My Two Aunties

Implementation Guide

2022

Center for
Native Child
and Family Resilience

Children's Bureau

Acknowledgements

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Contents

About this Guide

This Implementation Guide provides information necessary for implementing My Two Aunties (M2A), one of the Tribal child welfare (TCW) 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 M2A in their community do so in ways that are congruent with their culture, norms, rituals, and communities. It outlines the implementation strategies that were used in collaboration with M2A project staff to further define and launch the program in their community. The guide provides the reader with the information necessary for implementing M2A, such as material about the program's creation, general implementation guidance, recommendations for working with the community, suggestions for addressing evaluation and legacy throughout the process, and lessons that were learned along the way. The result is a document that integrates overarching implementation guidance with program-specific M2A guidance.

This Implementation Guide references and should be used in conjunction with the My Two Aunties Cultural Family Life Skills Discussion Guide and Facilitator's Guide.

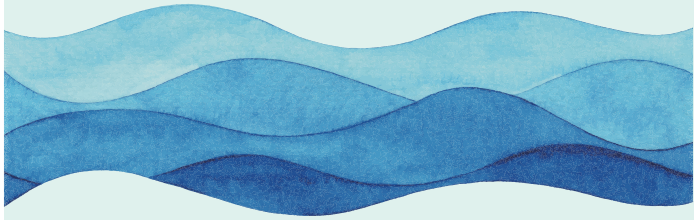
Material in this Guide

Following the introductory sections about the Guide and the Center, the remaining sections provide information about:

- **Program Story:** Presents an overall sense of the history, context, and origin of M2A; a high-level description of M2A including the core components; information about the target population; and how M2A is intended to impact the target population.
- **Implementation and Evaluation Planning and Readiness:** Provides the reader with an overview of what activities need to be completed prior to implementation, including assessing community readiness for change and conducting a prospective evaluation of M2A implementation. The section includes information on using the Pathway to Change instrument, creating and defining roles for the implementation process, making adaptations to M2A, and providing M2A training. It also outlines elements needed to prepare for evaluation, including financial and material considerations, data collection, and continuous quality improvement (CQI) activities.
- **Ongoing Program Implementation and Evaluation:** Discusses what needs to be done on an ongoing basis to support the day-to-day activities of M2A, 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"

THE STORY OF THE THREE SISTERS

The life of the river and three sisters. Three sisters were going through the forest, and as they walk, they hear the cries of babies. As they get closer to the river, they see babies flowing down the river. Immediately, the first sister jumps in and starts saving all the babies she can, so they don't go down to treacherous waters. The second sister jumps in the middle of the stream and teaches the children how to float on their back and how to swim and doggy paddle to survive. The third sister goes upstream to find out why babies are falling in the river in the first place and prevent it.



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.

In addition, appendices include blank forms, templates, and instructions for:

- Assessing readiness and evaluability
- Conducting the Pathway to Change
- Planning for implementation work, evaluation, and sustainability and legacy

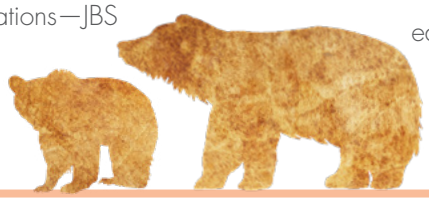
A Note About Material *Not* in This Guide

Although the Implementation Guide may include some materials relating to M2A's local culture and traditions, it has been written to support the implementation of the program by other Tribes and organizations. In order to protect any sacred rites or rituals, the community's local cultural components may have been removed under guidance of the community. The inclusion of any materials specific to the community culture were approved by the developing Tribe for the purposes of sharing.

The M2A model is ready for adaptation to fit local strengths, resources, culture, traditions, and needs. Groups implementing M2A 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 (Roadmap), 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 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 My Two Aunties Story

Vision and History

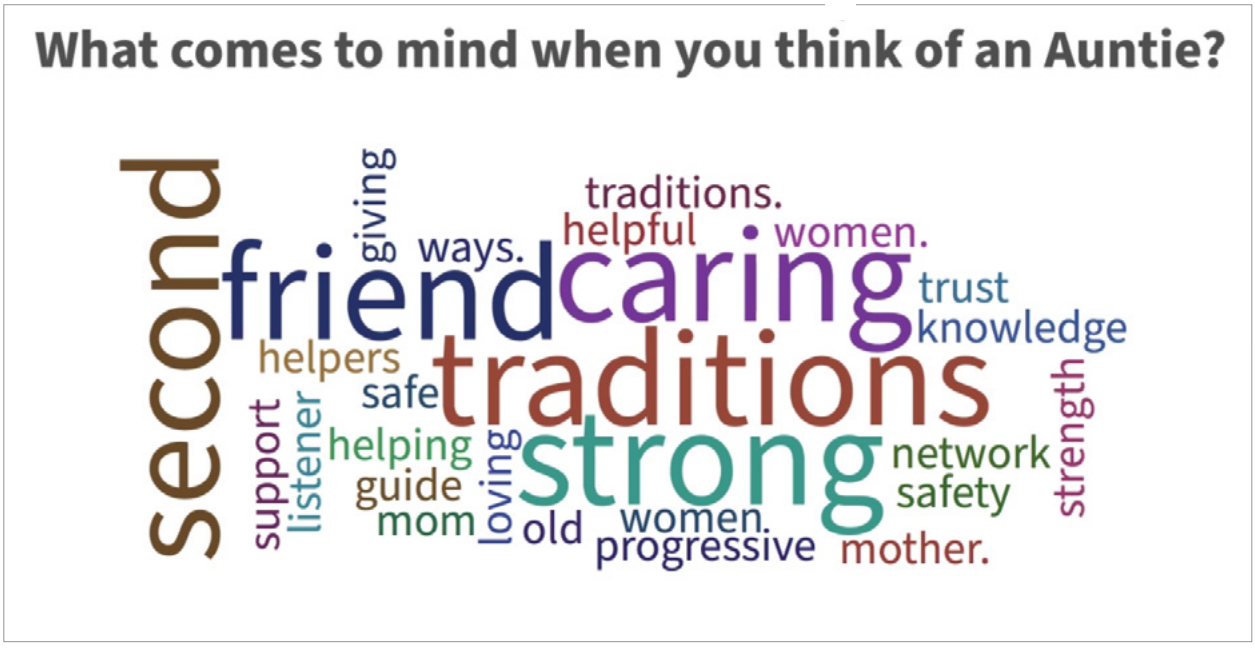
Tribal Family Services (TFS) is a department under the Indian Health Council (IHC) and is the Tribal agent for Indian Child Welfare for the following seven tribes: Inaja/Cosmit, La Jolla band of Luiseño Indians, Mesa Grande Tribe, Los Coyotes band of Cahuilla Indians, San Pasqual Tribe, Pauma band of Luiseño Indians, and Rincon band of Luiseño Indians.

Traditionally, "aunties" remind their families of the proper or appropriate ways to function, live in balance, and heal. They provide mentorship as a part of their role and responsibility to family. The role of auntie builds upon the strengths of family legacies, patterns, and kinship traditions that have endured since time immemorial.

As part of this project, IHC sought to revitalize this role in families and communities to prevent child maltreatment and enhance overall family wellness. IHC is a firm believer in family strengths, strengths-based approaches to child welfare and family care, and the power of cultural traditions. Therefore, this innovative model, M2A, supports family strengthening, instills cultural family values, and addresses trauma and adverse childhood events (ACEs). A core goal of M2A is to destigmatize and decolonize social services through a revitalization of traditional child-rearing practices. The M2A model brings together AI/AN cultural norms and standards of family safety with evidence-based home-visitation practices to prevent and reduce child maltreatment. M2A provides:

- In-home case management
- Trauma-informed care
- Parenting education
- Revitalization of traditional child rearing practices

TFS believes a movement toward cultural revitalization should involve the entire community and not just a specific segment of pre-defined high-risk families. As a result, the Aunties engage with all families, not just those identified "in need" of the intervention (e.g., identified as having a member of the family with substance use disorder) to ensure both the resiliency of the family and the family's place in a native community of wellness. As described by TFS staff, this method of "cultural maintenance" is imperative to ensuring healthy families free from child maltreatment.



M2A Description

The M2A model gets its name from a cornerstone of all AI/AN traditions: family. More specifically, aunties provide mentorship as a part of their role in and responsibility to their families. It is the aunties that help to impart a sense of safety, courage, discipline, and love within families and the community. In their stories, passed on and gifted from Elders, are the medicine that teaches listeners to be better people, family members and parts of their communities. The M2A model uses local Indigenous ways and traditional child rearing practices, as imparted by the story of the three sisters (below), to engage parents in culturally grounded family strengthening practices. The M2A model shines a light on the fundamental importance of local IWOK in preventing, healing, and intervening upon child maltreatment. The foundational concepts of M2A address:

- Family resilience
- Honor
- Respect for Elders
- Family as a part of community
- Children as gifts of responsibility

A cornerstone of IWOK as well as the M2A model is storytelling and the oral tradition, which carry the weight of wisdom passed on through countless generations. Storytelling is a critical part of the cultural fabric that deeply connects relations through time. In the traditional sense, storytelling imparts important lessons about how one should act in the world. Stories focus on how the world came to be within the community and relate the roles of and relations between humans, animals, and the inanimate. Traditional stories reflect other important aspects of Native cosmologies or ways of knowing related to the seasons, nature, familial kinship relations, spirits or trickster figures, and important histories. Further, stories relay other important aspects of everyday life in communities and might center on involvement in powwow, sports, song, school, dance, and hunting, fishing, and agriculture.

Karan Kolb, the director of the M2A program, has explained the interconnection of traditional lifeways and living in a good way to preventing and intervening upon child maltreatment. Throughout her work, she often describes life in the region before colonization and the toxic imposition of the state. Karan positions the M2A model as a way to revitalize traditional lifeways, fundamental to which are sacred responsibilities to family, environment, spirituality, and community. She often describes the vibrant and enduring health of the community before her ancestors experienced centuries of accumulated intergenerational trauma through exposure to racism, warfare, violence, forced removals, degradation of the land, and catastrophic disease. She highlighted the importance of understanding these traumas as a living history and ongoing experience among her people:

> “What’s going on in the community today is child abuse and substance abuse that are making people ill. Acorns aren’t producing anymore because there are toxins in the river. The three sisters are all aunties. The third sister finding out why all the babies are falling in the river represents all the services that TFS does around prevention (for example, parent education and home visiting). The sister grabbing the babies represents the court involvement and trying to catch and help the families…. An auntie is like another mother. She has a role to protect and to guide and to redirect. They don’t even have to be a blood relative to be an auntie (they can be in a workplace environment). She supports and holds someone accountable in a way that is not damaging and hurtful, but in a loving way. She takes care of an issue before it festers and gets to a different level (i.e., goes to the end of the river). Aunties strengthen families and communities in a nurturing way. An auntie is a connection—another mom or resource….

M2A Core Components

The story of the three sisters is an allegory for the components of the M2A model. Below, we describe the three components of the M2A model including the level of maltreatment prevention and a description of each model component and its connection to the story of the Three Sisters.

1. Cultural teachings and family ways within the M2A cultural family life skills discussion guide

Like the sister who saves the babies already in the water, the M2A model provides secondary prevention services (cultural teachings) for families with a high-risk focus, i.e., those that have one or more risk factors associated with child maltreatment: e.g., poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities.

Like the sister who teaches babies in the water how to float and swim, M2A also serves as a secondary (or even primary) prevention resource for families who are not high-risk but are seeking to maintain or enhance family life skills.

M2A is grounded in local stories and traditions, including traditional child rearing practices. The program is organized by lessons that correspond to the developmental phases of the oak tree: Acorn Lessons, Roots of Tradition Lessons, Developing Tree Lessons, and Mighty Oak Lessons. Each phase has roughly 10–12 lessons and each lesson has associated traditional stories and ways that Aunties share with families. The Aunties facilitate the program during virtual or in-person home visits. The duration of service delivery is contingent on family needs; however, Aunties work with families for a minimum of one year. M2A staff developed the model, facilitator guides, and training, with support from the CNCFR team.

2. Tailored service navigation and holistic and culturally driven case management

Like the sister who teaches the babies to float, M2A offers tertiary prevention services (i.e., service navigation and case management) to reduce the negative consequences of the maltreatment and to prevent its recurrence. The Aunties facilitate tailored service navigation and holistic, culturally driven case management to support and strengthen families, enhance their ability to access existing services, and promote positive interactions among family members. This work is guided in part by the interdepartmental case management team consisting of TFS staff and representatives of the behavioral health, medical, and public health departments. The team works to improve internal referral processes and streamline service navigation and delivery while reducing internal departmental silos. The team currently envisions the M2A model as bolstering all services offered through TFS. Referrals into the program come primarily from word of mouth, self-referral, and referrals from other IHC departments.

3. Advocacy and outreach to the community and educational in-reach to IHC departments led by the M2A team

Like the sister who goes upstream, the M2A model also attempts to stop maltreatment before it occurs, so that all members of the community have access to and benefit from these services. Advocacy and outreach involve raising awareness of the general public, service providers (internal and external to IHC), and decision-makers about the scope and problems associated with child maltreatment and the services offered by M2A. During the project period, the global COVID-19 pandemic slowed in-person community outreach but social media outreach to the community continued. When safe to

do so, Aunties continued in-person outreach. Raising awareness and advocating for integration of the M2A model internally across IHC departments remains was another type of outreach. For example, they built relationships across departments at IHC and worked to reduce internal silos and integrate processes so service providers were aware of the M2A model and what it offers to families.

Intended Outcomes

The goal of the M2A model is to prevent and intervene upon child maltreatment by strengthening families. Family strengthening involves teaching cultural family life skills, supporting increased access to social services through the guidance of two trained Aunties, and destigmatizing social services through the revitalization of traditional child-rearing practices. Part of that work involves uniting organizational partners to provide an integrated, holistic, and culturally driven approach to care. IHC believes that the stigma surrounding social services in the community adds additional layers of challenge by shrouding problems in secrecy, resulting in un- and underreported instances of child abuse and neglect as well as the conditions that exacerbate these tragedies (e.g., parental substance use disorder, unhealthy parent relationships). The vision of M2A is to restore the practice of parents and families in need asking for help from each other and from the Aunties.

The creation of the M2A model is the foundation from which IHC aims to restore traditional lifeways and, in so doing, intervene upon and prevent child maltreatment. The M2A model aims to improve the following outcomes among families:

- family functioning
- parenting skills
- life skills
- cultural resilience
- cultural identity/sense of belonging
- increasing coping skills
- ethnic pride
- connection with cultural resources and support (family, friends, community)
- cultural family life skills

Program Considerations

When determining whether M2A is a good fit for a community, the following will be important to take into consideration:

- M2A is intended to be delivered in tandem with other programs to effectively meet the needs of families. Aunties serve as case managers and connect families to the services they need.
- Similar to many other parenting programs, M2A is a manualized model, and Aunties are expected to follow the lessons. Prior to implementing M2A, Aunties had experience delivering manualized programs with families. When hiring Aunties to deliver M2A, consider hiring people who are comfortable with or open to learning and delivering manualized programs.
- Tribes/Tribal organizations that are interested in implementing M2A will need to convene knowledge bearers and cultural leaders for the purpose of cultural adaptation of the model (e.g., locating relevant stories, integrating appropriate cultural activities).

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 M2A 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: M2A roles and processes, Auntie training, financial needs, and data collection, evaluation, and 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 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. It:

- 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, 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 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)[1] 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 in preparation for moving forward. 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

The evaluability assessment builds upon the strong tradition of oral storytelling in Tribal communities. This approach enables

1 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 SAMSHA Tribal Training and Technical Assistance Center, Community Readiness Manual on Suicide Prevention in Native Communities.

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 Community Readiness Assessment and a more detailed description of the process can be found in the Appendix.

Lessons Learned

A key lesson learned from the readiness and evaluability assessment completed prior to implementation of the M2A program:

- **Evaluation Engagement:** Include more intentional discussion of how evaluation efforts will be conducted and how the community will be involved. Specifically, community engagement in evaluation should be a focus of the readiness and evaluability assessment. During the assessment, program directors and evaluators should come to consensus on issues relating to control of the evaluation (i.e., is the evaluation controlled by the evaluator or is it a community-owned process?), identification of who will be engaged in the evaluation (i.e., will primary stakeholders be engaged or will the evaluation leverage the involvement of the broader community?), and determination of how and when the community will be engaged (i.e., does engagement consist of occasional consultation or deep, ongoing participation?).

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 as to support for Tribes in the development of a theory of change and 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 CNCFR project. At its core, the PTC is a collaborative process for defining a long-term vision and the steps to achieve that vision. It 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. 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 the changes brought about by achieving the Vision of Success will affect. Potential groups to consider include mothers, fathers, children, youth, adolescents, community, child welfare professionals, and members of the Tribe.
- **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'll 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 you think about how the evaluation and CQI concepts of outputs and milestones are connected to the activities you're 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

Every program needs well-defined roles and a clear picture of how the program fits within the larger organization. The following describes the key roles needed for the M2A program as well as how the Center used practice mapping with M2A project staff to define how the program would fit in the existing service array.

Leadership

M2A leadership cannot be the responsibility of any single person. The overall vision and the day-to-day operations of the program necessitate a co-leadership model. The roles of the co-leaders are:

- M2A program director (0.20 FTE): Oversees the implementation of the program. This includes recruitment, hiring and onboarding of the M2A workforce (i.e., the Aunties), overseeing training and professional development, and leading community outreach/program marketing efforts.
- M2A program manager (0.75 FTE) Oversees and manages the day-to-day operations of the program, including case assignments, client caseload, client case management, grant reporting (where applicable), and Auntie performance and job satisfaction.

Staffing

The Aunties are the key staff for the M2A model. Without Aunties, M2A services cannot be delivered to families. The following job description outlines the essential qualifications and job duties for an Auntie.

Summary

The Aunties: (a) promote sobriety and resilience to expecting mothers and mothers who are at risk of using substances; (b) provide outreach and parenting education to the community and in the home conducting needs assessment; and (c) work with case managers and families at risk during the pregnancy and up to one year after the birth of the child.

Essential duties and responsibilities

The Aunties:

1. Provide health education and work with expecting mothers who are at risk for using substances.
2. Work closely with the Obstetrics (OB) program, keeping OB patients current with substance abuse education and parent education by providing in-home parenting classes.
3. Work with providers at the Interdisciplinary Case Management (ICM) meetings to assist at-risk pregnant women and develop trauma-informed case plans that include developmental screenings and services indicated by assessments.
4. Keep current with community needs for services and prevention health education to recognize the mental health conditions, break down barriers to services, and provide transportation.
5. Conduct outreach through community presentations, parent education, and ACE and child abuse prevention and child development education to promote participation in the program.
6. Work closely with all departments in the clinic and attend and contribute to multiple case staffing meetings, interacting with public health nurses, therapists, and other providers to share resources and provide services to expecting women.
7. Attend and contributes to the Child Protective Team meetings to support client needs, address, community issues, and promote resources.
8. Participate in OB rounds and provide resources, education, Family Spirit parenting classes, and events for OB patients.

9. Perform home visitation and in-home parenting education for a case load up to 25 participants.

Qualifications

The requirements listed below are representative of the knowledge, skill, or ability required to perform the Aunties' essential duties.

Education and/or experience

BS/BA diploma or a minimum of 2 years related experience in case management/in home visitation in a culturally diverse population and the willingness to be trained. Skills in parent education, community presentations, and facilitating meetings. Skills in communicating to elicit information and cooperation from groups or individuals. Ability to establish and maintain effective working relationships with patients, staff, and the public. Ability to perform assessments, appropriate referrals and resources and interpret and communicate social work agency rules, regulations, and procedures. Ability to write reports that correctly reflect treatment and document patient progress.

Certificates, licenses, registrations

A valid driver's license and a good driving record will be required at the time of appointment and must be maintained throughout employment. Driving is required for this position. CPR certification must be acquired within six months of appointment.

Physical demands

Essential duties require potential employees to perform duties including but not limited to standing, sitting, walking short distances, lifting, reaching, etc. Employee must be able to travel. Applicants must successfully pass a pre-employment physical exam, tuberculin skin test or x-ray, and blood/urine screening test. Health must be adequate to perform all duties of the position.

Customer relations

1. Responds promptly and with caring actions to patients and employees. Acknowledges psychosocial, spiritual, and cultural beliefs and honors them.
2. Maintains professional working relationships with all levels of staff, clients, and the public.
3. Serves as a part of a team and cooperate in accomplishing department/organizational goals and objectives.

Quality management

1. Displays knowledge of normal signs of human development and ability to assess and provide age-appropriate care
2. Contributes to the success of the organization by participating in quality improvement activities.

Safety

1. Maintains current knowledge of policies and procedures as they relate to safe work practices.
2. Follows all safety procedures and report unsafe conditions.
3. Uses appropriate body mechanics to ensure an injury free environment.
4. Is familiar with location if nearest fire extinguisher and emergency exits.
5. Follows all infection control procedures, including blood-borne pathogen protocols.

HIPAA/Compliance

1. Maintains confidentiality of all patient, employee, and volunteer information and access it only when required for business purposes.
2. Complies with all regulations regarding corporate integrity and security obligations.
3. Reports unethical, fraudulent, or unlawful behavior or activity.
4. Specifies privileges and responsibilities of employment, including compliance with an adverse incident reporting system.
5. Maintains client case files in accordance with all applicable laws and regulations and agency policies.

System Partners and Community Linkages

To effectively outline how the M2A program fits within the larger system of care, TFS took part in practice mapping.

Practice Mapping

Practice mapping, developed to assist professionals in determining the process flow of information for business applications, is useful in many types of programs and organizations and can even be used to organize your own personal workflows. CNCFR uses it to provide a deep insight into youth-, child-, and family-focused practice. Other uses consist of:

- Getting organized
- Documenting how work is conducted by an organization/agency
- Identifying resources needed to support the work
- Thinking through policy development
- Identifying partners to support the work
- Identifying of gaps in the service array

For example, TFS used practice mapping to develop their Intake Map and the M2A Map.

- **Intake Map.** The project staff worked together to illustrate their intake practice, which consists of (a) receiving a referral for services from prospective clients; (b) determining their eligibility for TFS services; and (c) referring prospective clients to any of five separate programs within their service array.
- **M2A Map.** The project staff developed the M2A map to illustrate steps that follow a referral to the M2A program. After the referral, the program director or manager consults with the referred client and conducts an assessment if needed to determine services. At this point, the client engages with the M2A program, and the Aunties will continue to meet with the client until the close of the case plan, at which time the Aunties close the case.

Lessons Learned

A key lesson learned from the practice mapping completed prior to implementation of the M2A program:

- **Clear process:** Before mapping, determine if mapping will include current practices or if they will illustrate future practice. Invite staff who possess real-life knowledge of the practice you are going to discuss (e.g., registration, intake). Conduct preparation meetings prior to the actual mapping session so participants are prepared for and will understand the mapping process. Finalize the map with the Director of the program to ensure accuracy.

Auntie Training

All Aunties went through the Indian Health Council Tribal Family Services Orientation. In addition, they were required to (a) go through the following trainings specific to their position and organization and (b) participate in regular coaching sessions.

- M2A training – This training builds the M2A workforce by defining the necessary skillsets for Aunties to effectively engage with and increase the resilience of Native families. The M2A training supplements other trainings that Aunties receive as part of their onboarding/orientation. The M2A training consists of five half-day (i.e., four-hour) sessions in three broad areas:
  - » Client intake and case management procedures, case plan development, mandated reporting protocols, and home visitation guidelines, safety protocols, and case documentation/presentation guidelines (Day 1)
  - » Principles of family engagement, cultural humility, and family communication (Days 2–3)
  - » Program facilitation and delivery (Days 4–5)
- Other required trainings
  - » Safety
  - » Luiseño Culture
  - » Fetal Alcohol Syndrome

  - » Motivational Interviewing
  - » CPR/First Aid
- Ongoing support for Aunties (coaching and supervision)

Lessons Learned

A key lesson learned from the Auntie training that took place prior to implementation of the M2A program:

- **Proper pacing:** The M2A training is a multi-day training, and each day included an overview of local history (including history of colonization and historical trauma). Conducting the training on alternating days (M, W, F) across a two-week period allowed everyone a day of rest and reflection in between sessions.

Program Adaptation

A major component of the M2A program is the M2A Cultural Family Life Skills Discussion Guide and Facilitator's Guide, which the Aunties deliver and builds cultural resilience and interactive family skills to repair and heal traumatic stress responses that impede optimal family functioning. The program, organized by the developmental phases of the oak tree (Acorn, Roots of Tradition, Developing Tree, Mighty Oak), consists of 45 individual lesson plans, each focused on a particular cultural value (including respect, humility, resilience, balance, traditional foods, and kindness). An important component of this model is the infusion of locally and culturally specific stories, teachings, histories, and other oral knowledges that either embody or help demonstrate the teaching points of a particular lesson. Tribes that are implementing M2A are encouraged to adapt the lesson plans to their own unique culture, language, and history. The M2A Cultural Family Life Skills Discussion Guide and Facilitator's Guide provide further details.

Financial and Material Considerations

Estimated costs of M2A program implementation provide an idea of what it might cost to replicate the program in a similar context and continue offering the program at a similar scale. In addition, Tribes and federal agencies are often interested in the types of costs involved in delivering a Tribal program. To provide cost estimates for delivering the program, we collected data across several cost categories and analyze estimated total costs.

Costs are grouped into two broad categories: (1) personnel and (2) materials and equipment. Costs are not limited to expenditures and purchases; they are the value of all resources that are necessary for delivering a program, including conducting advocacy and case management, traditional services, and community education programs. (External program evaluation is not an expected part of program replication and so evaluation costs have been excluded.) Table 1 outlines sample costs necessary for

TABLE 1. SAMPLE PROGRAM COSTS

COST RESOURCE	DESCRIPTION
Staff and volunteers	» Executive director and Auntie salaries, payroll taxes, employee benefits, directors' and officers' liability insurance » Executive director and Auntie time beyond normal working hours » Volunteer and advisor time » Stipends
Contracted consultants	» Community consultant contract cost
Program materials	» Materials for community education and outreach » Materials for trainings
Office space, materials, and equipment	» Repairs and maintenance » Utilities » Telephone, telecommunications » Supplies » Printing and copying » Postage, mailing service » Lease or mortgage » Computers (including maintenance and software fees) » Furniture (desks, chairs)
Travel and meetings	» Visits to children and families » Travel to community events and activities » Travel to trainings
Fees and dues	» Professional fees » Bank service fees » Dues and subscriptions

replication and includes resources such as volunteer labor, in-kind contributions of services or materials, and donated space when they are used to deliver the program.

Data Collection, Evaluation, and Continuous Quality Improvement (CQI)

Program evaluation tells the story of how a vision for change and the actions taken to bring that vision to fruition lead to 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. Different kinds of 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 evaluation, which 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 baked into 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 processes for data gathering can be put in place the at the outset rather than implemented as an afterthought—desired data collection processes can be built into the program itself, rather than having 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 up and refining of program goals and the like.

Creation of Mind Maps

The Center used mind mapping with the M2A program 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 M2A outcomes of interest and programmatic expectations, resulting in rich cultural metaphors and the development of a story-driven evaluation.

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 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).
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, group consensus on the final activation words is necessary before proceeding to the next step.
4. **Going to the Next Level:** After identification of 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 is 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/surprise us? What aspects of the mind map emerged that are important evaluation considerations (e.g., outcomes that we want to systematically track)?

Data Collection

The ability to track program data necessary for participation is essential for any program. Families involved in M2A often see other providers in IHC (e.g., OB/GYN department) and being able to communicate across departments for reasons such as referral tracking, enrollment, and follow-up services is critical to program success. Collecting other information on program participants, such as demographic information and consent to participate in treatment, is also vital for program management. Collecting data on participant progress and other implementation aspects can help determine if the program is functioning as intended, whether

there needs to be any improvement efforts, and ultimately how to tell the story of how the program impacted the community. TFS already had a robust, secure data collection system (NextGen) in place and was able to use it to store and protect the information gathered. Programs looking to implement M2A should have a system to track program data.

Personal Reflection Tool: The M2A Personal Reflection Tool is a culturally grounded approach to gathering information about how clients feel after engaging with Aunties in service appointments. The tool presents a spectrum of expressive words that range between positive, neutral, and negative feelings. The words are presented randomly around the culturally meaningful image of an oak tree.

At the conclusion of each service appointment, the Aunties spend about three to five minutes administering the personal reflection tool. Clients are asked to circle up to five words. Clients are also given the option of writing in responses if the words they are feeling are not represented in the word cloud. The tool serves three important purposes:

- Informing continuous quality improvement efforts
- Understanding how the client feels after receiving M2A services and whether those feelings align with the goals of the program
- Connecting clients to additional services or referrals based on responses

Any referrals made to other departments or community services and notes written by the Aunties upon completion of the word cloud are captured in the data system.

Fidelity Monitoring

The ability to implement and track the results of fidelity monitoring should be integrated into the data system. Monitoring fidelity allows the M2A team to ensure that the program has been and is being implemented and delivered correctly. Monitoring fidelity also allows the program to recognize what parts of M2A are being delivered correctly and identify what parts may need improvement or what parts may need additional work to adapt to the community being served. As of the time of publication, M2A had not finalized their fidelity monitoring tool and, as a result, has not been included. Moving forward, the M2A team plans to spend the next year identifying fidelity criteria. This includes establishing which M2A program components are core components (i.e., those that should be implemented as faithfully as possible) and those that are adaptable components (i.e., those that can be modified without compromising the program's effectiveness). For example, the M2A Discussion Guide is an adaptable program component and lesson plans may evolve. However, other important program components, such as program duration/length of stay, case load size, and supervisory structure have not been determined as core components versus adaptable components. The M2A team plans to conduct a components analysis to determine which M2A program elements are core/essential components, as well as identify measurement tools for quantifying adherence to fidelity criteria. More information on fidelity and guidance on developing a fidelity tool can be found in the following brief: Measuring Implementation Fidelity.

Lessons Learned

Key lessons learned from the data collection and evaluation efforts during the M2A program:

- **Clear purpose:** The M2A project team felt it was important to approach evaluation as more than just collecting data because evaluation that is grounded in people and experience rather than numbers increases buy-in. As one auntie described "For me, it goes back to integrity, not just having to show numbers of how many people enroll…. This is an evaluation but do it with authenticity and with your best spirit, because if you're not in the best spirits and you're just trying to get numbers and you're just trying to get people enrolled, it's not going to work."
  - » Aunties indicated that understanding intergenerational and historical trauma and their own journeys helped them see the bigger picture and got them motivated to do this work, noting that it helped them in "seeing this not just as an evaluation but as a healing journey for everybody… for the peoples in these communities and us being the professionals."
  - » Aunties stated that their belief in the evaluation and the project helped them feel confident: "the more we believe in something, the better we do."
  - » Aunties believe that approaching difficult work with hope and optimism is beneficial to themselves and the clients.
- **Ongoing communication:** Ongoing check-ins with experienced consultants and contributors provided important scaffolding around evaluation concepts and practices and was aligned with local ways of knowing. It provided an opportunity for troubleshooting and data collection support as well as deepening investment/ownership of the process. This open communication allowed for patience in implementing the evaluation and creating a schedule that worked for the M2A team and clients. For example, the M2A team learned it was important to wait for Aunties to assess family/client readiness before asking them to participate in an interview.
- **Involvement and alignment:** Aunties were involved in the creation of the data collection tools, especially the word cloud tool. This was empowering for the Aunties and increased comfort with evaluation processes for both Aunties and clients. This process also created alignment between evaluation data collection and implementation of curricula activities providing a seamless space to collect data without the imposition of 'paperwork'.

- Aunties shared that their clients view completion of the word cloud as fun and not as invasive or cold as typical surveys they use for other grants. It provides a space for Aunties to build rapport and gain insight into their client's experience without undue pressure. One Auntie remarked, "I feel like the evaluation of this program is probably the most aligned of any program I can think of right now."
- The word cloud tool also provides insight into CQI and inroads to providing additional referrals/services.

Ongoing Program Implementation and Evaluation

Ensuring the framework necessary to run the M2A program is in place prior to implementation is another essential step. The sections below outline M2A program policies and procedures. They include guidance on communication and supervision as well as instructions for M2A referrals, documentation, client engagement strategies, and Auntie safety. These policies and procedures were developed specifically for the M2A program and may need to be modified slightly to fit your local community.

Communication Strategies

Aunties should participate in multiple regularly scheduled meetings to collaborate across departments that care for the families and to inform others about project status. Throughout the project, Aunties at TFS participated in monthly departmental meetings and weekly ICM meetings. In addition to meetings within the department, Aunties participated in quarterly agency meetings, strategic planning meetings, and other events in the community. Aunties held live-streaming events through Instagram and Facebook to connect with families during the COVID-19 pandemic. They also regularly participated in "drive-by" events so they can reach out to the community and enroll interested families in the program.

Ongoing Coaching and Supervision

Aunties participate in weekly ICM meetings to both learn how to case manage but also to team with other providers that may be caring for the families. When Aunties are first hired, they participate in weekly supervision; once they gain experience in their position, supervision occurs less frequently. While regularly scheduled supervision becomes less frequent, supervisors should always maintain an open-door policy so Aunties can seek guidance whenever it is needed.

Policies and Procedures

Privacy and confidentiality, releases of information, and consent to participate

Every organization has required forms related to privacy/confidentiality, release of information, and consent. Any organization looking to implement M2A should consider the forms that are required by their organization as well as the ones that may be needed for participation in M2A. As an example, the following forms were required by TFS to be completed prior to family participation in M2A:

- Preliminary Intake Form
- Registration packet
- Consent to receive treatment
- Tribal Family Services Assessment Form
- PHQ-9
- Release of Information
- Consent to text and email
- Center Evaluation Form

Frequency and format of M2A sessions

Ideally, Aunties visit families once a week, and the program lasts 52 weeks. However, this may shift in response to the needs of the family. Aunties should always determine the best interest of the family when deciding whether to pursue a lesson that day. To do

this, Aunties will ask mothers a few questions at the beginning of each session. They will then transition to the lesson, if applicable. Please consult the Discussion Guide and Facilitator's Guide for pre-session questions and for the content of each lesson.

Auntie caseload

Cases for each Auntie are assigned according to the number of cases an Auntie has in conjunction with a point system based on case complexity or resource-intensiveness. Cases that require a greater time commitment receive more points. The point system has four levels:

- 4 points – High level of need, almost an emergency
- 3 points – Voluntary child welfare services
- 2 points – Referred through ICM process, high-risk because of drug use
- 1 point – Mothers that enter the program as walk-ins and participate voluntarily

Safety when home visiting

Because M2A is a home visiting program, it is essential to have guidance in place for Aunties to follow prior to, during, and after the visit. Below are some example guidelines the M2A program developed for conducting home visits.

Prior to the visit

Prior to conducting a home visit, Aunties should be in communication with families and explain what to expect before and during the visit. Aunties should let families know that if they have a change to their schedule or are unable to meet, they should let the Auntie know as soon as possible. In addition, Aunties should give the family the opportunity to communicate about any illness or condition in the home that the Auntie should be aware of prior to visiting. Similarly, Aunties should also communicate with the family if they are unable to visit for any reason (e.g., change in schedule, illness). This type of open dialogue creates a shared responsibility between the family and the Auntie and helps promote an honesty and communication from the very beginning.

Aunties should also inform the family that they may be bringing another Auntie along with them. This helps with safety for the Auntie while also helping families have a relationship with another person on the team in case one Auntie is unavailable for any reason. This also allows the family to realize they are being served by and have access to a team of people, not just one Auntie.

Preparing for the visit

Any Auntie making home visits may encounter varied situations during home visitations. The individual making the home visit when serious problems are identified must notify a manager or director immediately. Examples of serious problems include:

- Active communicable/infectious disease
- Suspected child or adult abuse
- Possible client suicidal behavior or expressed suicidal intent
- Domestic violence
- Abnormal or threatening client behavior
- Client drug or alcohol abuse
- Weapons in the home or carried by the client
- Environmental concern (e.g., fire, flooding, structural damage to home)
- Abnormal physical findings

Home visitation guidelines

Below are sample home visitation guidelines used by the Aunties at TFS:

- Aunties shall conduct themselves as guests in the client's home.
- Aunties must dress appropriately per dress code. Aunties will dress just as they would in the clinic, including wearing closed toe shoes.
- Aunties must always wear their identification badges when visiting in the field.
- Aunties will make all efforts to schedule their visits with the patients.

- Aunties must focus on the lesson during home visits. Conversation must focus on the lesson and topics related to the family and needs of the family.
- All home visits must be entered into Aunties' schedules prior to visit, with notes from the visit documented as soon as possible upon return to the office.
- Aunties can schedule home visits after dark on an as needed basis. If an after-dark visit needs to occur, Aunties should make the supervisor aware of the visit and check in with their supervisor both upon their arrival at the home and as soon as possible after departure. Some reservations may have Tribal Security at the entrance. Utilize this when possible.
- Aunties shall respect the Native culture and support the traditional beliefs and practices.

In-office encounter guidelines

Below are sample in-office encounter guidelines used by the Aunties at TFS.

- Encounters occur when an Auntie meet with clients face-to-face or via an authorized telehealth visit.
- Encounters are scheduled through the appointment system and clients may present themselves to the Tribal Family Services Department to meet with the staff. All efforts will be made to accommodate the client, but if the staff is not available, an appointment will be made.
- Clients who have an appointment shall report to the Tribal Family Services Department and will be checked into the system by the Administrative Assistant or Front Desk support staff. Then the client will be announced and directed or led to the appropriate staff.
- All encounters will be according to the programmatic guidelines, best practices, and expectations of the programs.
- Aunties will enter all encounters and referrals for other services into the NextGen system.

Referring and screening M2A families

The following is a high-level overview of the procedures for screening and referring families to M2A. It was developed as a result of the practice mapping sessions conducted with TFS.

Once TFS receives the referral, it determines whether the case is a prevention case, contacts any collateral as needed, and verifies Indian ancestry. Aunties document the results of these inquiries in the notes and a preliminary intake form is started. Once this information is gathered, TFS reviews the intake information to determine whether the family is appropriate for the services it provides. If they are not eligible, the family is referred to any other services they may need, Aunties close the intake, and the database is updated.

If the family is appropriate for TFS services, Aunties enroll them in the program and develop a case plan. The case manager or navigator holds a staffing with the family and any potential programs. At the conclusion of the staffing, the ICM recommends the services that best fit the identified needs of the family and refers them to the services. As a result of the staffing, the family may be assigned to a prevention case manager (if the family requires prevention services), a case manager (if there is a need for court-ordered services), or an Auntie (if the family needs or wants to be part of the M2A program).

Mothers who enter the M2A program can be referred from a variety of sources, including from other programs and services at the clinic (OB, family medicine, etc.) or ICM. Mothers may also

enter because either they or a friend or family member heard about the program through community outreach efforts. In addition, mothers can be referred through child welfare services, prevention program, Family Spirit, Tribal court, or Indian Child Welfare Act Notice.

When a family is assigned to the M2A program, the Auntie will receive the referral and add it to the caseload. The Auntie will complete an intake form and will make either virtual or face-to-face contact. During this initial contact, the Auntie is responsible for engaging the family (more information on engagement provided below), establishing a relationship, providing an information packet, and scheduling another time to meet with the family. The Auntie may begin the initial assessment if they feel it is appropriate. The assessment, which includes cultural questions, will determine what services the family needs. Once completed, the Auntie, together with the family will develop case management goals and determine which three services would be most appropriate to begin with. These services can include the Special Supplemental Nutrition Program for Women Infants Children, medical, dental, and parenting programs such as Family Spirit. The Auntie continues to schedule visits with the family to begin case management services.

Accurately documenting the date Aunties made initial contact with mothers, when they started program delivery, and any subsequent contacts allows program administrators to track the progress of the program, determine whether it is meeting the needs of enrolled mothers, and if additional Aunties are needed to serve the mothers. It also allows program administrators to determine what, if any, adjustments need to be made to the program to better serve the mothers who are currently enrolled and those who may enroll in the future.

It is important to document how each mother became familiar with the M2A program, as it will allow program administrators to further tailor the program and determine future areas of focus for engaging and enrolling mothers. In addition, Aunties should document the substance(s) used (either currently or in the recent past) by each mother and the date of most recent use. Aunties and others involved in the M2A program should also document any other areas required by TFS.

The following are the basic steps in the M2A enrollment process. *Italics indicate information that should be documented in a data system.*

- Where did the referral originate? (*document where the referral came from*)
- TFS receives the referral and an Auntie completes an intake form. (*document reason for referral, substance used and last date of use, if applicable*)
- TFS holds staffing to determine if the referral is appropriate for TFS and the possible services for the family. (*document date of staffing and what services are appropriate*)
- TFS refers the mother to appropriate services. (*document date they were referred to each of the services*) For the mothers that are being referred to M2A:
  - » Ensure a warm hand off to M2A team (*document date*)
  - » Assign mothers an Auntie based on point system found under *Auntie Caseload* (*document date of case opening and add to Auntie's caseload*)
  - » Make initial contact, virtually or face-to-face (*document dates of all attempted contact and all made contacts*)
    - Auntie engages with family, establishes rapport, and provides informational packet.
    - Auntie might conduct assessment, if appropriate.
    - M2A model is engaged if appropriate.
    - Auntie schedules next visit. (*if family declines services after attempts to engage family were made, document why and date case closed*)
  - » Conduct assessment to determine which services families will receive. (*document services family will receive*) This determination will be based on the following factors:
    - Whether the family is court ordered or voluntary
    - Whether the family has received Family Spirit or another parenting program before
    - Age of children in the home

- Auntie develops case management goals. (*document case management goals*) This should include referrals to up to three different services such as WIC, medical, dental, Family Spirit cultural component
- The case moves to ongoing services. (*document ongoing family contacts, lessons covered, notes etc.*).

Engaging M2A mothers

M2A is a voluntary program that emphasizes building a trusting relationship with an Auntie; thus, the initial interaction with an Auntie discussing potential participation in the program is important. Approaching the mother with compassion and emphasizing how M2A can partner with them in their parenting journey is foundational to building that relationship.

Equally important is engaging the mother in a way that is non-judgmental and distinguishes M2A from being involved in court-ordered services, which reduces the possible stigma and fear that sometimes accompanies being part of court-ordered services. Coming alongside mothers, showing them how an Auntie can help enhance their parenting skills and connect to their culture is very important. Providing mothers with examples of the type of parenting skills covered and how the program explores culture is helpful. Also important will be highlighting any concrete benefits that result from participating in M2A, including any incentives (possible incentives include transportation to appointments, childcare, baby supplies, etc.), connection to other pregnant and parenting mothers (support groups, communication, family nights, etc.), and the ability to incorporate services received as part of M2A into case plans (if applicable).

During the initial engagement period, families need to be aware that Aunties are mandated reporters. Aunties should explain they are mandated reporters, what that means, what might lead an Auntie to make a report (e.g., increased need for assistance, a safety concern, increased need for services), and what will happen if they do make a report. Aunties should be clear that if they do have to make a report, they will do it together with the family so there will be no surprises.

Tailoring services to the needs of the family

All families involved with the M2A program should participate in an initial assessment. The assessment should gather the following standard information: name, date of birth, address, number of children, activities of daily living, mental status, family, culture, employment, substance abuse issues, education, and parenting. The Auntie should explain the possible types of services provided. The explanation should include the following:

- **Prevention Services:** Prevention services are available to the child and to the family. They may or may not include a temporary voluntary placement. Prevention services also include counseling services, culturally sensitive parenting skills classes, and referral and emergency services.
- **Consultations and Referrals:** The following services may be available through M2A on a referral basis:
  - » Medical specialty services
  - » Dental specialty services
  - » Pharmacy services
  - » Hospital services
  - » Mental health and chemical dependency services
  - » Social services
  - » Developmentally disabled services
  - » Rehabilitation services
  - » Emergency medical services and transportation
  - » Nutrition

Initial service refusal or refusal partway through

Developing a relationship with families is foundational to the M2A program. While the M2A program is voluntary and parents can refuse services at any time, the opportunity to start services should also be available at any time.

If, after trying for six weeks (at least one engagement attempt every 2 weeks), families are still refusing to participate in M2A, Aunties should ask if it is ok to check in with them occasionally to see how they are doing. This additional engagement could

occur once a month via phone; Aunties could also attempt to engage families at an already scheduled OB visit.

Aunties should leave their contact information with mothers, letting them know the door is always open if they change their mind and want to participate.

When having conversations with mothers who are showing resistance to participating the M2A program, interactions should be guided by motivational interviewing (MI). The following two resources are useful for understanding the MI approach:

- Motivational Interviewing: Rolling with Resistance
- Native American Motivational Interviewing: Weaving Native American and Western Practices: A Manual for Counselors in Native American Communities

Celebrating success

The M2A program should make celebrating both incremental successes and the conclusion of services a priority. For example, for incremental success, the M2A program can sponsor events such as family nights or outdoor family friendly activities as a way to celebrate success periodically. Together, Aunties and families should decide the most appropriate way to celebrate completion of the entire M2A program.

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 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 as well.

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

Legacy Plan

The following represents key elements of the M2A legacy plan. They are elements and strategies that began during implementation and should continue in order for the M2A program to continue.

- **"Buddy-system" onboarding can help acclimate new hires to the M2A program.** TFS experienced turnover during the project period when one of the Aunties/service navigators resigned and a new Auntie/service navigator was hired. TFS created a new hire support system whereby the current Auntie/service navigator shared their knowledge of the program with the new hire and conducted joint home visits with families until the new Auntie felt comfortable leading home visits on their own. Incorporating this buddy system approach to onboarding was critical in acclimating the new hire to the work environment as well as in cultivating and nurturing the professional relationships between the two Aunties.

- **Cross-sector community partnerships are needed to assure access to all families.** TFS established a deep network of collaborative partners who received program information to operate as a proactive, sustainable network. During the project period, TFS established community partnerships with numerous partners, including Tribal Courts, Healing to Wellness Courts, San Diego County Mental Health Services, Child Welfare Services, local schools and offices of education, and first responder agencies (e.g., police/law enforcement, emergency medical personnel). TFS prepared program education and informational materials to network partners as well as delivered presentations about the program.
- **Data gathered from the M2A Personal Reflection Tool can help ensure that Aunties are responsive to client and community needs.** As noted above, the M2A Personal Reflection Tool can provide valuable insights on how the M2A program is achieving its intended goals and outcomes, but it can also assist Aunties in being more responsive to individual client needs. By providing a mechanism to clients through which to register their thoughts/feelings/emotions during a home visit, Aunties can use those responses to connect clients to additional services or referrals.
- **A sponsoring organization must have a strong culture of open communication.** Information sharing and exchange is pivotal to the success of the M2A program, especially when implemented in the context of a Tribal health clinic. The sponsoring organization must have open and secure lines of communication when it comes to sharing client data.
- **Diversity of stable and predictable funding sources is necessary to fiscally support the M2A program and support operations for the long-term.** The estimated annualized cost of the M2A program was approximately $170,000 for TFS. During the first three years of operation, funding for this program was awarded to TFS through a grant from the Office of Child Abuse Prevention. To fund the M2A program in the long-term, however, TFS will employ financial planning strategies that rely on a diversity of stable and predictable funding sources, with the hope of minimizing the role of grants to support operations.

Lessons Learned

Key lessons learned during creation of the M2A legacy plan:

- **Start earlier.** Intentional conversations on legacy and sustainability planning did not take place until the second year of CNCFR's partnership with TFS. Ideally, legacy and sustainability planning (particularly work around helping TFS decide which parts of the M2A program they would like to sustain) would have happened during the first year of the partnership.
- **Conduct conversations in person, if possible.** Legacy and sustainability planning sessions between CNCFR and TFS often required the M2A program director to cross-reference different documents, including previous grant applications, program budgets, expense ledgers, strategic plans, and Memoranda of Understanding. Conducting these conversations via teleconference was often logistically challenging. As feasible, legacy and sustainability planning discussions would be more productive when conducted in-person.
- **If evaluation data is being collected, use data to inform conversations.** During the initial legacy and sustainability planning discussions, the M2A program director had not yet reviewed the evaluation data that was being collected by the Aunties. When discussions about program support began and whether any types of data being collected for evaluative purposes should continue to be gathered, the Aunties shared their experience administering the M2A Personal Reflection Tool and the experience of clients in completing this tool. Realizing that this tool had the potential to do more than just inform program outcomes, the M2A program director requested to review all the data gathered through the M2A Personal Reflection Tool to date. Upon review, she decided to formalize the administration of this tool as part of every home visit conducted.

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

1 Readiness and Evaluability Assessment Overview

Center for Native Child and Family Resilience

Community Readiness Assessment

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

August 31, 2018

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

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.

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.

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.

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

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.

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?

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.

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.

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.

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?

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

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.

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									

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:

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.

-
-
-

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.
-
-
-

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.
-
-
-

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.

-
-
-

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.
-
-
-

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.

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

-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;

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

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

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

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.   ○ How did you identify the need for this program, and what went into that? (Formal needs assessment, Tribal council decided, etc.)

• 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?

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?

4 Readiness and Evaluability Narrative Summary

Center for
Native Child
and Family Resilience

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

Capacity Building CENTER FOR TRIBES

Pathway to Change: Your Road Map

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:

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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

Capacity Building CENTER FOR TRIBES

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:

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Pathway to Change: Your Road Map

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:

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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:

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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:

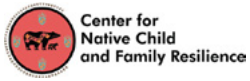
- What practical activities will help us make our changes?
- What tasks need to be a part of each activity?
- Who needs to be involved in each activity?
- What will result from each activity?

Change	Activity(ies)

Center for Native Child and Family Resilience

Pathway to Change: Your Road Map

Change	Activity(ies)



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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:

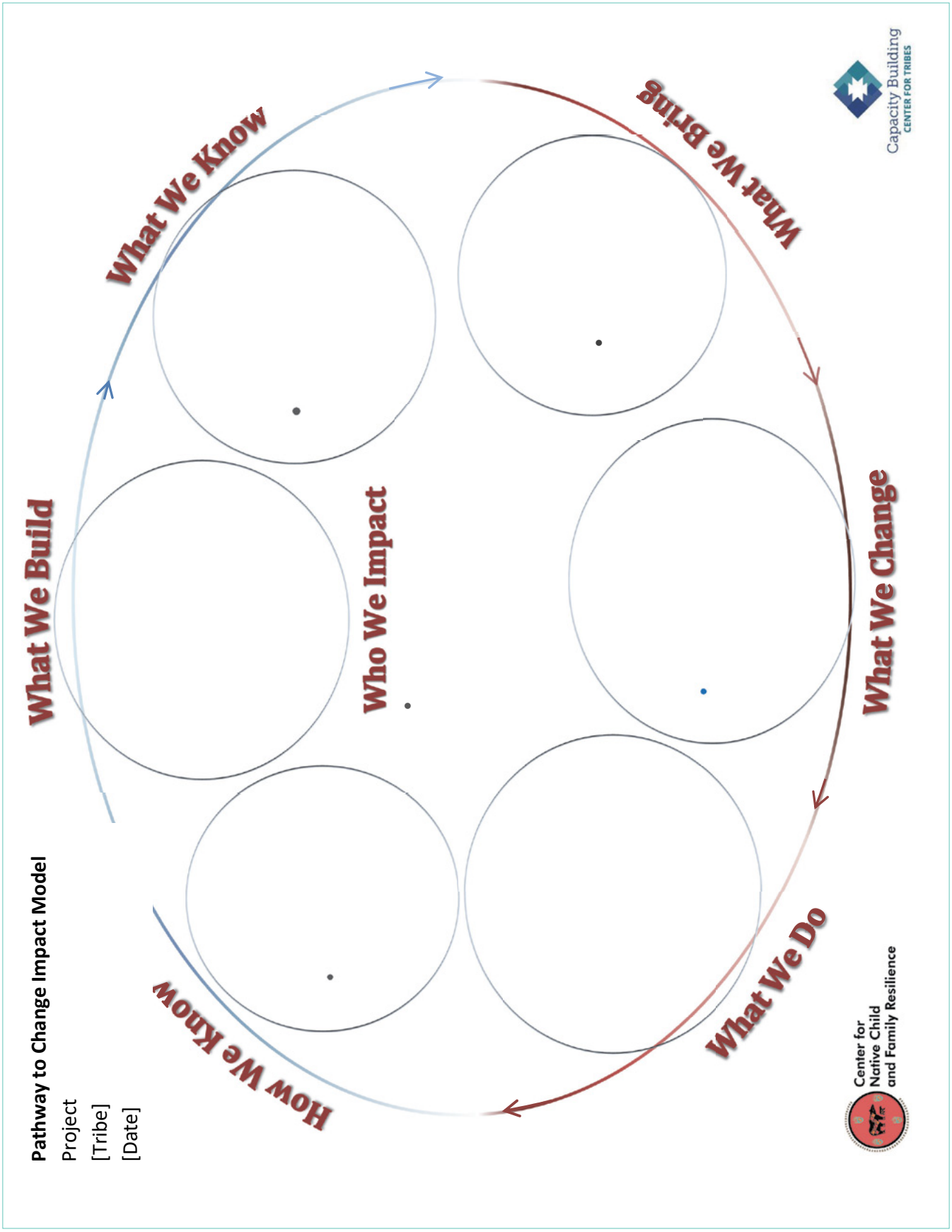
- What will indicate that we have achieved a particular activity or step within an activity?
- What are the milestones of a particular activity?
- How would we monitor our work to show we've met a milestone?
- What types of outputs would we expect from each activity?
- What data do we currently collect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

Capacity Building
CENTER FOR TRIBES

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 Know
What We Bring
What We Change
What We Do
How We Know
What We Build
Who We Impact
Capacity Building
CENTER FOR TRIBES
Center for
Native Child
and Family Resilience

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)			

Objective 1.3:

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

4

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:			

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

6

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

Center for Native Child and Family Resilience

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

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.

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?

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.

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?

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.

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]*

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.

9 Evaluation Plan Template

Center for Native Child and Family Resilience

[*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]*

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

10 Legacy Plan Guidance and Template

Center for Native Child and Family Resilience

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?

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?

[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*.

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?

- 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?

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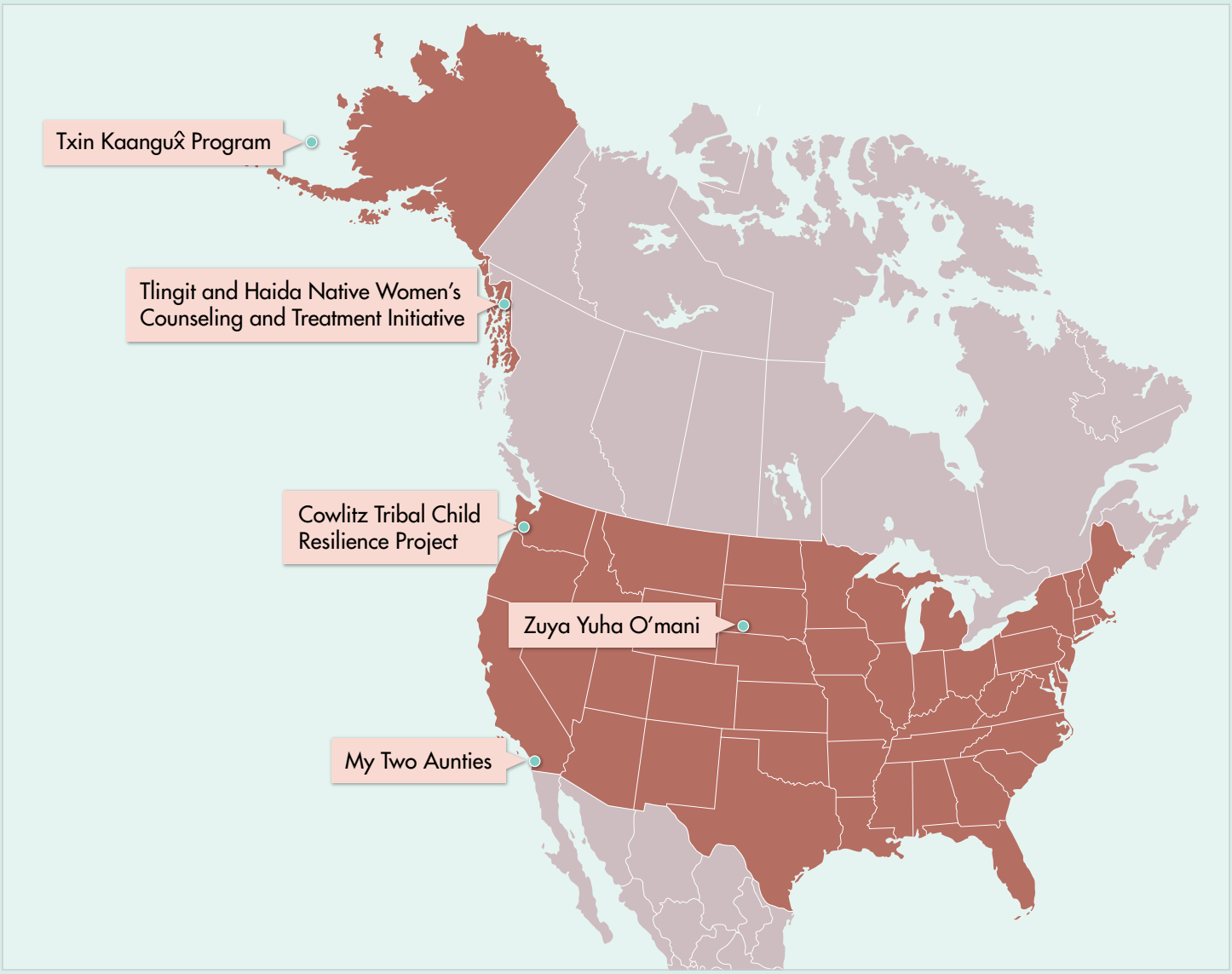

This document is part of a series that presents the results of collaboration between the Center for Native Child and Family Resilience and five Tribal partner organizations to formalize, implement, and evaluate the partners' Tribal child welfare prevention and intervention strategies. For more information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

My Two Aunties
Implementation Guide
2022