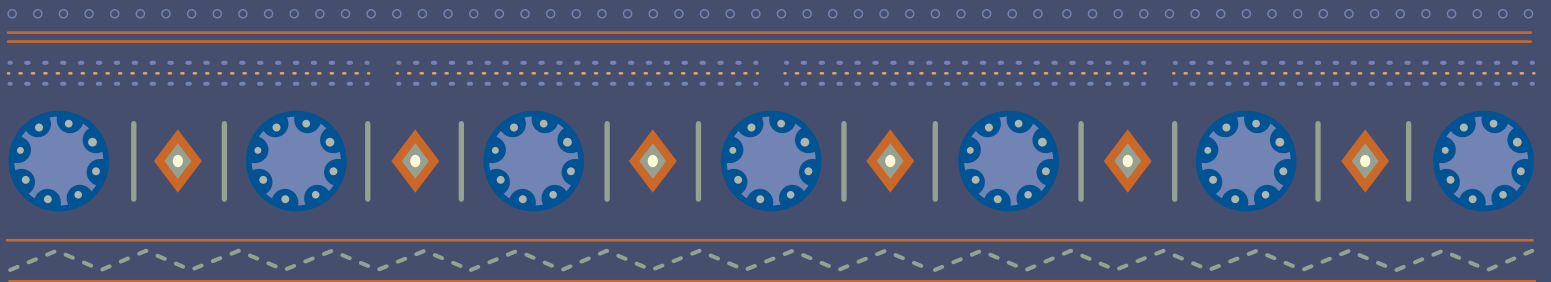


Txin Kaanguĕ Initiative

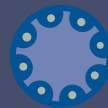
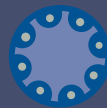
Program Manual

2022

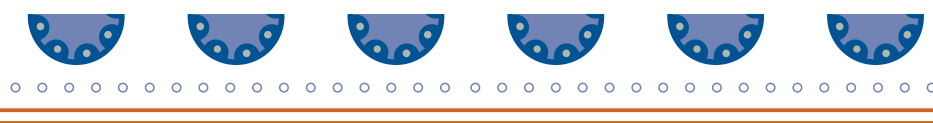


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Introduction

As part of a Children's Bureau initiative to raise awareness of Tribally engaged prevention and intervention efforts, the Center partnered with Indian Tribes to examine solutions for healing the ongoing 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.

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.

When we have families that come to us seeking services, we lend an active listening ear so that we can provide them with the services they need and are willing to engage in.

The Aleut Community of St. Paul Island-Tribal Government (ACSPI) established the Txin Kaanguġ Initiative (TKI) to serve the Alaska Native village located in St. Paul Island, Alaska. The phrase "Txin Kaanguġ" translates roughly to "your health and wellness," and seeing that ACSPI's child welfare cases are centered 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. For additional information refer to the Community Services and Supports table on page 6 below.



The goal of the Initiative is to provide for the integration of Tribal Government programs, services, departments, divisions, and their employees that provide for the health, welfare, and safety of the Aleut Community of St. Paul Tribal membership and community. Txin Kaangű reflects the desire for a holistic approach to healing and wellness that relies on collaboration and creativity in a broad approach to service provision.

This Program Manual is intended to be used jointly with the Txin Kaangű Initiative Implementation Guide and illustrates the services available through the program and how services are accessed. There are several purposes of the manual. Primarily it was developed to illustrate how and why the Initiative began, history of change efforts, and services available today. Upon commencing development of the TKI, the Aleut Community of St. Paul Island Executive Team conducted several focus groups and staff surveys which

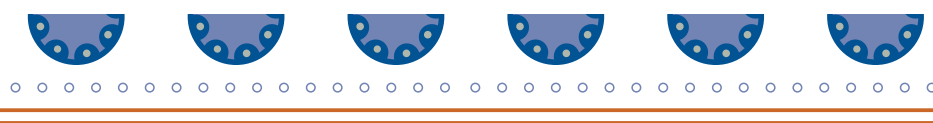
in part revealed staff performance was adversely affected because of historical trauma and its impact on the workplace. Once that challenge was identified, actions were taken to work directly with staff.

The CNCFR project allowed the TKI to focus on the results of the staff work sessions that were established due to the negative impact of historical trauma, one of which was the development of an onboarding process that addresses trauma, resilience, retention, recruitment, and benefits of working for the agency. Going from a punitive workplace to one that is restorative and inviting.

The manual was developed in collaboration between the TKI staff and staff of the Center for Native Child and Family Resilience.

The following section, Journey Through System's Change, illustrates the steps taken to integrate St. Paul's Tribal Government service provision.





Journey Through Systems Change

One of the purposes associated with participating as a project with the Center for Native Child and Family Resilience (CNCFR) is to demonstrate and evaluate the TKI with an eye toward documenting the initiative's holistic approach to healing and wellness as a promising practice with practice-based evidence for addressing the needs of families with children at risk of entering the foster care system.

Realization that changes are needed. Alaska Native and American Indian children are increasingly being lost in the Child Welfare System, a tragedy for the children, their families, and the community. Prior to its work with CNCFR, 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 Alaska Native/American Indian (AN/AI) people make up approximately 15.3 percent of the total population of Alaska, and AN/AI children are 27.4% of the child population.² AN/AI children are disproportionately represented in foster care; roughly 59.6 percent of all youth in the Alaska foster care system are Alaskan Native, an all-time high. AN/AI children are 2.17 times more likely to be in foster care.³

In late 2011, the Tribal Council of St. Paul Island informed the nonprofit Aleutian Pribilof Islands Association, Inc. (APIAI), the federally recognized Tribal organization of the Aleut people in Alaska, that it would be reassuming the Tribe's role in self-governing the Indian Child Welfare Act (ICWA) program. The Tribal Council worked with APIAI and the Bureau of Indian Affairs (BIA) to move the services back to St. Paul Island. Meanwhile, program staff worked with the National Indian Child Welfare Association to develop an in-home services model for at-risk families and JBS International to develop Tribal child welfare policies and procedures. Also, during this period, the Tribal Children's Codes were updated, and a Tribal Court Bench guide was created collaboratively with the child welfare staff and the Tribal Court personnel.

Once the Tribal Council established the child welfare program, the Council directed the Tribal Government to ensure the child welfare program would provide preventative services to high-risk families before safety concerns became urgent and resulted in formal out-of-home interventions. In 2013, the Tribal Government was awarded a State of Alaska Rural Child Welfare (RCW) grant. This grant allowed Tribal personnel to act as an extension of the Office of Children's Services to conduct a monthly face-to-face visit with parents and children who had a Child in Need of Aid case with the State of Alaska. After demonstrating the ability to meet the requirements of the grant, the Office of Children's Services (OCS) asked the St. Paul Tribe to move beyond serving only its members of St. Paul Island and also to serve other Alaska Natives in the Southcentral region. Since receiving that request, the Tribe worked cases in Dillingham, New Stuyahok, Manokotak, Togiak, Twin Hills, and the surrounding areas.

In 2015, the Tribal Council of the Aleut Community of St. Paul Island established the Txin Kaanguġ Initiative as a preventative and integrative medicine model. 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. Txin Kaanguġ reflects the desire for a holistic approach to healing and wellness that relies on collaboration and creativity in a broad approach to service provision. 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.

In October 2017, the Tribe entered into a Tribal-State Compact agreement with the State of Alaska. The compact empowered Tribes to implement culturally appropriate

¹ Office of Children's Services, 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

services to Alaska Native families involved with OCS. Since the development of TKI, numerous families have received prevention and reunification services they otherwise would not have attained due to the high turnover rates of caseworkers at the Office of Children's Services in Alaska.

Formulating a strategy. The initial strategy was to bring the responsibility and administration of services for children in foster care back into the local community as the Tribe developed the capacity to offer services. Funding from the BIA ICWA program, the Child Care Development program, Title IV-B, and Title IV-E facilitated the expansion of services to at-risk families and children. The Tribe's Title IV-E Plan received approval in Fall 2019 with the assistance of the Capacity

Building Center for Tribes and JBS International, Inc. Once approval was received, the initiative began transferring foster children from the state system to the Aleut Community's Tribal system. Encouraged by the growth of local capacity, the Tribal Council looked for additional ways to improve local health care services by returning services and funding back to St. Paul Island. The Tribe transferred healthcare services from its previous regional healthcare provider (APIAI) to the Southcentral Foundation (SCF), which opened new doors for opportunity. The Tribe worked directly with SCF to find funding for Tribal community-based programs. Hence, the TKI was born to provide a continuous, integrated, holistic service delivery system.



1ST DIRECT TITLE IV-E TRIBE IN THE STATE OF ALASKA

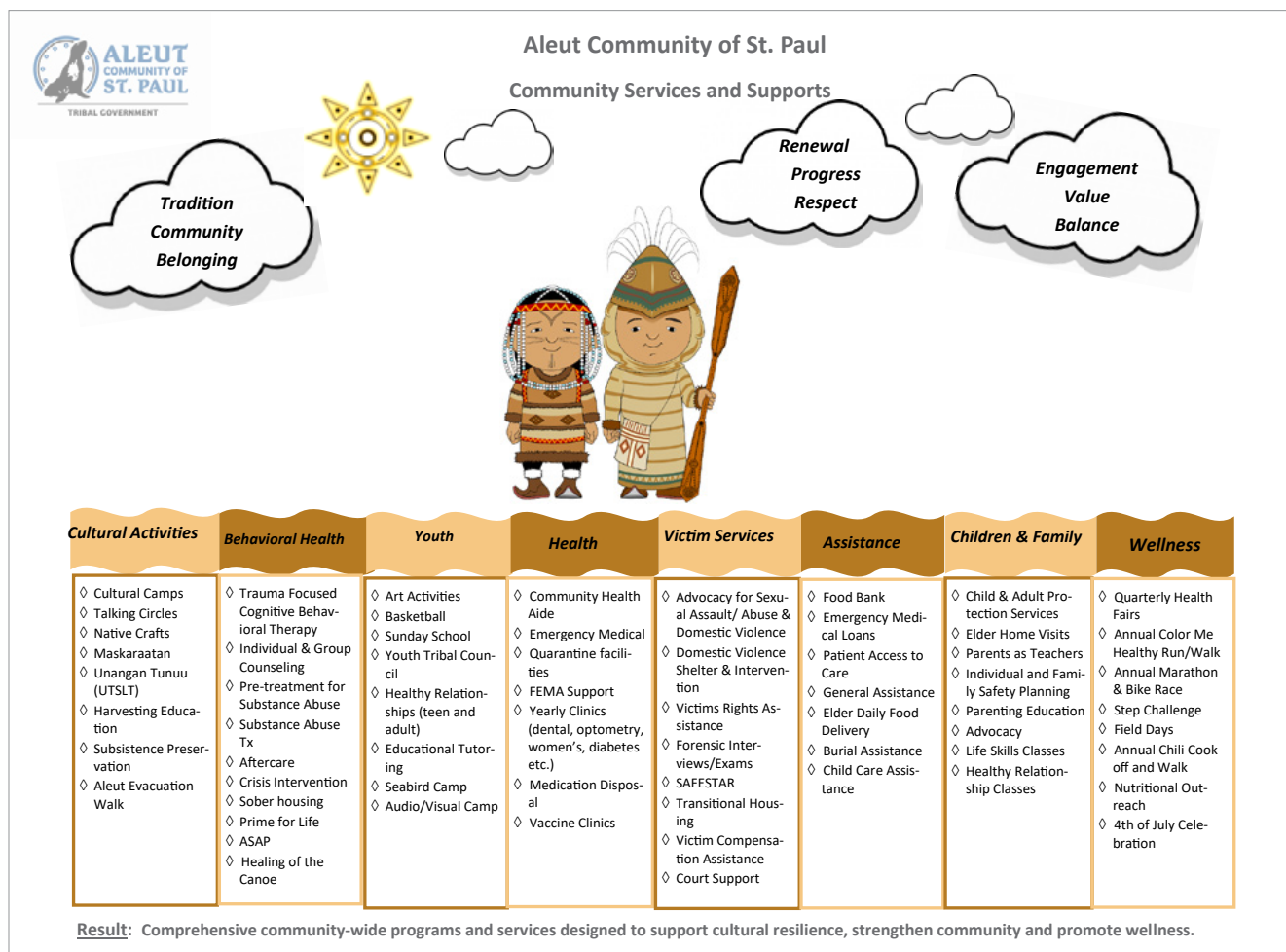
- ▶ Decision-making and authority over children needing to be placed out-of-the home
- ▶ Reimbursement from federal government
- ▶ Removes state child welfare role in lives of our people

Current Services and Supports

Services evolved over several years into the following community services and supports: Services are provided through the island community of St. Paul and through the program's offices located in Anchorage, AK.

The service array also includes the Healing of the Canoe's Culturally Grounded Life Skills for Youth (CGLSY) curriculum, which incorporates culture to prevent substance abuse and suicide and connects the youth to the community's Tribal culture. The curriculum was specifically modified for use on St. Paul Island and includes a spiritual component. This program targets youth in the foster care system, youth at risk for delinquency, and older youth (18–24 years) who have already had law enforcement exposure. CGLSY builds on the strengths and resources in the community and is a

successful addition to the catalog of services available to the community. This model was chosen as it meets the requirements of the Child Advocacy Center to provide therapeutic interventions to youth and adult victims of sexual assault when substance use is a contributing factor. Also in use is the Structured Decision Making (SDM) model, which is a suite of assessment instruments that promote safety and well-being for those most at risk, from children in the foster care system to vulnerable adults. SDM was chosen due to staff familiarity with the model and its usefulness in determining the appropriate level of risk families face and how to apply interventions. Finally, multiple models of prevention/intervention have been implemented in the Tribe's child welfare program to meet the needs of the Family First Prevention Services Act.





Accessing Current Services and Supports



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 (see Community Services and Supports above).

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 Manager documents the reported information in the SAFE database system. When additional information is needed to determine

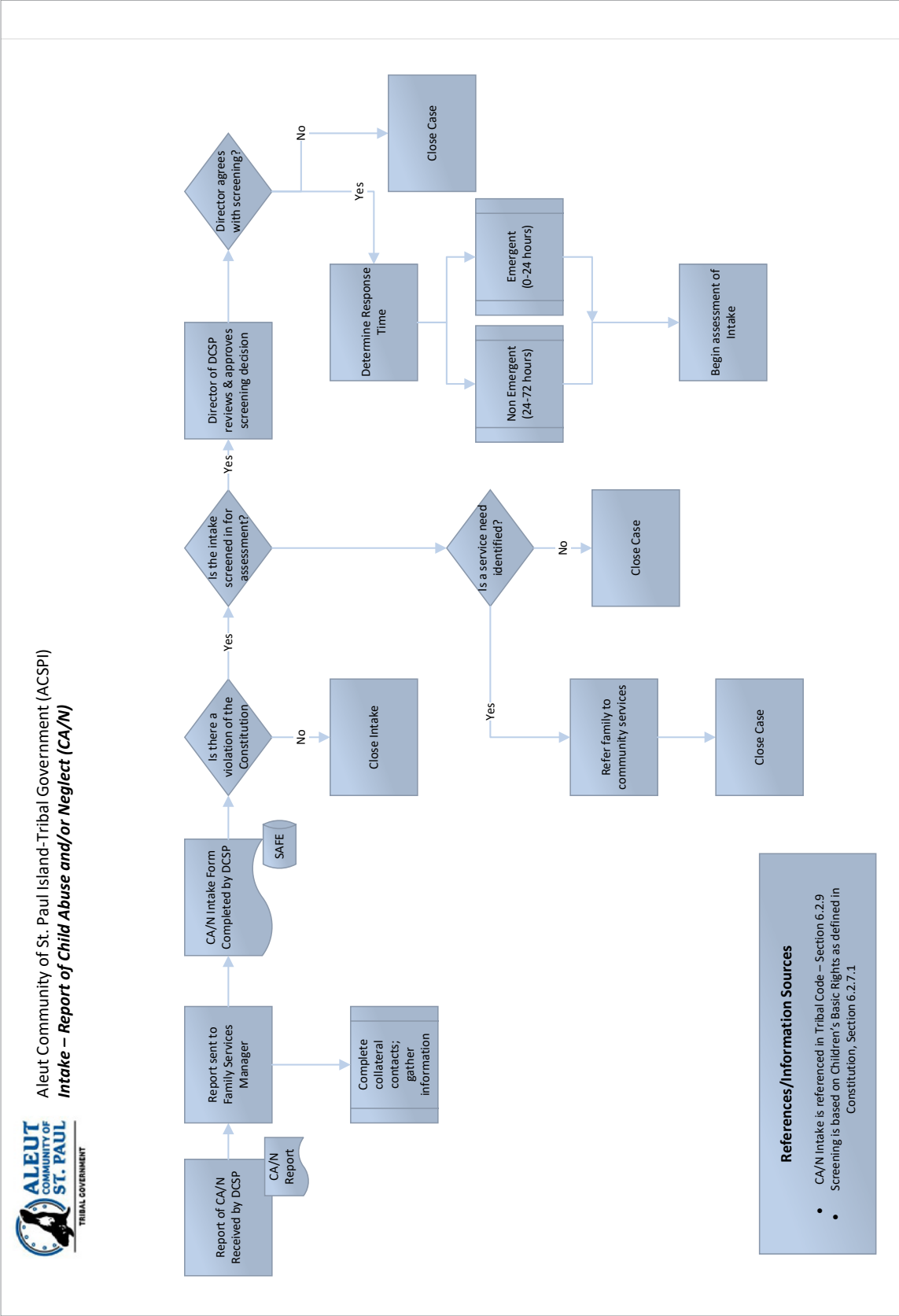
the level of intervention, collateral contacts are made to better understand the family dynamics. If it is determined there is a violation of the Constitution, the report is *screened in*, and subsequently reviewed by the Director. If the Director approves the screening decision, a response time is determined. 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.

ALEUT COMMUNITY OF ST. PAUL ISLAND PRACTICE MAPS

Intake	Case Management
Assessment	Termination of Parental Rights
Future Risk of CA/N	Overview of Court Hearings
Custody and Legal Authority	Overview of Court Hearings part 2
Court Involvement	Overview of Court Hearings part 3

Below is the intake map used by the Department of Community Safety and Peace:

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.



Evaluation and Outcomes

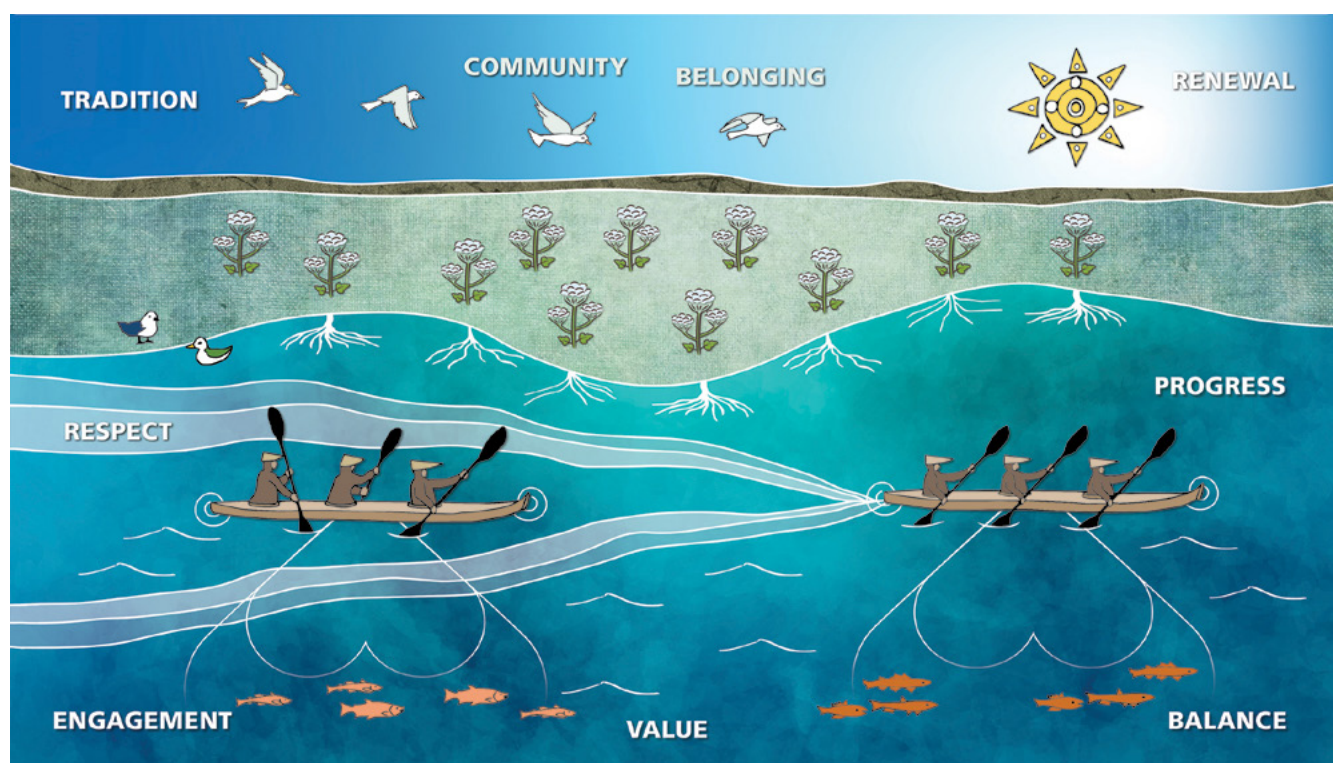
This section describes the implementation, cost, and outcome evaluation plans for the Aleut Community of St. Paul Island's Txin Kaanguġ Initiative.

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 Indigenous Ways of Knowing (IWOK) into the evaluation process. Using 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 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 evaluation plan included descriptive implementation, cost, and outcomes evaluations. At the time of this manual's development, the TKI was collecting data according to the plan descriptions below. The final evaluation report should be complete in the Spring of 2022, and the report will be disseminated shortly after that.

Implementation evaluation

The implementation evaluation focused on three areas of improvement for the TKI: staff hiring and retention procedures, messaging and outreach strategies, and coordination with health, safety, and child welfare leaders. The evaluation used the following questions:

- 1 How did the Txin Kaangux Initiative update hiring, on-boarding, training, and professional development procedures?
- 2 What messaging and outreach strategies were most effective in generating curiosity about the Txin Kaangux Initiative and why?
- 3 How does the Txin Kaangux Initiative build and achieve collaboration with various entities and staff responsible for health, safety, and child welfare to promote community wellness?

The implementation evaluation relies on six key information sources: staff interviews or group discussions, an online staff survey, referral and attendance records, staff observations, community awareness polls, and community leader interviews or group discussions. The information sources and methods were determined through weekly discussions with the TKI staff, consultation with Dr. Running Wolf, an IWOK consultant, and the Center team to ensure that the methods would be valuable and feasible.

Cost evaluation

The cost evaluation includes the following research question:

- 1 What are the ongoing costs of implementing and refining the Txin Kaangux Initiative?

The purpose of the cost evaluation is to understand better the level of effort needed to successfully implement the TKI in this setting and provide an idea of what it might cost to

replicate it in a similar context and continue offering services at an equivalent scale. The cost evaluation study will collect information related to the costs associated with the integrated provision of holistic services and the refinements to hiring and retention procedures, messaging and outreach strategies, and coordination with health, safety, and child welfare leaders. The cost evaluation will also include any project site time and resources dedicated to Center activities that occur during the evaluation reference period, such as legacy planning.

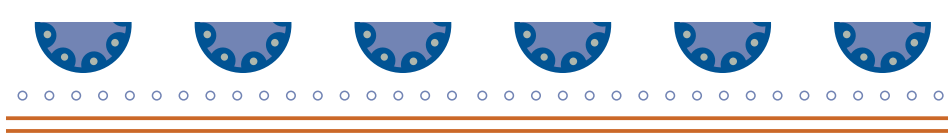
Outcome evaluation

The outcome evaluation explored two main questions of interest:

- 1 How does the Txin Kaangux Initiative meet clients where they are today and help them reach their best selves?
- 2 How do child welfare outcomes (for example, the number of reported incidents of child maltreatment or the number of family reunifications) change over the course of the evaluation period?

These questions highlight the TKI's long-term goals: improving the lives and well-being of their clients and exploring how (or if) child welfare outcomes fluctuate throughout the evaluation period and what this might mean about the community's engagement with services. While the methods proposed in this evaluation will not be able to make any statements about the causation of these changes, reviewing trends in child welfare outcomes over the course of the evaluation period may reflect whether the community is becoming more actively engaged in the safety of local children and families. For instance, while the long-term goal is to see a *reduction* in reported incidents of child maltreatment, an initial *increase* in reported incidents or referrals may mean that the community is actively engaging in the prevention of child maltreatment through Ataqakun Angaxilix (living together as one).

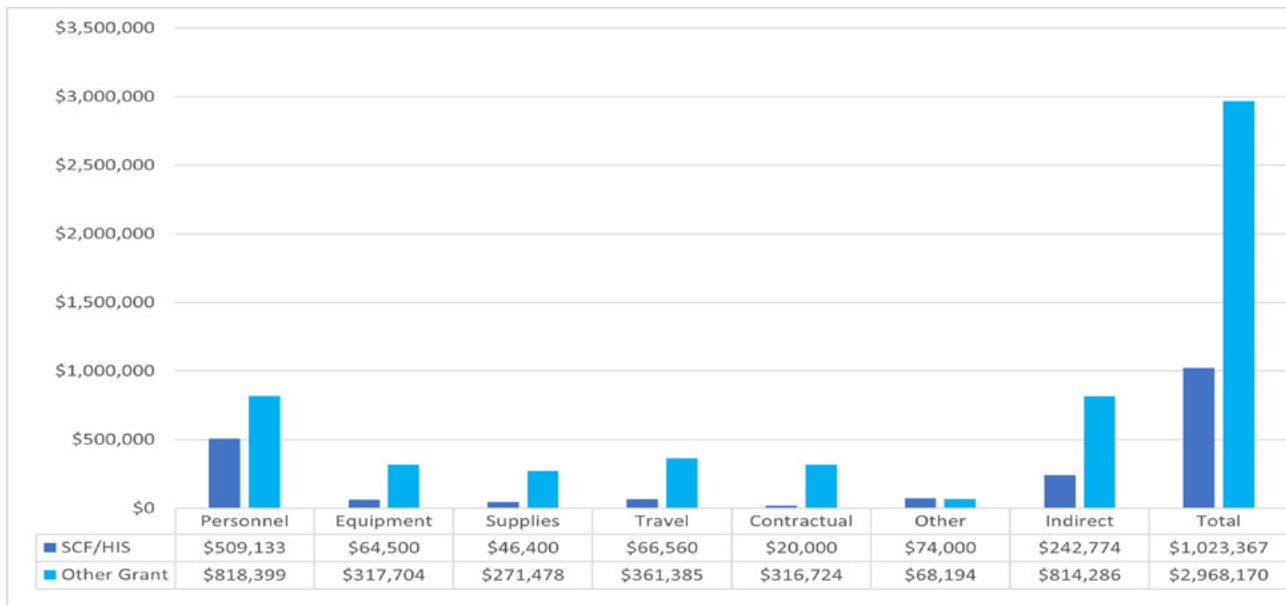
The outcome evaluation uses six sources of information (three of which overlap with implementation data sources): administrative data, staff observations, periodic client interviews, client "snapshot" reflections, staff and community leader interviews or group discussions, and referral and attendance data. Like the implementation sources, the outcome sources were chosen by the subset of TKI staff that participated in evaluation discussions with the evaluation lead, the IWOK consultant Dr. Running Wolf, and other Center team members.



Costs

With most programs, funding and costs vary from year to year. There may be a loss of funding one year and a realization of additional funding the next, especially as funding often comes from successful grant applications. In 2019, the successful submission of a plan to operate a Title IV-E program provides support for monthly payments on behalf of eligible children and funding for related case management activities, training, data collection, and other costs of program management.

Below is a 2020 snapshot of the total multi-year operating budget (total: \$3,991,537) for the TKI.



The following table will help you estimate the staff-related costs for implementing the TKI. It lists the Department of Community Safety and Peace staff positions that participate in TKI as well as pay rate estimates for those positions. (Of course, pay rates vary by location and staff education and experience.)

POSITION	SALARY PER ANNUM OR BY HOUR
Behavioral Health Aide	\$16.00 – \$25.00 (hourly)
Behavioral Health Practitioner	\$52,000 – \$72,800
Charlie's Place Coordinator	\$52,000 – \$72,800
Community Prevention and Outreach Coordinator	\$52,000 – \$72,800
Community Wellness Advocate	\$16.00 – \$25.00 (hourly)
Director, Behavioral Health	\$80,000 – \$130,000
Director, Community Safety and Peace	\$80,000 – \$120,000
Director, Family Services	\$80,000 – \$120,000
Director, Healing and Wellness	\$80,000 – \$120,000
Director, Office of Justice and Governance Administration	\$80,000 – \$130,000
Director, TK Administrative Services	\$80,000 – \$130,000
Driver/Floater	\$16.00 – \$25.00 (hourly)
Elder Services Specialist	\$16.00 – \$25.00 (hourly)
Emergency Services Manager	\$52,000 – \$72,800
Executive Assistant	\$25.00 – \$35.00 (hourly)

POSITION	SALARY PER ANNUM OR BY HOUR
Executive Director	\$100,000 – \$150,000
Family Services Coordinator	\$52,000 – \$72,800
Family Services Specialist	\$16.00 – \$35.00 (hourly)
Food Bank Coordinator	\$16.00 – \$20.00 (hourly)
Health Services Coordinator	\$52,000 – \$72,800
Men's Advocate	\$16.00 – \$25.00 (hourly)
Prevention Advocate	\$16.00 – \$25.00 (hourly)
Receptionist	\$15.00 – \$25.00 (hourly)
Social Services Associate	\$16.00 – \$25.00 (hourly)
Summer Intern (Temporary)	\$15.00 (hourly)
Traditional Healing Case Manager	\$45,760 – \$62,400
Traditional Healing Clinician	\$70,000 – \$90,000
Traditional Healing Community Case Manager	\$33,280 – \$45,760
Tribal Sexual Assault Advocate	\$18.00 – \$28.00 (hourly)
Victim Advocate	\$16.00 – \$25.00 (hourly)
Victim of Crime Advocate	\$16.00 – \$25.00 (hourly)
Youth Coordinator	\$52,000 – \$72,800

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