each group have?

Community Partnerships

- Who in the Tribal community is this work connected to and why?

- Are there any partnerships that exist outside of the Tribal community and what is their role?

- What partnerships need to continue and why? Who else needs to be involved?

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[1] Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement define CQI as "the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions." National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs. (2005). *Using continuous quality improvement to improve child welfare practice*.

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Organizational Partnerships

- Where does the program fit within the larger community structure or Tribal organization?

- Are there other organizations (i.e. health, mental health, education, substance abuse prevention, law enforcement etc.) to which this program is connected and why?

- What other partnerships need to continue and why? Do new partnerships need to be created?

Communication

- Does the program have a method of communication that serves to maintain ongoing support?

- What policies or procedures need to be developed for the program to be continued? This could relate to the program itself or building support for its continuation.

- How will these policies and procedures be created and shared?

Data Gathering

- What type of data will be gathered? Who will gather the data? How often? Remember: data is not just contained in an electronic database, there are many other sources of program related data.

- Where are data going to be entered and stored?

- How are data going to be organized and analyzed? What is the process for sharing the data and figuring what the data mean? Who will be responsible for this work? Is there a need for a data sharing agreement? If so, do we have one?

FISCAL SUPPORT

Continuation of a program includes determining what funding is needed to support direct services, staff, and organizational resources. It is helpful to have diverse and/or multiple funding sources in the event one source fails to materialize or is discontinued.

Funding Program Services

- What personnel, technology, and other resources are necessary to carry out the program? Does the program have adequate staff to achieve the program's goals? Are there any changes needed to support program management, staff, and other resources?

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- What will be the annual cost to sustain the program, factoring in direct services as well as the ongoing operation and organizational infrastructure?

- What funding may be needed to support an existing program evaluator? Is there anyone on staff with this expertise?

Funding Streams

- Does the program have a combination of stable and flexible funding?

- Does the program have sustained funding?

- Are there policies/resolutions in place to help ensure sustained funding?

- What existing opportunities might be available to incorporate funding for program supports?

- Do you utilize funding through 638 contracting, Tribal compact, Title IV-B/-E, or other Tribal governance funding that would require a Tribally designated IRB or the Tribe having special rules around the use of data?

11 Txin Kaangux̂ Initiative Required Training by Position

Required Training by Position			
Position			
Description	**Required**	**Salary**	**Per Hour**
Administration			
Anchorage Support Office Executive Assistant			
Will schedule and manage the itinerary of the ED and DHHS Director, including scheduling meetings, travel and other demands on their time. The assistant will also perform clerical and office duties; these may include running errands, screening phone calls, supervising clerical assistants and drafting letters and other documentation on behalf of the executive. Executive assistant must possess excellent written and verbal communication skills, interpersonal skills and be well organized. The executive assistant chosen for this job based upon expertise and knowledge of tribal government operations. The executive assistant oversees other DHHS administrator support staff; supervising their work and making hiring decisions. The Executive Assistant performs a full range of secretarial and project duties for the Departments of Health and Social Services/Business and Economic Development (DHHS/DBED). Work is performed independently according to written or unwritten policies of the department. A great deal of latitude is exercised in carrying tasks to completion and a wide range of knowledge is required. This is considered a mid-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Executive Assistant works under the direct supervision the Director of DHHS and may take functional direction from the Executive Director, and/or President.	• High school diploma or GED • Record management systems • Microsoft Office training • Questions, Persuade, Refer (QPR) or ASIST training	-	$20.00-$25.00
Deputy Director			
Is responsible for the overall administration and leadership of the Family Services Division, including the development, organization, and implementation of all its programs. This is a supervisory position with substantial responsibility for the exercise of independent judgment in hiring, promoting, transferring, suspending, discharging and adjudicating the grievances of subordinate personnel. The Deputy Director is the bridge between management and Family Service staff. At this level the Deputy Director supervises at least two subordinate positions that perform social work in a rural office. The Deputy Director works closely with subordinate staff in managing their caseloads, observe staff and recommend training to improve performance, role model proper behavior, review work, staff cases, handle particularly complex cases, and recommend policies and procedures at the line level.	• Bachelor's degree or higher in field related to Essential Job Functions • Motivational Interviewing • Strengthening Families • Trauma Informed Care • Mandatory Reporting • Questions, Persuade, Refer (QPR) or ASIST training	$60,000-$100,000	-

The Deputy Director will provide administrative oversight of grant development and compliance with federal, state, and local statutes, ordinances, and regulations, as well as state and tribal policies and procedures; fiscal management and program coordination, and services to customer owners. This position represents the organization in public arenas and promotes the mission of the agency in the community and throughout the state. Further, the Deputy Director carries out all duties related to personnel development, recruitment, training and supervision. The Deputy Director works under the direct supervision of the Director of the Department of Community Safety and Peace and may take functional general direction from the President or Executive Director.			
Executive Assistant			
To provide administrative support to the Tribal Council, President, Director of Operations, and the General Administrative Service (GAS) Department, which includes but is not limited to: serving as the Office Manager in his or her absence; serving as Tribal Council Clerk. The Executive Assistant is responsible for assisting and working closely with Tribal Council, President, Executive Director, Director of Operations, Office Manager, and the other GAS staff with planning and organizing the GAS activities. This is considered a mid-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Executive Assistant works under the direct supervision of the Director of Operations and Officer Manager and may take functional general direction from the President or Executive Director.	• High School diploma or GED • Associate Degree preferred • Record management systems • Ongoing professional development in specific discipline • Microsoft Office training	-	$20.00-$25.00
Executive Director			
Responsible for researching, developing, administering and evaluating programs/services in response to the vision, mission, goals and objective of the Txin Kaangux̂ Initiative.	• Bachelor's degree or higher in field related to Essential Job Functions • Motivational Interviewing • Strengthening Families • Trauma Informed Care • Mandatory Reporting • Questions, Persuade, Refer (QPR) or ASIST training	$60,000-$120,000	-
Receptionist			
Perform a full range of administrative support, secretarial and project duties for the Department of Health and Human Services (DHHS). Work is performed	• High school diploma or GED • Record systems management	-	$15.00-$25.00

independently according to written or unwritten policies of the department. A great deal of latitude is exercised in carrying tasks to completion and a wide range of knowledge is required. This is considered an entry-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Receptionist works under the direct supervision the ASO Executive Assistant with on-site supervision/oversight provided by the DHHS Office Manager.	• Customer service, telephone skills, front desk management • CPR/First Aid • Microsoft Office training		
Advocates			
Community Wellness Advocate			
Interview and investigate applicants and recipients to determine eligibility for use of social programs and agency resources. Duties include recording and evaluating personal and financial data obtained from individuals; initiating procedures to grant, modify, deny, or terminate eligibility for various aid programs; authorizing grant amounts; and preparing reports. These workers generally receive specialized training and assist social service caseworkers. This position serves as a catalyst and resource for advancing violence prevention efforts on St. Paul Island that will include a focus on gender equity and social justice. The advocate will provide advocacy, violence prevention and healthy masculinity programs and services for the community. The advocate performs tasks associated with the delivery of programs and services to participants, and peer educators. The advocate will include a focus on programs that support healthy masculinities to encourage men to think critically about the impact gender role socialization has on their personal relationships. Community Wellness Advocate will attend training and monthly staff meetings, to sign up for the number of shifts assigned by the Victim Specialist, and to complete any additional tasks assigned by the Victim Services Division Manager and/or the Department Director. This is considered an entry-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Men's Advocate works under the direct supervision of the Victim Services Division Manager under the Victim Services Division and may take functional general direction from the President, Director of Operations, or Executive Director.	• High school Diploma or GED • Bachelor's degree in social work, criminal justice, psychology or similar field preferred • Emerge/Duluth Model training and shadowing • Coaching Boys Into Men train the trainer • National Advocate Credentialing Program • First Aid or ETT • UAS community wellness training • Questions, Persuade, Refer (QPR) or ASIST training	-	$15.00-$25.00
Men's			

Provide advocacy, violence prevention and healthy masculinity programs and services for the community. The advocate performs tasks associated with the delivery of programs and services to participants, and peer educators. The advocate will include a focus on programs that support healthy masculinities to encourage men to think critically about the impact gender role socialization has on their personal relationships. Men's Advocate's role is to provide advocacy and case management services to all program participants and to provide coverage of the crisis line on weeknights, weekends, and holidays. The Men's Advocate will provide facility maintenance on an as needed basis. This includes office cleaning, transitional, and safe house facility cleaning duties. The Men's Advocate will attended yearly 40 hours advocacy training and monthly staff meetings, to sign up for the number of shifts assigned by the Victim Specialist, and to complete any additional tasks assigned by the Victim Services Division Manager and/or the Department Director. This is considered an entry-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Men's Advocate works under the direct supervision of the Victim Services Division Manager under the Victim Services Division and may take functional general direction from the President, Director of Operations, or Executive Director.	• High school Diploma or GED • Bachelor's degree in social work, criminal justice, psychology or similar field preferred • Emerge/Duluth Model training and shadowing • Coaching Boys Into Men train the trainer • National Advocate Credentialing Program • First Aid or ETT • Questions, Persuade, Refer (QPR) or ASIST training	$31,000-$41,600	$15.00-$25.00
Prevention			
To manage the day-to-day operations of the Art Center (AC) on Saint Paul Island. The purpose of the AC is to offer holistic healing for victims of domestic violence, sexual assault, dating violence and/or stalking, and prevention activities for those at risk for victimization. The Prevention Advocate I provides a variety of services, ranging from developing and publicizing the monthly calendar of activities and recruiting paid and volunteer instructors, to maintaining the facility and inventorying supplies. The Prevention Advocate will work a non-standard work schedule of Friday to Tuesday, 10:00 am – 2: 00 pm --3:00 pm – 7:00 pm. The Prevention Advocate I will work directly within the Department of Community Safety and Peace (DCSP) and Victim Services Division (VSD). The Prevention Advocate I will establish as high a standard of confidentiality as possible given the work environment. The Prevention Advocate I will assist and work closely with the manager to identify, recommend, develop, implement, and support the general operation of the AC and the VSD.	• High school Diploma or GED • Bachelor's degree in social work, criminal justice, psychology or similar field preferred • Emerge/Duluth Model training and shadowing • Coaching Boys Into Men train the trainer • National Advocate Credentialing Program • First Aid or ETT • UAS community wellness training • Questions, Persuade, Refer (QPR) or ASIST training	-	$15.00-$25.00

This is considered an entry level position where work is performed under supervision and according to written or unwritten policies of the Tribal Government, DCSP, and VSD with little variance from these procedures. The Prevention Advocate I works under the direct supervision of the manager and may take functional general direction from the director.			
Tribal Sexual Assault			
Provide a variety of services to victims ranging from legal education to emotional support. The Tribal Sexual Assault Advocate will help locate information and resources as well as connect victims with appropriate criminal justice agencies and/or social service organizations. The Tribal Sexual Assault Advocate will work directly within the Department of Community Safety and Peace (DCSP) and will also work in coordination with the St. Paul Island Tribal Court, the State of Alaska's criminal justice system, the State of Alaska's Office of Children's Services and other private non-profit groups like sexual assault crisis organizations. The Tribal Sexual Assault Advocate will provide relevant information benefitting victims in their decision-making processes while striving to never make decisions for them. The Tribal Sexual Assault Advocate will establish as high a standard of confidentiality as possible given the work environment. The Tribal Sexual Assault Advocate will assist and work closely with the Directors to identify, recommend, develop, implement, and support the general operation of the Victim Services Division (VSD). This is considered an entry level position where work is performed under supervision and according to written or unwritten policies of the Tribal Government, DCSP, and VSD with little variance from these procedures. The Tribal Sexual Assault Advocate works under the direct supervision of the VSD Manager and may take functional general direction from the DCSP Director.	• High school Diploma or GED • Bachelor's degree in social work, criminal justice, psychology or similar field preferred • Emerge/Duluth Model training and shadowing • Coaching Boys Into Men train the trainer • National Advocate Credentialing Program • First Aid or ETT • UAS community wellness training • Questions, Persuade, Refer (QPR) or ASIST training	-	$15.00-$25.00
Victim			
To offer support to those directly affected by the crimes of domestic violence, sexual assault, dating violence and/or stalking. The Victim Advocate I provide a variety of services to victims ranging from legal education to emotional support. The Victim Advocate I will help locate information and resources as well as connect victims with appropriate criminal justice agencies and/or social service organizations. The Victim Advocate I will work directly within the Department of Health and Human Services and will also work in coordination with the St. Paul Island Tribal Court, the State of Alaska's criminal justice system, the State of Alaska's Office of Children's Services and other private non-profit groups like sexual assault crisis organizations.	• High school Diploma or GED • Bachelor's degree in social work, criminal justice, psychology or similar field preferred • Emerge/Duluth Model training and shadowing • Coaching Boys into Men train the trainer • National Advocate Credentialing Program	-	$15.00-$25.00

The Victim Advocate I will provide relevant information benefitting victims in their decision-making processes while striving to never make decisions for them. The Victim Advocate I will establish as high a standard of confidentiality as possible given the work environment. The Victim Advocate I will assist and work closely with the Victim Services Division Manager to identify, recommend, develop, implement, and support the general operation of the Victim Services Division. This is considered an entry level position where work is performed under supervision and according to written or unwritten policies of the Tribal Government, Department of Health and Human Services, and Victim Services Division with little variance from these procedures. The Victim Advocate I works under the direct supervision of the Victim Services Division Manager and may take functional general direction from the Department of Health and Human Services Department Director.	• First Aid or ETT • UAS community wellness training • Questions, Persuade, Refer (QPR) or ASIST training		
Behavioral Health			
Behavioral Health Aide			
Provides prevention, early intervention, case management, and follow-up for individuals and families impacted by a variety of behavioral health (addiction/substance abuse and mental health) issues. With direction and support from the supervisor, the position is responsible for providing access to and delivering behavioral health services, within a defined scope of practice, to village residents. The position will have the responsibility of providing outreach and education.	• High school diploma or GED • BHA-I training program and a 100-hour clinical practicum under the direct supervision of a clinical supervisor • Questions, Persuade, Refer (QPR) or ASIST training	-	$16.00-$35.00
Behavioral Health Practitioner			
Provides prevention, early intervention, case management, aftercare and follow-up for individuals and families impacted by a variety of behavioral health (addiction/substance abuse and mental health) issues. With direction and support from the Clinical Supervisor, the position is responsible for providing access to and delivering behavioral health services, within a defined scope of practice, to village residents.	• High school diploma or GED • Questions, Persuade, Refer (QPR) or ASIST training	$50,000-$72,000	-
Traditional Healing Case Manager			
A member of a multi-disciplinary team. The Case Manager will participate in the coordination of care, customer support, project support, case load management, customer care, group facilitation in the outpatient program, and participate in the Healing to Wellness Court program.	• Bachelor's degree in a social services field • Counseling, Psychology, and/or Social Sciences.	$45,760-$62,400	-

This position has two (2) levels designed to provide progressively more responsible and independent work experiences. Progression between job levels is based on the demonstrated ability to successfully handle more progressively responsible assignments. The Traditional Healing Case Manager works under the direct supervision of the supervisor of the Traditional Healing Program and may take functional general direction from the Director, President or Executive Director. The Traditional Healing Case Manager position involves extensive contact with the Tribal Council, President, department employees, the public, and external agencies and organizations. The Traditional Healing Case Manager position requires a tactful, pleasant, courteous and diplomatic manner, and a neat business appearance. The Traditional Healing Case Manager will be in compliance with all federal, state, and local statutes, ordinances, and regulations, as well as state and tribal policies and procedures; abide by fiscal management and program coordination policies, and services to customer owners. This position represents the organization in public arenas and promotes the mission of the agency in the community and throughout the state.	• LCSW, LMFT or Licensed Psychologist. • Qualified Addiction Professional (QAP) • Questions, Persuade, Refer (QPR) or ASIST training		

Traditional Healing Clinician

Is responsible for providing clinical interventions tailored to the customer-owner needs and prepare them for participation in learning circles. This position has two (2) levels designed to provide progressively more responsible and independent work experiences. Progression between job levels is based on the demonstrated ability to successfully handle more progressively responsible assignments. The Traditional Healing Clinician works under the direct supervision of the Director of the Department of Healing and Wellness and may take functional direction from the President or Executive Director. The Traditional Healing Clinician position involves extensive contact with the Tribal Council, President, department employees, the public, and external agencies and organizations. The Traditional Healing Clinician position requires a tactful, pleasant, courteous and diplomatic manner, and a neat business appearance. The Traditional Healing Clinician will be in compliance with all federal, state, and local statutes, ordinances, and regulations, as well as state and tribal policies and procedures; abide by fiscal management and program coordination policies, and services to customer owners.	• Master's degree in behavioral health field including Counseling, Psychology or Social Work; OR PhD/PsyD in Clinical or Counseling Psychology. • Alaska Clinical Licensure • Questions, Persuade, Refer (QPR) or ASIST training	$70,000-$90,000	-

This position represents the organization in public arenas and promotes the mission of the agency in the community and throughout the state.			
Traditional Healing Community Case Manager			
Is responsible for providing support services for the customer-owner including assistance with community resources and developing; and executing a customer-owner's service plan to enhance daily life healthy functioning; participate in the Healing to Wellness Court program. The Traditional Healing Community Case Manager works under the direct supervision of the supervisor of the Traditional Healing Program and may take functional general direction from the Department Director, President or Executive Director. The Traditional Healing Community Case Manager position involves extensive contact with the Tribal Council, President, department employees, the public, and external agencies and organizations. The Traditional Healing Community Case Manager position requires a tactful, pleasant, courteous and diplomatic manner, and a neat business appearance. The Traditional Healing Community Case Manager will be in compliance with all federal, state, and local statutes, ordinances, and regulations, as well as state and tribal policies and procedures; abide by fiscal management and program coordination policies, and services to customer owners. This position represents the organization in public arenas and promotes the mission of the agency in the community and throughout the state.	• Bachelor's degree in a social services field of study • Questions, Persuade, Refer (QPR) or ASIST training	$33,280-$45,760	-
Coordinators			
Charlie's Place			
To provide a coordinated, collaborative, and culturally competent multidisciplinary team (MDT) in response to allegations of severe physical child abuse and sexual assult. Charlie's Place provides a trauma-informed, child-friendly setting that is physically and psychologically safe for children of all ages. The Coordinator oversees the day-to-day operations of Charlie's Place, facilitates the community's multi-disciplinary team and manages all aspects of the funding contracts received from local, state and federal entities. The Charlie's Place Coordinator is a recognized expert in the field child trauma and child abuse. This position requires prior experience in advocacy, social services, management, program development and evaluation, and/or clinical program leadership. Extensive knowledge of American Indian, Alaska Native cultures, including social service issues related to both political and economic attributes of village, rural, and urban life. Prior experience consulting on policy, working with judiciary and legislature, managing partnerships and community relations are	• Bachelor's Degree in a Human Services, Social Work or related field **OR** a minimum of an associate degree in Human Services and 2 years' experience in Child Protection, ICWA, or Social Services. • Three years' experience in delivery of benefit service program, a minimum of one year, which should be in a tribal environment. • Questions, Persuade, Refer (QPR) or ASIST training	-	$15.00-$25.00

highly desirable. Knowledge of public child welfare policy and state and local governments is essential. Ability to travel is required. This is considered a mid-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Charlie's Place Coordinator works under the direct supervision of the Deputy Director of the DCSP and may take functional general direction from the President or Director of the DCSP.			
Community Prevention & Outreach			
Is responsible for the ongoing development of DCSP and DHW prevention, education and training programs for middle school, high school, college campuses and other constituencies and target audiences. Including training, development of curricula, media and other educational materials; ongoing review, evaluation and enhancement of program effectiveness, as well as researching and integrating current issues in the field that include evidence-based best practices and/or cultural practice-based evidence. Works in coordination with DCSP, DHW, the Ecosystem Conservation Office (ECO), and the Department of Business and Economic Development (DBED), the St. Paul Island Tribal Court and the Bering Sea Campus. The CPOC will work closely with the Bering Sea Campus to incorporate DCSP and DHW trainings into the Bering Sea Campus calendar. The CPOC will work with DCSP and DHW Division Managers, the school, and community partners on prevention and education program development related to sexual harassment, sexual assault, and human trafficking; domestic and dating violence, and stalking; suicide prevention; life skills, job readiness, healthy relationships; bullying; financial literacy; parenting; substance abuse and miss use (this is not an exhaustive list). The CPOC presents educational and training programs to various community and professional audiences; and assists the DCSP and DHW Director with other aspects of the Prevention and Educational Outreach Program management and projects as assigned. The CPOC will work with the St. Paul Island Tribal Court and will provide the delivery of services and classes to court ordered members of the community first and foremost when developing the community Prevention and Educational Outreach calendar with the Bering Sea Campus to specifically include Healing of the Canoe, Alcohol and Drug Information School, and Prime for Life. The CPOC works under the direct supervision of the Director of the Department of Community Safety and Peace & Department of Healing and Wellness and may take functional general direction	• LCSW, LMFT or Licensed Psychologist • Questions, Persuade, Refer (QPR) or ASIST training	$50,000-$72,000	-
Food Bank			

Responsible for the running and maintaining of the Food Bank and the distribution of goods to needy families. The Food Bank Coordinator shall also assist with transporting elders and the physically disabled to and from appointments, the store, post office, or out for rides. The Coordinator is also responsible for maintaining the DHHS vehicle and keeping it clean.	• High school diploma or GED • Food Safety • Food handler card	$15.00-$20.00	$9.84
Health Services			
Supervises staff, performs advanced-level assignments, and carries a caseload. This is a supervisory position with substantial responsibility for the exercise of independent judgment in hiring, promoting, transferring, suspending, discharging and adjudicating the grievances of subordinate personnel. The Heath Services Coordinator works closely with subordinate staff in managing their caseloads, observe staff and recommend training to improve performance, role model proper behavior, review work, staff cases, handle particularly complex cases, and recommend policies and procedures at the line level. The Heath Services Coordinator will provide administrative oversight of grant development and compliance with federal, state, and local statutes, ordinances, and regulations, as well as state and tribal policies and procedures; fiscal management and program coordination, and services to customer owners. This position represents the organization in public arenas and promotes the mission of the agency in the community and throughout the state. Further, the Heath Services Coordinator carries out all duties related to personnel development, recruitment, training and supervision. The Heath Services Coordinator works under the direct supervision of the Director of the Department of Health and Human Services and may take functional general direction from the President or Executive Director.	• Bachelor's degree • Domestic violence and sexual assault family counselor • Food handlers' card • CPR, First Aid • ETT/EMT • Bloodborne pathogens • Infectious diseases • Questions, Persuade, Refer (QPR) or ASIST training	$55,000-$70,000	-
Victims of Crime			
Provide contact with victims of crime and personal tragedy to offer individual and family support for a coordinated, collaborative, and culturally competent approach. The Victims of Crime Coordinator will also coordinate the multidisciplinary team (MDT) in response to allegations of severe physical child abuse and sexual assault. Charlie's Place provides a trauma-informed, child-friendly setting that is physically and psychologically safe for children of all ages. The Coordinator oversees the day-to-day operations of Charlie's Place, facilitates the community's multi-disciplinary team and manages all aspects of the funding contracts received from local, state and federal entities. to provide contact with victims of crime and personal tragedy to offer individual and family support. In addition, the Victim Services Coordinator provides information about advocacy within the criminal justice system, support agency referral, aid in applications for victim compensation funds and in acquiring	• Bachelor's Degree in a Human Service, Social Work, or related field **OR** a minimum of an associate degree in Human Services and 2 years' experience in Child Protection, ICWA, or Social Services. • Three years' experience in delivery of benefit service program, a minimum of one year, which should be in a tribal environment.	-	$16.00-$35.00

emergency shelter and facilitates the resolution of other immediate needs for crime victims. The Victims of Crime Coordinator work closely with crime victims and witnesses during criminal investigations and trials, is a recognized expert in the field of child trauma and child abuse. This position requires prior experience in advocacy, social services, management, program development and evaluation, and/or clinical program leadership. Extensive knowledge of American Indian, Alaska Native cultures, including social service issues related to both political and economic attributes of village, rural, and urban life. Prior experience consulting on policy, working with judiciary and legislature, managing partnerships and community relations are highly desirable. Knowledge of public child welfare policy and state and local governments is essential. Ability to travel is required. This is considered a mid-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Victims of Crime Coordinator works under the direct supervision of the Deputy Director of the DCSP and may take functional general direction from the President or Director of the DCSP.	• Understanding of the Federal, Indian Child Welfare Act of 1978 & Tribal/State Agreement		

Youth

The advisor for the Youth Tribal Council by advocating and empowering youth. This is considered an entry level position where work is performed according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Youth Coordinator works under the direct supervision of the Family Services Manager and may take functional direction from the Director of Department of Health and Human Services.	• High school diploma or GED • Associates or bachelor's degree preferred • EMT certification • Questions, Persuade, Refer (QPR) or ASIST training	-	$18.00-$26.00

General			

Driver/Floater

Will compassionately deliver high-quality transportation services in a professional, caring and cost-effective manner. This position also provides professional front desk coverage relief and other secretarial duties for the department.	• High school or GED • ETT certification	-	$15.00-$20.00

Judge

The Tribal Court Judge, in cooperation with the Director of the Office of Justice and Governance Administration, is responsible for the operation and further development of the St. Paul Tribal Court. The Tribal Court Judge administers justice and discharges duties in accordance with the Aleut Community of St. Paul Island Tribal Government Code, including hearing and deciding judicial matters and entering judgments and orders.	• Questions, Persuade, Refer (QPR) or ASIST training • Child welfare laws and regulations • ICWA, Title IV-B and IV-E • Understanding of the Aleut culture		$50

Social Services Associate			
To assist in the implementation of the goals and objectives associated with the DCSP, to give assistance and support toward the achievement of the philosophy, mission, strategy, and its goals and objectives of the DCSP and clients of the program. All actions will be in accordance with the Indian Child Welfare Act (ICWA) federal laws, state laws, and tribal laws. Secondarily, the Social Services Associate assists in the case management services to children and families of the Aleut Community of St. Paul Island Tribal members, community and represents the Tribe at community gatherings, local, county, and state meetings where the Tribe has an interest. The Social Services Associate will assist Tribal members with gaining access to all necessary services both internal and external to the Tribe. This position requires excellent attendance and timeliness, good communication skills as well as un-compromised attention to client confidentiality and detail. They will support the delivery of services to Native youth and families; identify, develop, and utilize community resources; assist in providing leadership and design, development, implementation and evaluation of integrated program policies, and social work practices. The Social Services Associate is a recognized paraprofessional in the field of Indian Child Welfare (ICW). This position assists the Family Services Specialist in the advocacy, case management, family contact social services, management, program development and evaluation, and/or clinical program leadership. Extensive knowledge of American Indian, Alaska Native cultures, including social service issues related to both political and economic attributes of village, rural, and urban life. Prior experience consulting on policy, working with judiciary and legislature, managing partnerships and community relations are highly desirable. Knowledge of public child welfare policy and state and local governments is essential. Ability to travel is required. This is considered an entry-level position where work is performed with supervisory oversite according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Social Services Associate works under the direct supervision of the Family Services Supervisor/ Manager of the DCSP and may take functional general direction from the President or Executive, Family Services Supervisor/ Manager.	• High school or GED • Child welfare laws and regulations • ICWA, Title IV-B and IV-E • First Aid/ ETT • Questions, Persuade, Refer (QPR) or ASIST training	-	$15.00-$25.00
Summer Intern			
Will work with the various programs within the DCSP and additionally head the planning of a community service project through to implementation. Through their experience, the intern will gain knowledge and employability skills to include,	• High school diploma or GED	-	Temp: $15.00

meeting planning, organizing and hosting, goal planning, prioritizing and implementation, experience in networking and collaboration and more. The position involves a shared space, guided by COVID-19 related health and safety protocols, with other Aleut Community of Saint Paul Island Tribal Government staff.			
Managers			
Behavioral Health Division			
	• Questions, Persuade, Refer (QPR) or ASIST training	$52,000-$72,800	-
Emergency Services			
Manager will develop, plan, coordinate, and administer the Tribes multi-hazard emergency preparedness, response, and recovery activities; to coordinate and conduct various training programs and exercises; act as liaison to other departments and outside agencies; supervise work of related staff as necessary; and perform other related duties as required.	• Any combination equivalent to: Associate degree in public safety, emergency management, or public administration or related field • Incident Command System (100, 200, 300, 400) • Questions, Persuade, Refer (QPR) or ASIST training	$52,000-$83,000	-
Family Services Division			
Supervises staff, performs advanced-level assignments, and carries a caseload. The Family Services Manager is responsible for the overall administration and leadership of the Family Services Division, including the development, organization, and implementation of all its programs. This is a supervisory position with substantial responsibility for the exercise of independent judgment in hiring, promoting, transferring, suspending, discharging and adjudicating the grievances of subordinate personnel. The Family Services Manager is the bridge between management and Family Service staff. At this level the Family Services Manager supervises at least two subordinate positions that perform social work in a rural office. The Family Services Manager works closely with subordinate staff in managing their caseloads, observe staff and recommend training to improve performance, role model proper behavior, review work, staff cases, handle particularly complex cases, and recommend policies and procedures at the line level. The Family Services Manager will provide administrative oversight of grant development and compliance with federal, state, and local statutes, ordinances, and	• Bachelor's degree • Domestic violence and sexual assault family counselor • Questions, Persuade, Refer (QPR) or ASIST training	$52,000-$73,450	-

regulations, as well as state and tribal policies and procedures; fiscal management and program coordination, and services to customer owners. This position represents the organization in public arenas and promotes the mission of the agency in the community and throughout the state. Further, the Family Services Manager carries out all duties related to personnel development, recruitment, training and supervision. The Family Services Manager works under the direct supervision of the Director of the Department of Health and Human Services and may take functional general direction from the President or Executive Director.			
Office			
To provide administrative support to the Health & Personal Wellness & Community Safety and Peace Department. Serve as the Office Manager. In his or her absence; Provide Administrative support to the DHPW/CSP Director. The Office Manager is responsible for assisting and working closely with Health & Personal Wellness & Community Safety and Peace Department. This is considered a mid-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures.	• High school diploma or GED • Associate degree preferred • Record management systems • Questions, Persuade, Refer (QPR) or ASIST training	-	$18.00-$28.00
Operations			
Will assist the Director and Deputy Director with planning, directing, and coordinate the operations of the Department of Community Safety and Peace and the Department of Healing and Wellness. The Operations Manager is responsible for ensuring and improving the performance, productivity, efficiency and profitability of departmental and organizational operations through the provision of effective methods and strategies. This is considered a mid-level management position where work is performed independently according to written or unwritten policies of the Tribal Government. A great deal of latitude is exercised in carrying tasks to completion and a wide range of knowledge is required. The Operations Manager works under the direct supervision the Director of Community Safety and Peace and may take functional direction from the Deputy Director, Executive Director, or the President.	• Bachelor's degree social work, psychology, education, business administration or other field of study • Questions, Persuade, Refer (QPR) or ASIST training • Microsoft Office	$60,000-$80,000	-
Victim Services Division			
Is responsible for the overall administration and leadership of the Victim Services Division, including the development, organization, and implementation of	• Bachelor's degree	$52,000-$72,800	-

domestic violence, sexual assault, shelter, prevention, outreach and batterer's treatment programs. The Victim Services Manager position will provide administrative oversight of grant development and compliance with federal, state, and local statutes, ordinances, and regulations, as well as state and tribal policies and procedures; fiscal management and program coordination, and services to clients. This position represents the organization in public arenas and promotes the mission of the agency in the community and throughout the state. Further, the Victim Services Manager carries out all duties related to personnel development, recruitment, training and supervision. This is considered a mid-level position where work is performed independently according to written or unwritten policies of the Tribal Government with little variance from these procedures. The Victim Services Manager works under the direct supervision of the Director of the Department of Health and Human Services and may take functional direction from the President and/or the Txin Kaanguˆx Initiative Business Administrator.	• Domestic Violence & Sexual Assault Victim Counselor • Questions, Persuade, Refer (QPR) or ASIST training		
Specialists			
Elder Services			
To provide a comprehensive approach in delivering services to address the needs of St. Paul Island elders, age 55 and older, who reside on St. Paul Island. The services are designed to enhance the quality of life and promote independent living through fostering an environment of quality, dignity and pride. The program provides a hot lunch program Monday through Friday, advocacy, information and assistance and referral services. Light housekeeping, in-home visits, and referrals are provided on a case by case basis. Health and social activities are scheduled on a regular basis. Activities may include berry picking, bead and sew group, and an exercise and nutrition program. Other annual events include monthly mini potlucks, an annual fall potluck, and a Christmas party.	• Online caregiver training • Food handlers training • BLS • ETT • Alzheimer and dementia • Motivational Interviewing • Questions, Persuade, Refer (QPR) or ASIST training	-	$15.00-$25.00
Family Services			
To implement the goals and objectives associated with the PFSD, to help give direction and leadership toward the achievement of the philosophy, mission, strategy, and its goals and objectives of the PFSD and clients of the program. All actions will be in accordance with the DHHS policy and procedures manual, Indian Child Welfare Act (ICWA), and other federal, state, and tribal laws. Provide Indian	• A Bachelor's Degree in a Human Service, Social Work, or related field **OR** a minimum of an associate degree in Human Services and 2	-	$16.00-$35.00

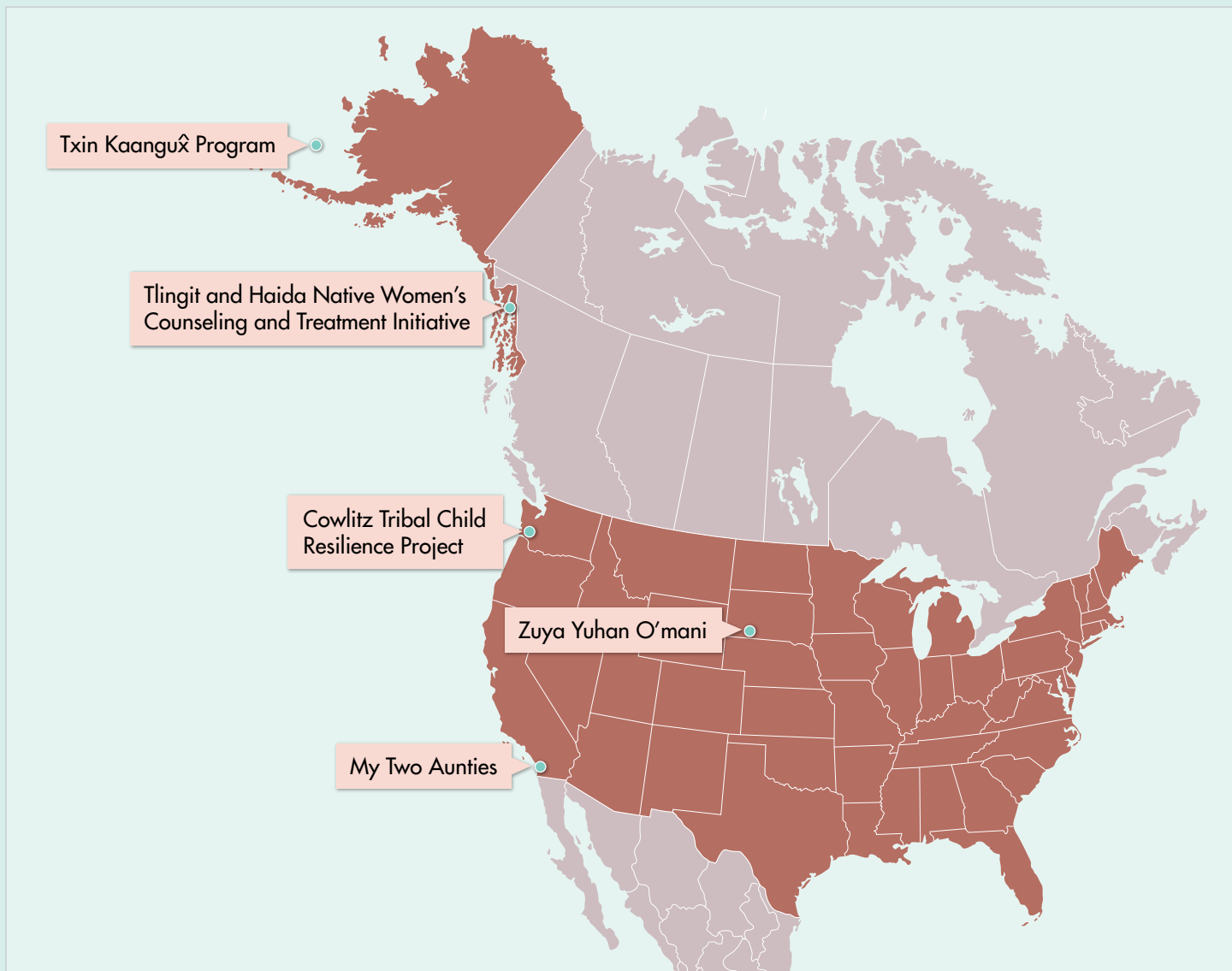|			
Child Welfare Liaison Services within the Community as well as providing consultative services to the State of Alaska working with Aleut Community of St. Paul Island Children and Families**.** Secondarily, the Family Services Specialist provides case management services to children and families of the Aleut Community of St. Paul Island and represents the Tribe at community gatherings, local, county, and state meetings where the Tribe has an interest. The Family Services Specialist will assist Tribal members with gaining access to all necessary services both internal and external to the Tribe. This position requires excellent attendance, good communication skills as well as un-compromised attention to Client Confidentiality and detail. They will support the delivery of services to Native youth and families; identify, develop, and utilize community resources; provide leadership and design, development, implementation and evaluation of integrated program policies, and social work practices. The Family Services Specialist is a recognized expert in the field of Indian Child Welfare (ICW). This position requires prior experience in advocacy, social services, management, program development and evaluation, and/or clinical program leadership. Extensive knowledge of American Indian, Alaska Native cultures, including social service issues related to both political and economic attributes of village, rural, and urban life. Prior experience consulting on policy, working with judiciary and legislature, managing partnerships and community relations are highly desirable. Knowledge of public child welfare policy and state and local governments is essential. Ability to travel is required.	years' experience in Child Protection, ICW, Social Services. • Forensic interviewing • Motivational interviewing • Strengthening Families • Trauma Informed, ICWA, CINA, Cultural Competency, Mandatory Reporting, DV, • CWA Skills Training, • ORCA Training • Questions, Persuade, Refer (QPR) or ASIST training		

In Memoriam: Dr. Paulette Running Wolf

Dr. Running Wolf was an enrolled Blackfeet Tribal member professionally committed to the improvement of behavioral health services and systems in Indian Country. She was a counseling psychologist, an educator, an evaluator, a consultant who contributed to national projects, and an esteemed colleague.

She was a psychologist with over 30 years' experience in American Indian education and training, research and evaluation, and program development. Her time as an educator saw her teaching in a variety of settings, including elementary and secondary education, at two Tribal colleges, and as an Assistant Professor at Washington State University.

Dr. Running Wolf successfully implemented quantitative and qualitative outcome-based evaluations in numerous Tribal communities, both urban and reservation. She served on the Washington State Institutional Review Board and the Blackfeet Nations Institutional Board. She also was a member of the Tribal Evaluation Steering Team of the Children's Bureau's Child Welfare Research and Evaluation Workgroup, contributing to the group's publication, "A Roadmap for Collaborative and Effective Evaluation in Tribal Communities."

As a consultant, Dr. Running Wolf provided evaluation, community mobilization, and planning services in over 50 Tribal communities. She frequently served on federal and state policy making committees to ensure they included culturally competent approaches to mental health services, research, design, and evaluation. In addition, she was the lead developer and project manager for a SAMHSA contract, Native Aspirations, that addressed suicide, violence, and bullying in Tribal communities.

Dr. Running Wolf received a Bachelor of Science in Elementary and Secondary Education from the University of Great Falls, Montana; a Master of Education in School Counseling from Western Washington University, Bellingham; and a Doctorate in Counseling Psychology from the University of Wisconsin, Madison.

Txin Kaangux̂ Program

Tlingit and Haida Native Women's
Counseling and Treatment Initiative

Cowlitz Tribal Child
Resilience Project

Zuya Yuhan O'mani

My Two Aunties

This document is part of a series that presents the results of collaboration between the Center for Native Child and Family Resilience and five Tribal partner organizations to formalize, implement, and evaluate the partners' Tribal child welfare prevention and intervention strategies. For more information about this or the other programs, please visit the Center website, https://cncfr.jbsinternational.com.

Txin Kaangux̂ Initiative
Implementation Guide
2022