Yéil Koowú Shaawát (Raven Tail Woman)

Implementation Guide

2022

Central Council
Tlingit & Haida
Indian Tribes of Alaska

Center for
**Native Child
and Family Resilience**

Children's Bureau

Acknowledgements

Suggested Citation Text

Contents

About this Guide

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

This Implementation Guide is intended to assist organizations or Tribes interested in implementing Yéil Koowú Shaawát in their community in ways that are congruent with local culture, norms, rituals, and communities. The Guide will outline the implementation strategies used in collaboration with Yéil Koowú Shaawát project staff to further define and launch the program in their community. The Guide will provide the reader with the information necessary for implementing Yéil Koowú Shaawát, including 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 the lessons learned along the way. The result is a document that integrates overarching implementation guidance with program specific Yéil Koowú Shaawát guidance.

This Implementation Guide includes references to other materials created for the program, including the Yéil Koowú Shaawát Facilitator's Guide and the Curriculum for Phases I, II, and III of the women's groups. The materials are intended to be used together in planning for implementation.

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 Yéil Koowú Shaawát; a high-level description of Yéil Koowú Shaawát, including the core components; information about the target population(s); and how Yéil Koowú Shaawát is intended to impact the target population(s).

- **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 prospective evaluation of Yéil Koowú Shaawát implementation. The section includes information on using the Pathway to Change instrument, creating and defining roles for the implementation process, making adaptations to Yéil Koowú Shaawát, and providing training for program staff.[1] 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 Yéil Koowú Shaawát, including setting policies and procedures, determining the frequency of data collection and analysis, and communicating results to workers and the broader community.

- **Program Sustainability Through the Development of a Legacy Plan:** Describes the importance of developing a sustainability plan from the outset and how to use the Legacy Planning Tool to think through the various elements of sustainability. In the work of the Center, the legacy of a program refers to how it continues to operate in a community as the way things are done and the ability of the program to continue to serve the community and sustain it over time. The legacy of a program and the ability to sustain all or part of it might look different depending on where the program is in the planning process and its incorporation in the larger community. (Refer to the Legacy Planning Tool in the Appendix for more information).

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

- Readiness and Evaluability Assessment Overview

- Community Readiness Assessment Interview Questions

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1   The Pathway to Change was created by the Capacity Building Center for Tribes, funded by the Children's Bureau and adapted for the work with the Tribal communities through the CNCFR.

- Guided Evaluability Assessment Discussion Guide
- Readiness and Evaluability Narrative Summary
- Pathway to Change Overview and Instructions
- Pathway to Change Impact Model
- Work Plan Template
- Project Driven Evaluation Planning Tool
- Evaluation Plan template
- Legacy Plan Guidance and template

A Note About Material Provided Separately

The Yéil Koowú Shaawát model is ready for adaptation to fit local strengths, resources, culture, traditions, and needs. Groups or communities implementing Yéil Koowú Shaawát are encouraged to draw on their own traditions and resources to make the program their own and infuse the program with the cultural traditions and ceremonies designed to support the healing of participants and the increase in cultural resiliency. The Facilitator's Guide includes suggestions for when and how to do this.

Although the Implementation Guide may include some materials relating to Yéil Koowú Shaawát's local culture and traditions, it has been written to support the implementation of the program by other Tribes and organizations. While some communities may have chosen to protect traditions and ceremonies which are integrated into the curriculum, the Tlingit and Haida community chose to share their stories, sacred rites, and rituals as a part of the curriculum. The inclusion of any materials specific to the community culture have been approved by the developing Tribe for the purposes of sharing.

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 was further supported and shaped by knowledge experts and consultants across the nation and work with L&M Policy Research to support the completion and summary of the evaluation reports for several projects.

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, community-based prevention efforts, and child welfare prevention and intervention programs that support and strengthen family and community resilience. The experts bring to bear many modes of knowledge development and rigorous examination that center IWOK, which includes a range of epistemic approaches that embody the cultural values and worldviews of AI/AN cultures. IWOK offers insight into a variety of program effects and demonstrates 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 the burden on sites, the plan can be adapted to include administrative data, when 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.

Program Story of Yéil Koowú Shaawát (Raven Tail Woman)

Our Community

The Central Council of the Tlingit and Haida Indian Tribes of Alaska (Tlingit & Haida), through the departments of Tribal Family and Youth Services (TFYS) and Community & Behavioral Services (CBS), has been providing critical services to at-risk Native children and families in Southeast Alaska for over 40 years. The Central Council serves nearly 30,000 Tribal Citizens of the Tlingit and Haida Tribes. Each of these Tribes is a distinct culture with its own language and traditions. Tlingit people traditionally lived farthest north and Haida people inhabited the Prince of Wales Island area. There are 14,000 Tlingit and Haida Tribal citizens that reside in Southeast Alaska, with the remainder residing in the lower 48 states.

Over 25 percent of Tribal citizens (5,200) lives in the Juneau area, with the remaining 75 percent (8,800 Tribal citizens) residing in villages throughout the region. Juneau is a community of about 30,000 people and, like most communities in Southeast Alaska, can only be reached by airplane or boat. Approximately 12 percent of the population is American Indian/Alaska Native. The ratio of males to females in the population is nearly 50/50.

Community Need

AI/AN youth experience trauma at higher rates than other youth in the U.S. population. According to a report by the Indian Country Child Trauma Center (BigFoot et al., 2008), Native youth are 2.5 times more likely to experience trauma than their non-Native peers. The Attorney General's Advisory Committee on AI/AN Children Exposed to Violence (Dorgan et al., 2014) highlighted the troubling reality that AI/AN juveniles experience posttraumatic stress disorder at a rate of 22 percent, roughly triple the rate of the general population (Dorgan et al., 2014; Robin et al., 1996).

In a recent environmental scan of practices and programs for addressing trauma and related behavioral health needs among AI/AN youth, researchers noted that despite the high prevalence of trauma among AI/AN youth, little is known about interventions targeted specifically for this population. The researchers went on to emphasize the distinct nature of trauma experienced by AI/AN peoples, "Many studies of trauma in AI/AN children and families emphasize the concept of historical trauma as distinct from other forms of trauma. Among AI/AN people, trauma includes both individual experiences of violence and loss as well as forms of distress connected to historical events, cultural destruction, and ongoing experiences of poverty and discrimination (Kirmayer et al. 2014)." The term "historical trauma" encompasses the cumulative exposure of traumatic events that affect an individual and continue to affect subsequent generations (Lechner, Cavanaugh, and Blyler, 2016; Yellow Horse Brave Heart, 1993, 1999; Yellow Horse Brave Heart et al., 2012).

As BigFoot (2007) explained, the standard definition of trauma as "a unique individual experience associated with a traumatic event or enduring conditions is of limited application within the AI/AN communities, since it does not take into account the cultural trauma, historical trauma, and intergenerational trauma that has accumulated through centuries of exposure to racism, warfare, violence, and catastrophic disease" (p. 2). Trauma; whether individual, communal, intergenerational, or historical, continues to have a harmful collective impact on the health of Native youth across Indian Country. Tlingit and Haida citizens face similar manifestations of trauma.

In recent years, the Tlingit and Haida Tribal Family and Youth Services Department (TFYS) has focused on addressing violence and abuse against Native women, to which the community has reported a 10 percent (minimum) increase. Native women have experienced an increased level of domestic and intimate partner violence, which has generated a significant need for victim services as more and more community women gain the courage to come forward to report abuse, seek help for their trauma, and pursue legal justice. This increase in violence has been fueled by poverty, substance abuse, the opioid epidemic, family structure

breakdown, climate uncertainty, and traditional value erosion; in turn, it generates an increased need for victim services.

Until recently, there was little in the way of services available to community members who are survivors of domestic violence, abuse, and were seeking to heal their trauma. Staff at TFYS have responded to this increased need through the development of the Yéil Koowú Shaawát program, which is designed to provide women access to the treatment and support necessary to build healthy lives and relationships. Yéil Koowú Shaawát is a family-focused, culturally based counseling/treatment model to address the increasing complex issues of layered domestic violence, abuse, and child maltreatment through group work and discussions around root causes of maltreatment, and related traumas impacting Native women within southeast Alaska.

Overall Vision and History

Yéil Koowú Shaawát, previously known as the Native Women Counseling and Treatment Services Initiative, works with Tlingit and Haida communities in Southeast Alaska.

Like many Tribally driven approaches to intervening upon child maltreatment, Yéil Koowú Shaawát takes a strength-based approach to healing that emphasizes the importance of cultural resiliencies and protective factors. Such protective factors often center on affirming Native identity through connecting with locally distinct healing ceremonies and traditions (which include, among other things, connecting with traditional food-ways, kinship circles, the oral tradition, song, dance, Native language, and traditional healers). A fundamental aspect to this program is healing trauma and thus intervening upon and preventing child maltreatment through a reclamation of Indigenous knowledge systems, cultural identity, and peer/kinship support systems.

The vision of success for this project embraces the wisdom and guidance of Tribal Elders and Tlingit and Haida culture to ensure the existence of strong vibrant families who raise their children in homes free from the issues that fosters child maltreatment and other issues which impact children and families within the service area.

The Yéil Koowú Shaawát curriculum is a family-focused, culturally based counseling and treatment model for Native women in Southeast Alaska that addresses domestic violence, child maltreatment exposure, unresolved grief, and intergenerational trauma—one of the root causes of child maltreatment.

The group began with the vision of Amalia Monreal, LCSW and Lead Clinician, Community & Behavioral Services (CBS) Healing Center, who has diligently worked to refine the program over the past 10 years. The Yéil Koowú Shaawát curriculum is delivered through a women's group that provides a culturally based approach, integrating Western therapies with traditional Native American spiritual healing practices and Southeast Traditional Tribal teachings and values based on "Our Way of Life." Group meetings make use of the Talking Circle, Medicine Wheel, smudging, dipping, sweat lodge, and various group exercises. Refer to the Facilitators Guide for additional information and background.

Program Description

The curriculum is designed to support Native women in their healing from past trauma. The curriculum helps to support these women in dealing with their separation and loss. The women who participate in the group have experienced significant trauma and often are the survivors of childhood abuse, domestic violence, victimization, substance abuse, and mental health challenges. The majority of the women who have participated in the groups have been involved with the child welfare system and

many reported they have lost their children to Office of Children's Services, the Alaska branch of child protection and child welfare services. Participants reported that they have lost their children to the system due to the inability to deal with their own trauma, leading to life choices that placed their children at risk. The lack of family coping skills, which often manifests as stress, burnout, frustration, substance abuse, and child maltreatment, is addressed in the Yéil Koowú Shaawát program.

The program is focused on support and healing of women who have experienced trauma and features three phases:

- Phase I works on understanding the building blocks of communication, stress reduction, physiology of anger, cycle of violence, anger as a secondary emotion, societal anger, and other emotional responses. The issues of alcoholism, addiction, and intimate partner violence are interwoven throughout the phases as well, as these are pertinent intergenerational issues that demonstrate the toxic legacy of genocide and colonization. These foundations set the stage for deeper introspection in Phase II.

- Phase II focuses on family of origin issues and past/present relationships. It includes doing individual genograms and looking at the legacies passed down across four generations: the participant's grandparents, their parents, themselves, and their children. The program highlights how experiences and relationships from the past within their families of origin play out in participants' lives today. The program explores family systems, how trauma is stored in the body, the relationships group participants find themselves in, and the expression of unresolved grief and intergenerational trauma. Many of the clients have experienced both their own removal from their parents and the removal of their own children from them and seek ways to break this cycle of trauma.

- Phase III is known as the Sexual Abuse Talking Circle. To enter Phase III, participants must complete Phases I and II. After 28 weeks of intensive work in Phases I and II, participants' boundaries, trust, and interpersonal relationships are more solid, enabling those who have experience sexual abuse to begin a deeper examination of what they have endured

and survived. Phase III specially focuses on how women can address post-traumatic stress disorder, dissociation, disenfranchised grief, and historical and intergenerational trauma to allow them to continue to express their feelings to support healing. Due to the focus of Phase III, some women may choose not to participate if they do not feel prepared to address their past abuse. For others, the content is not relevant to their life story. The facilitator individually interviews women who have completed Phases I and II to explore if Phase III is the right fit for the participant.

Each phase builds upon the previous phase in terms of content, depth, and rigor. All three phases embrace the beliefs and values of Tlingit and Haida as an essential foundation to health and healing.

The curriculum uses an empowerment model that helps prepare new facilitators and group leaders by providing them with the skills necessary to be successful and move the group work forward. If a participant completes all three phases for two consecutive years, she could, if interested, learn the skills of facilitation, and become a co-facilitator and, eventually, a facilitator. The relationship between facilitator and group participants is a helping relationship based upon collaboration, mutual respect, and the sharing of power in group sessions. Groups usually include 1–2 facilitators or group leaders who serve to guide the curriculum and meetings, in addition to 8–12 participants for each group.

Intended Outcomes of the Program

The program is designed to support the healing of women in the community, supporting healthier relationships and healing from intergenerational, historical, and contemporary trauma through increasing protective factors. The Yéil Koowú Shaawát curriculum's goals and anticipated outcomes include a reduction and prevention of child maltreatment and a revitalization of Haa Shuká through increased:

- Cultural connectedness

- Healthy decision-making skills

- Nonviolent communication skills

- Respect for self and others

- Sense of belonging

- Awareness of trauma

- Sobriety

- Mental health

- Healthy relationships

- Coping skills

The women seek the program in search of a better way of living and are often in a place ready to work on their healing, lifting them up from the dark places where they are now or have been, and showing them a journey that will reveal there is hope for a better today and a stronger tomorrow.

Through the group experience and support, the women intend to improve themselves through an increased understanding of their trauma and greater strength to address adversity in the future. Through self-improvement, participants reported intentions of sharing their learnings with their children and grandchildren, with the intention of affecting future generations and their communities. In the group process, women are able to process their trauma and emotions in a safe and healthy way, using traditional healing methods, cultural resilience factors, and ceremonies to strengthen their bodies and souls. They have learned ways of traditional healing that have helped them to feel grounded in the group and as a person. Women reported they are taught in the group that it is okay to love their culture and love who they are. They are taught that their culture is beautiful and has value, which has led the women to think about their entire life experience and family differently.

Program Considerations

The Yéil Koowú Shaawát program is intended to support the healing of women in the community. The curriculum is in the process of being adapted to develop a separate group for men's healing in the future. The intention is to be accepting of all Indigenous people who need the service and support and are interested in investing the energy to heal. The participants do not need to be Tlingit and Haida members, and the program has worked with and supported many participants from different Tribes. If you are considering implementing this program in your community, you must decide whether the program is open to only Tribal members or other members of the community as well. The definition of the service population will be important for planning for implementation and group enrollment.

The program was originally, and for many years, offered and completed in person. However, during the COVID-19 pandemic, adaptations were made to move to an online version of the group. After some adjustments to the process, the groups resumed and continued to do well, with some women reporting they preferred the online version so they could be home with their children in the evening. The program materials and directions are created to support either version (in-person or online).

Considering the Program for Your Organization and Community

The group is not religious, nor is it focused on one particular belief. It is a group based on spirituality and supporting a healthy mind, body, and spirit. The group also uses the Medicine Wheel as a foundational tool to guide and shape conversation, referring to the women's group Talking Circle as a "healing circle." The group facilitator also uses various forms of media, including films that educate women on the boarding schools, to better understand intergenerational trauma and the impact it has on the spirit of the women in the group.

If your community is interested in using the curriculum, start by reviewing the Program Summary to learn the basic format and purpose of the program. Additionally, consider how the curriculum focus is on trauma, understanding emotions, healthy communication, stress reduction, and healthy coping skills. Remember that you can make your own cultural adaptations.

This program is ideal for agencies, organizations, or programs working directly with women who:

- Are survivors of traumatic experiences

- Are victims of intergenerational and historical trauma

- Have been exposed to the child welfare system

- Have experienced childhood abuse, domestic violence, and victimization

- Have substance abuse and mental health challenges

- Recognize the need to make changes in their lives

- Are looking for ways to build a healthy support network

- Have hope and a desire to be stronger in the future

- Are interested in restoring traditional healing modalities

Communities considering implementing the program should review the tables outlining the major topics covered in each phase, which can be found at the beginning of each phase's Facilitator's Guide. A committed, compassionate, and skilled facilitator is one of the keys to successfully delivering the program.

Getting Started

A few tips specific to getting started with this curriculum are provided here. As you form a healing women's group, it will be helpful to consider the following steps:

- Assess community needs.

- Investigate funding sources.

- Secure leadership approval.

- Determine availability of facilitator and other staff and supports.

- Coordinate with other local social services providers.

You will need to identify and call together participants to join the group. If you are not already working in partnership with local organizations and services, this is something to explore. These organizations can refer individuals to your program and serve as partners for coordinating service provision for group participants. Suggested partners include:

- child welfare or children's services,

- Temporary Assistance for Needy Families (TANF),

- mental health services,

- domestic violence programs,

- women's shelters and homelessness services,

- recovery and re-entry,

- employment and vocational training services,

- Tribal social services, and

- other organizations focused on serving women and children.

The next major step is to identify a facilitator. You may also wish to form a team around the facilitator to support program implementation and provide technical support and training. When these steps are complete, you are ready to advertise that the group will be forming and enroll participants. To enroll participants, begin by collecting basic contact information, such as name, date of birth, phone number, and email address. Then you can distribute an intake form to collect additional information.[2] Additional ideas for receiving referrals may include media blasts, posters, and promoting self-referral through networking with other community agencies. Share information with community partners to increase understanding and awareness of the availability of the groups.

Additional steps you may want to consider are listed below. Deciding on these items early will help you to be prepared to establish your group.

- Set a name for the group. (This could be done through discussions with community Elders or with the first group of participants).

- Set a start date, duration, and a time for the group to meet (e.g., 1 meeting per week on Wednesdays at 5:30-8:30 for 12 weeks).

- Set a place for the group to meet and decide if in person or online.

- Be specific about who the group is for, its time commitment, and its expected outcomes.

- Provide the name, contact information, and bio of the facilitator to partners and potential referral agencies.

- Provide contact information for facilitator and co-facilitator and link to your website or partner websites, if appropriate.

- Set participant expectations up front during first orientation, answer questions, and get feedback.

- Prepare a handout of group guidelines and expectations.[3]

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2   A sample intake form is provided in the Appendix for Volume II: Phase I.
3   See example in Facilitators Guide: Phase I, Lesson 1.

This could be a poster for the room and could include group rules that are reviewed periodically.

- Coordinate and confirm attendance and meeting technology.

  » Consider who may need help with transportation to the meeting site, if there are opportunities to share transportation, and what public transportation options are available. Consider providing food or small gifts per customary tradition.

  » For online meetings, consider who may need help with technology, including access to a computer or Internet-connected device, Web cameras, and access to an Internet connection if meetings will be online. Ensure everyone has access in coordinating the group.

- Coordinate with other organizations and social services programs.

- In planning, also consider how you will know your project is successful and work with and engage community partners to assist and help you in the development of procedures, tools, or ongoing Continuous Quality Improvement (CQI) to support the evaluation processes.

Implementation and Evaluation Planning and Readiness

Ensuring any community is ready and able to make any changes prior to implementation is vital to the success of the program. As a result, the Center worked with the community to complete a Readiness and Evaluability Assessment and the Pathway to Change (refer to the Appendix). The information gathered during this process was used to prepare for key elements of implementation such as: roles and processes, identification of model components, financial needs, data collection and existing sources, evaluation needs, and CQI.

Before deciding to offer this curriculum, you may also wish to conduct an organizational or community assessment to see if you are well-positioned to initiate a program of this type.

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.[4] 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 and:

- 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.

Information about the CRM, which can help promote community recognition and ownership of issues related to child maltreatment, may be found on the Tribal Information Exchange. 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. It is a tool that can help a community to define the next steps on the path to wellness that the community is preparing for, and the directions for how to complete the tool are included in the materials. Through the completion and use of the CRM, a community can better understand the level of spiritual and strategic readiness

4   Stanley, L. R. (2014). Community readiness for community change. 2nd ed. Fort Collins: Tri-Ethnic Center for Prevention Research. [Model originally developed by: E. R. Oetting, B. A. Plested, R. W. Edwards, P. J. Thurman, K. J. Kelly, and F. Beauvais]. https://tec.colostate.edu/communityreadiness/

present, as an important factor in setting the stage for successful growth and resilience.

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) 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 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.

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 (CBCT), a Children's Bureau (CB) 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 for 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 to completion 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, the Tribe, etc.

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

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

- **Step 5: What We Change:** In this step, you'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 for 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 the program fits within the larger organization. The following describes the key roles needed for the Yéil Koowú Shaawát program.

Leadership Roles and Responsibilities

Weekly sessions of the Yéil Koowú Shaawát curriculum are planned, managed, and led by a group facilitator. The leadership, communication skills, and compassion of the group facilitator will be critical to the success of the group. Group facilitators will have the following responsibilities:

- Serve as the point of contact for group participants.

- Support participants with the practical requirements of group attendance (e.g., transportation, access to virtual meetings).

- Coordinate the meeting space for in-person meetings or log-in information for virtual meetings.

- Administer group onboarding paperwork.

- Assemble and prepare weekly lesson materials.

- Lead weekly sessions; encourage dialogue, complete attendance and fidelity logs.

- Provide make-up lessons for participants when applicable.

- Build and maintain relationships with participants.

- Informally check in with participants to make sure there are no unresolved issues.

- Be prepared to identify a person in crisis and respond appropriately.

- Model appropriate behaviors (e.g., listening respectfully, remaining calm during conflict, honoring diverse viewpoints).

- Establish credibility and trustworthiness through genuine concern and respect.

- Maintain confidentiality.

- Lead activities needed to support ongoing evaluation and/or CQI efforts.

Staffing

The group requires a minimum of one facilitator committed to planning and managing the program with the roles and responsibilities as noted above. The group process benefits from a secondary support person to assist in the co-facilitation for the group. The conversations in group can be extremely emotional,

challenging, and triggering for participants. By staffing the group facilitation role with two leads, then one person can continue with the larger group while the other is available to support women individually in the event of a triggering event. (This might even be necessary during some of the more challenging conversations that exist in the process of curriculum implementation.) Consider requesting group alumni to participate as guest speakers or access community leaders or healers where appropriate to serve as a guest speaker.

Qualifications of Facilitators

Facilitators can come from a variety of backgrounds. There are no specific educational or certification requirements to facilitate the curriculum. However, there are some crucial skills, experience, and knowledge that facilitators should have to support a successful implementation of the program with fidelity:

1. Clinical experience leading healing groups and Talking Circles with specialized experience in group work (with the skills to navigate through layers of personal, intergenerational, and historical trauma).

2. Familiarity with and respectful of the local community's Tribal practices and culture to ensure appropriate adaptation of the program. For example, if a community does not use the Medicine Wheel, the facilitator will need to know that as well as what would be an appropriate replacement (if needed)—and whom they should contact for support, such as a community Elder or Culture Bearer who can help guide that change.[5] Similarly, understanding how to properly facilitate rituals, such as the smudging introduced in Phase I, is an essential form of cultural competence that facilitators should have. For example, Tribes may differ in the sacred plants they use in smudging and should be encouraged to use indigenous plants, such as cedar, sweetgrass, or devil's club, of their preference.

Facilitators should have the following skills and experience:

- Well-grounded as a person and someone who engages in cultural practices

- Knowledge of their community

- Understands the difficulties and challenges faced by Native women

- Knowledge of the theory of intergenerational trauma

- Cultural knowledge and humility

- Understanding and appreciation for the strengths and challenges of women in the community

- Understanding of the importance of the family, extended family, and community

- Strong presentation skills, with a sense of humor

- Ability to demonstrate empathy and compassion

- Ability to manage the ongoing documentation and completion of fidelity and attendance logs, sticky note collection, or other activities to support evaluation and CQI efforts[6]

In group sessions, participants will share confidential information. A trusting personal relationship with the facilitator is paramount. You should be prepared to build personal relationships with participants and, if comfortable and appropriate, be willing to share your own story of personal trauma, how you survived, and the work involved with your healing journey. The facilitator will need to be able to support the weekly group meetings and responsibilities while ensuring they have the capacity to support participants outside of the weekly meetings by, e.g., holding individual meetings with participants to strengthen the relationship and provide a space for discussing issues that participants would like to discuss outside of group.

Required Knowledge and Awareness of Facilitators

Facilitators will likely be working with participants who are survivors of trauma, such as abuse and violence. Helping participants identify and begin the journey of healing from this trauma is one of the purposes of this curriculum. Group meetings and Talking Circles can involve intense, emotional, and often cathartic conversations as participants uncover and share their past experiences and sources of pain. Facilitators need to be prepared for the

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5   It is also beneficial, but not necessarily required, to have an Elder or culture bearer present in group lessons.

6   While CQI efforts are idea for program implementation, it is not always the norm due to resource needs.

possibility of incurring secondary traumatic stress as a result of their role leading the curriculum and thereby participating in and hearing the traumatic experiences of participants. Learning about and understanding secondary traumatic stress, its symptoms, self-care techniques, other practices and resources will be helpful in preparing for the role of facilitator.

Due to the potential concern of the impact of the work on facilitators and co-leads, it is highly recommended that facilitators plan for the time needed to prepare for the role of facilitation as a means of centering themselves and ensuring they are adequately prepared for the work. They should also be prepared to reflect upon the group and deal with their own feelings, if needed. Facilitators should consider preparing for the work by taking the following steps:

- Seek or review resources to build an understanding of secondary traumatic stress, its potential effects on staff, and how to prevent and alleviate its impact.

- Increase awareness of community and organization's policies, beliefs, and strategies to reduce staff risk and increase resilience to secondary traumatic stress. This may include cultural supports and human resource policies and procedures.

- Identify group therapeutic prevention and treatment strategies.

- Review lesson plans thoroughly before each session to be prepared for topics that might evoke group members' past trauma.

- Conduct a personal assessment and awareness of possible existing triggers present for the facilitators to plan around and develop a plan for how to respond when this occurs. If you feel unprepared to address a topic, see if you can find a guest speaker or other resource rather than do something you are not prepared to do with vulnerable participants. Additionally, prior to beginning the work, develop a plan for the potential triggers that you may experience as a facilitator or co-facilitator. The plan between facilitators should identify potential vulnerabilities and expectations for co-support in the event one facilitator becomes triggered and needs to step away. Ensure facilitators have plans to provide self-protection and recognize the need for support.

Additional information on secondary trauma is provided in the Facilitators Introduction document. Facilitators need to identify options for how to manage the potential triggers when they arise, ensuring as a facilitator or co-facilitator, they are self-protective, while recognizing the need to support one another and the vulnerable participants.

Figure 1: Southeast Traditional Tribal Values "OUR WAY OF LIFE"

- Discipline and Obedience to the Traditions of our Ancestors
- Respect for Self, Elders, and Others
- Respect for Nature and Property
- Patience
- Pride in Family, Clan and Tradition is found in Love, Loyalty, and Generosity
- Be Strong in Mind, Body, and Spirit
- Humor
- Hold Each Other Up
- Listen Well and with Respect
- Speak with Care
- We are Stewards of the Air, Land and Sea
- Reverence for Our Creator
- Live in Peace and Harmony
- Be Strong and Have Courage

Program Adaptation

The curriculum is based on the Southeast Traditional Tribal Values (see Figure 1), which embody "Our Way of Life," fostered by the Central Council of the Tlingit and Haida Indian Tribes of Alaska.

The curriculum integrates these values into lesson content and delivery. The curriculum refers to specific ceremonies and traditions to support the group. However, the curriculum is designed

to support the flexibility of Tribal communities to replace local customs and traditions in the areas where the curriculum recommended cultural practices.

When adapting the curriculum, it will be useful to share your Tribal teachings or organizational values with group participants, return to them as a focal point throughout the curriculum to guide ceremonies, and incorporate Tribal language and material shared in the lessons.

Financial and Material Considerations

There are number of discrete costs that program implementers should be prepared for. These costs are described here, and estimates are provided when available.

Table 1. Financial and Material Considerations

RESOURCE	DESCRIPTION/ESTIMATE
Meeting Space	You will need to secure meeting space for group meetings that is large enough to set up 8–12 chairs in a circle. For many communities, this space does not include an extra cost as offices or conference rooms can be used in existing buildings. If possible, consider confidentiality, bathrooms, parking, and other needs for your group. If you plan on smudging, make sure you can do so without setting off a fire alarm and follow building requirements.
Books and Resources	We recommend integrating readings, passages, poetry, meditations, prayers, visual aids, and other resources specific to your Tribe to inspire participants and support the instructional content of lessons. The facilitator's guides recommend specific books and resources. You may wish to acquire these books, books of your own choice, and other resources to support the program.
Eagle Feather and Talking Circle Centerpiece	A feather or other item is used in Talking Circles to indicate the current speaker; you may have some other practice specific to your area to use. You should find an item of cultural importance, be gifted one by a community member, or purchase something at minimal cost. For the Talking Circle centerpiece, it is again recommended that rather than purchasing a centerpiece, you create your own by collecting and assembling items of cultural importance to your community. Preparing the centerpiece or traditional altar could be used as a group activity. You may wish to budget $50.00 to purchase cloth, blanket, bowls, plants, or other items for use in assembling a Talking Circle centerpiece or use a centerpiece in the possession of the Tribe. See the Facilitator Guides for more information about the Talking Circle centerpiece.

RESOURCE	DESCRIPTION/ESTIMATE
Virtual Meeting Platform	Facilitators will need to have access to a virtual meeting platform, also known as video conferencing, Web or online meetings, and meeting apps. Virtual meetings provide the option of holding group meetings online when in-person meetings are not possible. We do not endorse a particular platform, but past facilitators have used Zoom, and therefore Zoom is referenced in the Facilitator Guides that accompany this Implementation Guide. However, there are a variety of platforms that can provide the needed services. Examples include Microsoft Teams, Google Meet, GoToMeeting, and Cisco WebEx. Check if your organization has existing accounts with, or a preference for, one of these platforms or comparable services. Your organization may already have subscriptions with one of these services, which may allow for free or reduced cost access. What's important is that the platform provides for group video conferencing in real time. Some platforms may work better with the connectivity in your area. You can also look for helpful built-in features such as chat, screen sharing, and recording—most platforms include these features. As an example of pricing, a "Pro" Zoom account costs $149.90 per year per license. If your program has a single primary facilitator, one license would be fine. If your program has multiple facilitators, you may wish to secure a license for each facilitator. This will give each facilitator control over meeting scheduling and account management.
Printing[7]	Delivery of the program will require printing resources for facilitator materials and for forms and handouts to provide to participants, though facilitators will have leeway in determining when they prefer to use printed copies (hard copies) and when emails files or sharing materials on-screen will suffice. We will estimate printed costs here based on the typical experiences of past facilitators. Actual printing costs will vary, and you should check with your organizations about what printing facilities you have access to, how your organization manages this expense, and how it is billed/charged or may be allocated to internal/external funding sources. **Facilitator Guides and Implementation Guides:** Facilitators may wish to print a copy of the three facilitators guide, totaling approximately 200 pages, along with this implementation guide. The estimated printing cost is approximately $30 each. Two copies might be required if there are multiple facilitators or co-facilitators. **Attendance Forms and Group Progress Notes:** Group attendance forms and progress notes may be maintained as digital files. Should facilitators wish to print hard copies, allow for attendance forms for 39 lessons and for group progress notes per participant per lesson. Total printed pages are 507, for a total printing cost of $65.91. **Introductory Forms:** Forms will need to be provided to participants at the outset of the program and the beginning of phases, including intake forms, consent forms, and treatment syllabus. All forms will need to be completed for new participants; however, returning participants will not need to complete all forms at the beginning of each phase. Thus, printing needs will vary. We recommend allowing for 7–10 pages per participant annually. Estimating 7 pages per 12 participants comes to 84 pages, or a cost of $10.92 annually. **Lesson Handouts:** Lessons include handouts for distribution to participants. Over the 39 lessons in the three phases, some lessons require more printed handouts than others. A solid estimate is five pages of handouts per lesson. Assuming 12 participants in all 3 phases (39 lessons), the total number of printed pages is 2,340, costing $304.20 annually.

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7   Consideration for budget information: Estimates are based on the expectation of a large group of 12 participants, and printing costs will vary.

RESOURCE	DESCRIPTION/ESTIMATE
Office Supplies	**Binders or Folders for Participants:** Provide a binder to participants for each phase to use in storing handouts and notes. You will want to acquire 30–40 binders each year depending on the number of participants in your group's phases. Binders can be purchased in packs of 12 for $30. We recommend budgeting $100 annually for binders.
	Dry erase board/easels with large paper pads and markers: You will need a dry erase board or an easel that can display large pads or flip charts. Dry erase boards and easels range in cost from $20 to several hundred dollars depending on size and materials. Large pads with 50 sheets each can purchased for $25. Allow for $100 in paper pad costs.
	Pens and pencils
	Sticky notes: You can purchase 600 sticky notes for approximately $10. This should be enough for one year. You can also use index cards for this purpose.
	Small box: It is helpful to have a box for storing hard copy sticky notes from in-person meetings. Consider having the participants add the date to the sticky note so there is a record of when the feedback was received.
Smudging Materials	Sage, cedar, or sweetgrass; abalone shell; and lighter. A smudging kit can be purchased for $20. You will need to find or purchase additional sacred plant materials for burning over time.
Graduation Ceremonies	**Event Space:** You will need to reserve meeting space, such as a hall or small auditorium for each phase's graduation ceremony. The space would benefit from having a stage or space for a lectern and space for tables where participants can eat a meal. You may first check if your organization has access to such a space that you could reserve for free. If not, you will need to explore the cost in your local area.
	Catering: A meal is served as part of the graduation ceremony. We recommend allowing graduates to invite up to two guests. Graduation ceremonies might include approximately 30–40 persons. Budget for providing meals for this many people. You may wish to estimate $500-$1000 depending on the type of catering and the number of attendees expected.
	Gifts and Stipends: During the graduation ceremony for each phase, participants are gifted a smudge kit (or gift of your choice) and stipend as a token of appreciation for completing the phase. A basic smudge kit can be purchased for $20 including delivery. Other options are available depending on your budget. A stipend of cash or a gift card is a nice addition to support the participants. Depending on the program budget and funding availability, $25 or $50 would be appropriate. Prepare to hold three graduation ceremonies each year, one for each of the three phases. Recall that group sizes range 8–12 participants. Assuming the maximum of twelve participants for each of the three phases the annual cost of smudge kits or comparable gifts would be $720. The cost of also providing stipends in the form of cash or gift cards valued at $25 would be $900, again assuming twelve group participants for all three phases. With this discussion in mind, programs should budget for approximately $1,620 in total to provide gifts and stipends at the three graduation ceremonies each year.
	Honoria for Speakers: You may wish to budget to provide an honorarium for speakers or special guests.

RESOURCE	DESCRIPTION/ESTIMATE
Special Events, Activities, and Ceremonies	As part of your program, you may wish to hold offsite events, activities, and ceremonies, such as dips, harvesting trips, sweat lodges, and gatherings. Keep in mind that you may need to provide for food and transportation for participants and provide stipends or honoraria for singers, dancers, religious practitioners, and cultural experts.

Table 2. Average Cost Per Year

AREA OF COST	AVERAGE COST PER YEAR
Talking Circle Centerpiece	$50
Virtual Meeting Platform	$150
Printing of Training Materials	$60
Attendance Forms and Group Progress Notes	$65[8]
Introductory Forms	$11
Lesson Handouts	$305
Binders or Folders for Participants	$100
Dry erase board/easels with large paper pads	$100
Sticky Notes	$10
Smudging Materials	$25
Graduation Ceremony Activities[9] ($1620 for three phases x 3 cycles per year)	$4,860 per year
.5 FTE Clinician/Facilitator[10]	$36,000[11]
Total	**$41,736**

8 Printing estimates are based on an average group size of 12 participants per group.
9 This is based on the current spending rate and can be lessened by a different local practice. Additionally, the annual cost has been based on three phases occurring three times per year, totaling nine graduations per year.
10 The salary range is dependent upon the geographical area of the community and the skills and education of the clinician/facilitator, and this is an estimate for the purposes of planning of the financial needs of implementation only.
11 Considerations for cost should include the co-facilitator. If the co-facilitator is a therapy or other mental health professional, the community will need to double the expected salary amount for budgeting purposes. If the co-facilitator is not an employee, but serves as a mentee, additional hours for the facilitator should be added, allowing mentoring, debriefing, and preparation time as well as teaching facilitation skills.

Data Collection, Evaluation and Continuous Quality Improvement (CQI)

Introduction

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 in a manner consistent with IWOK requires gathering data from numerous sources, be they program participants and alumni, Elders, external reviewers, case management or other automated information systems, budgets, etc. Evaluation efforts designed through the lens of IWOK can lead to an empowering partnership with bi-directional learning opportunities. Evaluation efforts might address different aspects of a program, including:

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

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

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

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

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

The Yéil Koowú Shaawát program evaluation is summarized in a separate document and includes the findings of the evaluation work completed during the CNCFR timeframe. If another community wants to duplicate the evaluation steps that were completed, refer to the evaluation report for a full detailed understanding of the elements used in the development of the findings. It is important to note that some of the components of the evaluation have been built into the overall curriculum as they were found by the facilitator and participants to be helpful in ongoing feedback.

> " One woman at a time; it's not a headstrong, head-long, straight into making it "go big" across the globe. It starts with one woman; it's one woman, teaching, listening, sharing, pouring, supporting, another woman, who does the same for another and another in a circle; a sacred circle. Women in a courageous journey together. Traveling together on a path of self-exploration, self-examination, introspection. Looking through the lenses of their trauma to comprehend, understand, forgive, and accept their past, acknowledging and owing their own personal journey into self-determination; independence and freedom, to identify their newly discovered self's and change the future for their children.
>
> *–Amalia*

The community-based participatory evaluation Yéil Koowú Shaawát program was designed to focus on the strength of the cultural values and promotion of cultural resilience as a factor in healing from and preventing trauma. The evaluation research questions were grounded in the community and traditional values

of the Tlingit and Haida Tribes, inclusive of outcomes of interest and long-term goals.

Creation of Mind Maps

The Center used mind mapping with the Yéil Koowú Shaawát 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 outcomes of interest and programmatic expectations for the Yéil Koowú Shaawát program, 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.

Specific to the Yéil Koowú Shaawát program, mind mapping was used to explore the root of the program, and further understand the journey of the women through healing. To do this, and

in alignment with the steps noted above, a group of participants and facilitators were brought together to discuss key program elements. Information from a series of Talking Circles with current and past participants was used as a foundational set of information to assist in guiding the mind mapping process.

The purpose of the initial Talking Circles was to begin to build relationships and partnerships with the community through learning the stories of the participants and those committed to the journey of healing within the group. The focus also included learning about the growth and change through each phase of the process

Figure 2: Raven Tail Woman

and hearing from participants about how the program impacted them and those around them. Through a deeper understanding of what was challenging and difficult about the program from the participants who have taken the journey, we were able to collaboratively identify natural and seamless opportunities to gather information. The conversations were recorded with the permission of the participants and the words were transcribed, which led to the creation of the word cloud in the form of the Raven Tail Woman (see Figure 2). This process was important to identify the community vision and the expected as well as anticipated outcomes from the participants.

Center Team members facilitated a conversation to explore a deeper understanding of the program vision and the journey of change. Through the process of mind mapping, and facilitating conversations with participants and team members, the project team used prompts specific to the project to encourage a conversation and learn about the communities' definition of a strong Native woman, and how strong Native women would protect their children, grandchildren, and great grandchildren (see Figure 5).

The participants expressed their responses through art (see examples below) and tried to visually display the definitions they sought. Over six weeks of conversations, the group shared personal stories, experiences, and beliefs. The passion of the participants and the belief in the program became apparent, and it was through these moments of relationship building and connecting that the journey of healing was identified as defined by the community as Haa Shuká. This is a lived concept and centers on a connection and relationship to ancestral ways of being and knowing. It is a holistic expression of living in a good way. To take the expression further and ground it in Tlingit and Haida Southeastern Traditional Values, it is "being strong in mind, body, and spirit."

To exemplify what the restoration of Haa Shuká encompasses, the project evaluation includes the examples of cultural, intellectual, physical, spiritual, and emotional growth from the lived experience of women in group.

The group identified that when a person's Haa Shuká is shattered, they experience trauma. In Figure 3, participants worked together to create a visual display of their responses, which were later described in the full team meeting. The roots of the tree represent Haa Shuká and represents the ancestors. Though the tree has been cut, the roots are still in the ground and the stump has become a nurturing place. The little sapling represents the

Figure 3: Mind Mapping
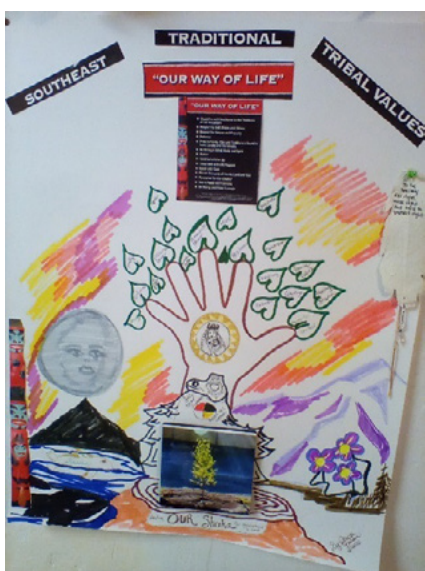
Figure 4: Mind Mapping

women who have been "cut down" and experience renewal and re-growth. As a people, Native people have been cut down and wiped out in genocide. The sapling represents hope and growth and the awakening and rebirth of the people. The community identified that the way they move from the stump to the sapling is through the teachings of the Yéil Koowú Shaawát program. Throughout the mind mapping process, it was clear that the community acknowledged the trauma to their people, and the impacts of colonization and, despite the decay and deterioration of the tree, water and sunlight as depicted in the image, the people managed to "get through the cracks" and nourish something to grow out of that through building cultural resilience. The strength of the community was present in the acknowledgement that despite the hurt, the culture and teachings of their people still survived and thrived. The development of the community vision continued and was shaped further as it was refined and connected to the Yéil Koowú Shaawát program (see Figure 4).

Using this process, it is recommended that prior to developing a plan for data collection and CQI, any community implementing the model take the time to replicate the mind mapping process as shared above. There are five primary 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?"). A picture, illustration, or other image is created 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 that is developed.

3. **Identifying Activation Words:** Once the picture is developed, the team identifies activation words. Activation words 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 are 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

> ## Figure 5: Suggestion of Mind-Mapping Prompts
>
> - What does a strong Native woman look like?
> - What do we hope to accomplish with our program and our community in the future?
> - What does success look like for our community?
> - When you think of restoring healing traditions what comes to mind
> - When you think of strong Native children and families what image comes to mind?
> - What future do you envision for children and families after using the curriculum?

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 is essential for any program. The facilitator and any co-facilitators support ongoing data collection through the continuation of the use and collection of the Sticky Notes, both electronically and in-person. Additional information is collected through the completion of attendance records, fidelity logs to document any shifts in lesson implementation, personal reflections activities, and organized Talking Circles.

Figure 6: Sticky Note Prompt

Please describe something you learned, felt, or took away from today's lesson.

- **Sticky Notes:** To get the best possible understanding of women's experiences in the group and their perception of the weekly lessons, facilitators conclude each lesson of each phase with a brief sticky note exercise. Facilitators provide a brief reminder to women that participation in the feedback is voluntary and further note that the responses will be saved for evaluation study purposes. If another community does not want to use the sticky notes for purposes of continued evaluation, it would be recommended that the facilitator consider using the information for CQI activities and means of supporting the clinicians in planning for and making any adjustments to the lessons to support the needs of the participants. In using the Sticky Notes, the facilitator must inform the participants how the information will be used in the group process (e.g., quality improvement, identifying specific needs of participants, understand how the lesson is impacting the participants). To conduct the Sticky Note exercise as currently built into the program, facilitators will end each meeting by asking the women to respond to a prompt (see Figure 6) in 2–3 minutes. If the meetings are in person, the facilitator will make sticky note paper available

for all participants. If the meetings are online via Zoom, the facilitator will ask the participants to add comments to the chat in response to the prompt. The facilitator will save the chat for a record of Sticky Note feedback from the meeting.

- **Personal Reflections and Meaning Making:** At the entry and exit of a phase, women are given an option to participate in the personal reflection activity. The women choose how they want to create and share their personal reflections in one of three formats (letter to self, photos, visual narrative). Following the completion of their reflection, meaning-making interviews are scheduled to learn more from the participant on how the personal reflection represented personal change through the healing journey. The exercise and interview provide a more in-depth understanding of cultural connectedness and restoration of cultural resilience and protective factors over time. These activities provided insight into women's developing resilience, particularly around decision-making skills, nonviolent communication skills, respect for self and others, stress-management strategies, and planning for and taking steps to realize a positive future.

Program Information System

The facilitator for the Yéil Koowú Shaawát program did not use or need a sophisticated information system for tracking information and attendance. Historically, the information was tracked manually and kept in the files of the facilitator. Throughout this project, opportunities existed to pull data on the number of allegations of abuse and neglect received by the Tribe. Additional review was conducted of the data to determine if the participants in the women's group had an active or past involvement with the child welfare system. This information was helpful in validating the change for the participants and creating success in the supporting healthy, resilient families grounded in traditional values.

As a result of the project, tracking of information through attendance logs has increased the details collected on participants and began the creation of a legacy and history of information that in the future, will be used to increase understanding in the participants who choose to repeat the process, and those who reach back out during various times in their lives when they need the support of the group.

Any community choosing to implement the program should develop a process for tracking information that includes information identified in the attendance and fidelity logs (see Appendix) to support the consistent replication of the project and gather information that can be used for CQI.

Fidelity Monitoring

Fidelity tracking is important to monitor the degree to which the program services are delivered as intended. As noted previously, fidelity logs have been created to be used with each lesson and group meeting to capture the process for each lesson. The fidelity logs (refer to the example in the appendix) include documentation of the core content components expected for the lesson, in addition to whether each of the core components were completed during the lesson. If the core components were not met, the facilitator needs to document why they were not completed and the plan for addressing the component completion. Additionally, the facilitator must document what, if any, adaptations were made to the lesson, including: activity timing, instructional methods, content, order of activities, cultural adaption, or other changes. This information is necessary to in order to ensure fidelity to the model if any adaptations were made. The fidelity log includes an area for challenges to be document and whether or not a cultural lesson or teaching opportunity existed within the lesson. The facilitator is also asked to document the level of engagement of the participants, ranging from very engaged to not engaged. All of this information will be useful in tracking the path of the model development and adaptation and understanding of where challenges exist.

Continuous Quality Improvement

Through the use of CQI, and the development of a community team focused on the project implementation and fidelity, the information gathered through the fidelity logs can be used as one source of data to present to the community team for consideration and problem solving where appropriate, to ensure the model continues to be replicated with fidelity, and community culture and values are consistent throughout any adaptations made. In the Yéil Koowú Shaawát program, to ensure a collaborative interpretation of the initial findings, TFYS formed an advisory group

called the Healing Village. The Healing Village is composed of recent alumni of the Yéil Koowú Shaawát curriculum, a local Tlingit Elder and knowledge bearer, TFYS facilitators, and the Center team members. Before meetings with the Healing Village, Center team and lead facilitator would identify initial findings of the implementation and outcome evaluations. To support ongoing CQI efforts in a newly implemented program, an advisory group such as the Healing Village, focused on program goals and outcomes, may be beneficial to communities to ensure fidelity to the replication of the program, and to understand any existing challenges in the implementation, providing sources of support and guidance to addressing challenges.

Lessons Learned

- **Plan for time:** The development and replication of the model will need staff time to ensure it is appropriately implemented and adequately staffed to meet the needs of the community. While people tend to have multiple roles, the position of the facilitator needs to be freed up as much as possible to focus on the development and implementation of the work. The work of the facilitator is intense, time consuming, and involves a lot of time to focus on the participants inside and outside of the group. While the current facilitator has implemented this program over 10 years while also having a separate full-time role, this has been challenging on a personal and professional level and can be taxing to the spirit and longevity of a facilitator to maintain this work for the long term, leading to the reality of burnout and secondary trauma.

- **Community Involvement:** The success and legacy of any community program is based on the involvement and commitment of the community to make it work. The development of the Healing Village as a guiding committee to the implementation and evaluation of the work has created a level of community support that is seen as critical to the legacy of the program, helping provide continuity through changes in staff and attrition of facilitators. The committee can help to carry the message, the vision, and the importance of the program to ensure its future success is not reliant upon one facilitator with a lot of passion.

- **Involve Participants:** The participants and recipients of the service are critical to the program's success. As the program builds and restores the cultural resilience and protective factors of the participants, this is a critical aspect of the legacy of the program. The participants have shared how they have taken what they have learned and shared it with their children, friends, families, and communities. Through the expansion of knowledge and healing and the empowerment of the participants through this process, the community can benefit from these participants who are ambassadors of healing continuing to spread the message and lessons learned. The women helped to define the data collection tools, the methods, and the process. Through listening to your participants, you will better understand how they are comfortable sharing information and the manner through which you will be able to hear the successes and challenges of the program, which, in turn, can lead to program improvements that benefit future participants.

- **Resources:** Have the resources available that your facilitators will need to support their growth, development, and support of their participants. The vision for this work was created over a period of many years while the author gathered and collected tools that were used and adapted. Ensure that the program fits within the community through adaptation and inclusion of ceremony, tradition, songs, and beliefs.

- **Funding:** While the program can be started and maintained on a small budget, one of the elements that brought participants together were the meals that were made and eaten before (and sometimes into the beginning of) each group. They were an opportunity to build relations and trust between participants and was a tradition for the group long before the current evaluation. During COVID, this was not a possibility, but the facilitator continued to use creative means of helping the participants through raffles of gift baskets, delivery of special meals, and special gifts recognizing the commitment. These gifts are a critical component of the program and the effects of them on ensuring the ability to share and support the participants should not be underestimated and should

be included in any budget planning for replication of the program. Additionally, funding is critical to ensure the ability to hire and maintain a facilitator skilled to manage and implement the curriculum. The amount of time needed for the facilitator equates to approximately half-time of an FTE. For this reason, consideration needs to be made to ensure that funding allows for the staff to manage the work within their normal work schedule and not be expected to occur outside of a full-time job. Lack of preparation and realistic expectations for the time commitment would likely lead to a high turnover rate in facilitators, and ultimately a lack of consistency for implementation.

Ongoing Program Implementation and Evaluation

The ongoing program implementation and evaluation is based on the groundwork completed during the initial implementation. Continuation of the program requires a commitment to the purpose and vision, engagement of the community, outreach and messaging with community partners and establishment and use of an advisory committee (e.g. Healing Village).

- **Commitment to the Purpose and Vision:** The facilitator serves a critical role of advocacy for the program while simultaneously protecting the confidential information and identity of the group participants. To support ongoing implementation and funding to maintain the program, the success of the program and the commitment to the community's purpose and vision need to be shared. The facilitator will work with Tribal leadership to develop a common purpose and vision for the program implementation within the community and revisit the purpose and vision on a regular basis to ensure the work continues to align with the expectations of leadership. In the Yéil Koowú Shaawát program, the facilitator worked with many levels of community leadership, through changes in staffing, management, and organizational structure, to ensure information was shared about the program and others had the opportunity to understand the purpose and vision.

- **Community Engagement and Community Partners:** Most Tribal communities would not have the funding needed to maintain a program for many years. As such, community engagement and outreach to partners is a critical part of ongoing program implementation. Through the creation of community partnerships and relations, other program and department leaders can better understand the purpose and vision and the available resource provided by the community. These relationships provide the opportunity to discuss shared funding, or fees for services when participants are referred from community partners. Through an absorption of the financial costs of the program in shared funding, the facilitator can be freed to focus on the individualized needs of the participants, rather than focus on the funding elements of the program. This provides the community the opportunity to create a self-sustaining model which continues to operate out of community partnerships and combined funding opportunities.

- **Establishment of an Advisory Committee:** The Yéil Koowú Shaawát program included the establishment of the Healing Village, an advisory committee initially designed to serve as representative of the community and participants to provide reflection on the evaluation findings and share in collaborative discussion about the framing of the evaluation and community story. The Healing Village is going to serve as a critical force in supporting the ongoing implementation and legacy of the program, providing the community input and voice to ensure the program continues long after attrition of the current facilitator and founder. The committee can serve a critical role in identifying ongoing plans for evaluation and data collection, in addition to CQI efforts to address issues that may arise and identify possible solutions to continue to improve the services for the community.

- **Data collection, Evaluation, and CQI:** Data collection has been discussed throughout the implementation plan, including details about the tools used in the process. For purposes of ongoing data collection, the community will need to determine if an evaluation component will be implemented, or if the data collected will be used for CQI, or both. The tools, including the fidelity log and attendance sheets, are built into the curriculum as methods of ongoing data collection. Additionally, the Sticky Notes, described above, have been incorporated into the curriculum and are a part of the ongoing implementation. As a part of the incorporation of these data collection methods, the program has established a means of having current data available for review in understanding the program implementation and adjusting as necessary through the process of CQI. If additional or more in-depth evaluation activities are planned, refer to the Evaluation Report for the Yéil Koowú Shaawát program for specific details on the evaluation of the implementation, the outcomes as identified by the community, and the program costs.

Program Sustainability Through the Development of a Legacy Plan

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

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

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

- **Succession Planning:** The Legacy Plan for the Yéil Koowú Shaawát program has identified the need to plan for the succession of the program beyond the current facilitator, and to begin focused on training and mentoring future facilitators to lead the group upon retirement of the program developer and current facilitator, Amalia Monreal. While she is the core to how the program came to be and how it currently is, she also has a vision that it will continue beyond her time at Tlingit and Haida and that the program will continue to impact children and families for many generations to come.

- **Standard Curriculum for Implementation:** For this reason, ensuring that there is a team approach to staffing and supporting the program is critical and Amalia has already initiated the training and mentoring of future facilitators. Additionally, the current version of the curriculum with specific lessons and steps will be used to train future facilitators in the community how to implement the program. The recipe has been written and ready for others to use.

- **Advisory Committee for CQI:** The Healing Village will not only serve as a means of an advisory committee on the implementation of the group in the future but will also serve as a key support for community engagement and sharing for the success of the program. Through the voices of the Elder and past participants in the group, healing can continue as they take their experience and share it with the community to increase understanding and awareness of the trauma experienced and the opportunities for healing. The group will continue to support the legacy of the program through the sharing of the story and the vision for the people of the community. The advisory committee can also be used to support the review of data collected and identify ways of strengthening the program and removing barriers for participation. Through CQI efforts, the committee can continue to grow the legacy and vision.

- **Sustainable Funding:** The facilitator is currently working with community members to spread the word on the impact of the program and the evaluation findings, which will serve to support future partnerships and possible funding opportunities through referrals for services. Currently the program has a partnership with the Tribal TANF office and can secure funds to support the direct funding needs of the program (noted above in the budget). The TANF funding is not a long-term funding source but has committed to the partnership for as long as the grant is available. In the interim, the facilitator is working on other sources, in addition to considerations of applying for Medicaid reimbursement for the participants in attendance.

Lessons Learned

- **Program Evaluation Window of Time:** The completion of a program evaluation included data collection over a short period of time due to the funding cycle of the cooperative agreement. To fully understand the experience of the participants and the impact on the intervention or prevention of child maltreatment, more time would be needed to collection information and dive deeply into the relationships of the participants with their children and the child welfare system. While the evaluation was robust, it was only able to cover three phases (one full cycle of the curriculum). Collection of information over a longer period of time would allow for more participants, and continued learning opportunities of how cultural resilience factors serve to protect and heal the trauma experienced by the participants.

- **Relationship Building and Cultural Humility:** Critical to the success of the implementation and ongoing evaluation was the development of a relationship between the Center team members, and the community project team members that has sustained for several years, through personal and professional triumphs and challenges. Through the development of trusting and consistent relationships, the evaluation and

partnership with the project team members in the community was rich and led to opportunities for bi-directional learning in addition to a collection of deep and cross-cutting findings of the programs impact on the lives of the participants and future generations.

- **Fidelity and Curriculum Refinements:** To support the replication of the curriculum in other communities, the facilitator and developer, Amalia Monreal, worked closely with the Center Team to capture her wisdom, the goals and outcomes for each lesson, the critical hand outs and resources, and the information needed for another facilitator to step in and replicate the work. While the materials are all present, the resources are listed, it is still important to understand that the curriculum lies within the heart of the originator, and only through years of experience, challenges, and successes, has she been able to share her wisdom. Through the process of refinement, the project team worked closely to understand the dynamics of each lesson, and specifically identify the materials. This work to document the curriculum in a uniform fashion for dissemination occurred simultaneously to the development of an evaluation plan and data collection. While both paths were critical to the success of the program, it would have been useful to have devoted time to establishing and refining the curriculum prior to initiating the evaluation. Through this process it was evident that there is a significant amount of effort needed to turn a practice or a curriculum into a model for replications.

- **Intersection of Services:** While limitations are addressed in various areas throughout the evaluation of the program and other documentation, it is important to emphasize that each of the women who participated in the program were also participants in other programs of healing, or the justice system. For example, participants were also noted to be working with a chemical dependency provider, or support group for sobriety. Additionally, many were in mental health therapy outside of group or were required through the child welfare system to engage in healthy parenting classes or even domestic violence education. For this reason, any evaluation of future work must take into consideration the potential impact of the interception of multiple helping sources, and whether or not the interaction of the various resources also supported the healing of the participants and in what way.

Resources

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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

Community Readiness Assessment

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

August 31, 2018

1

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.

4

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.

5

Why use the Community Readiness Model?

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

What should NOT be expected from the model?

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

Process for Using the Community Readiness Model

Prevention and Intervention in Child Maltreatment

➡ Define "Community"

➡ Conduct Key Respondent Interviews

➡ Score to Determine Readiness Level

➡ Develop Strategies/Conduct Workshops

➡ Create Community Change

6
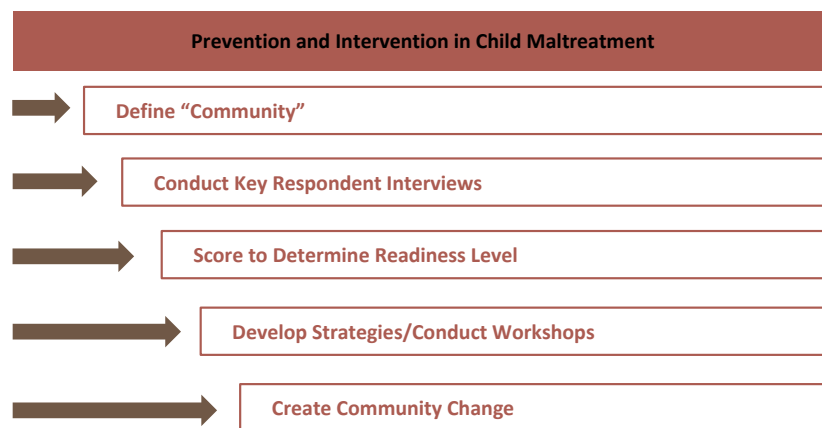
Step-by-Step Guide to Doing an Assessment

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.

7

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?

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

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?

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?

8

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.

9

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.

10

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.

11

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?

12

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)?

13

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

14

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.

15

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									

16

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:

17

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.

-

-

-

18

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.
-
-
-

19

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.
-
-
-

20

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.

-

-

-

21

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.

-

-

-

22

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.
-
-
-

23

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

24

-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;

25

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

26

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

27

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

28

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.

29

2 Community Readiness Assessment Interview Questions

Dimension A: Existing Community Efforts

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

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

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

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

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

6. How long have these services been available?

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

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

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

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

Dimension B: Community Knowledge About Prevention

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

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

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

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

Dimension C: Leadership

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

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

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

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

Dimension D: Community Climate

1. How would you describe our community?

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

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

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

Dimension E: Knowledge About the Problem

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

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

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

Dimension F: Resources for Prevention Efforts

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

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

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

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

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

3 Guided Evaluability Assessment Discussion Guide

Center for Native Child and Family Resilience

Native Solutions with Native Voices
Guided Evaluability Assessment Discussion Guide

How to use this discussion guide:

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

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

1

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- What could have/should have been done differently?

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

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

- How does your community prefer to collect information?

2

6. What kind of information tells you that the program is effective? How would you come to know if you're having a positive or desired impact?
• What would people say that would tell you if you were achieving the impact which you seek for the participants?
• What would the desired impact look like, and how would you know?
• Information sources: Where does that information come from?

o Who records that information and how?
     o What would participants say?
     o 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?
o 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?
o 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)?
o Does the Tribal council or other governing body review applications?
10. You've shared a lot about your community and the story of this program. In thinking about the future of your community and this program's place in it, how would you tell the story of its future in the community? Where do you envision your program heading?

3

4 Readiness and Evaluability Narrative Summary

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

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:

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

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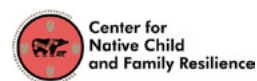
Pathway to Change: Your Road Map

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

Capacity Building
CENTER FOR TRIBES

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)

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Pathway to Change: Your Road Map

Change	Activity(ies)

Pathway to Change: Your Road Map

How We Know (Evaluation & CQI)

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

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

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

QUESTIONS TO CONSIDER:

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

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Pathway to Change: Your Road Map

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

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6 Pathway to Change Impact Model

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

What We Build

What We Know

How We Know

Who We Impact

What We Bring

What We Do

What We Change
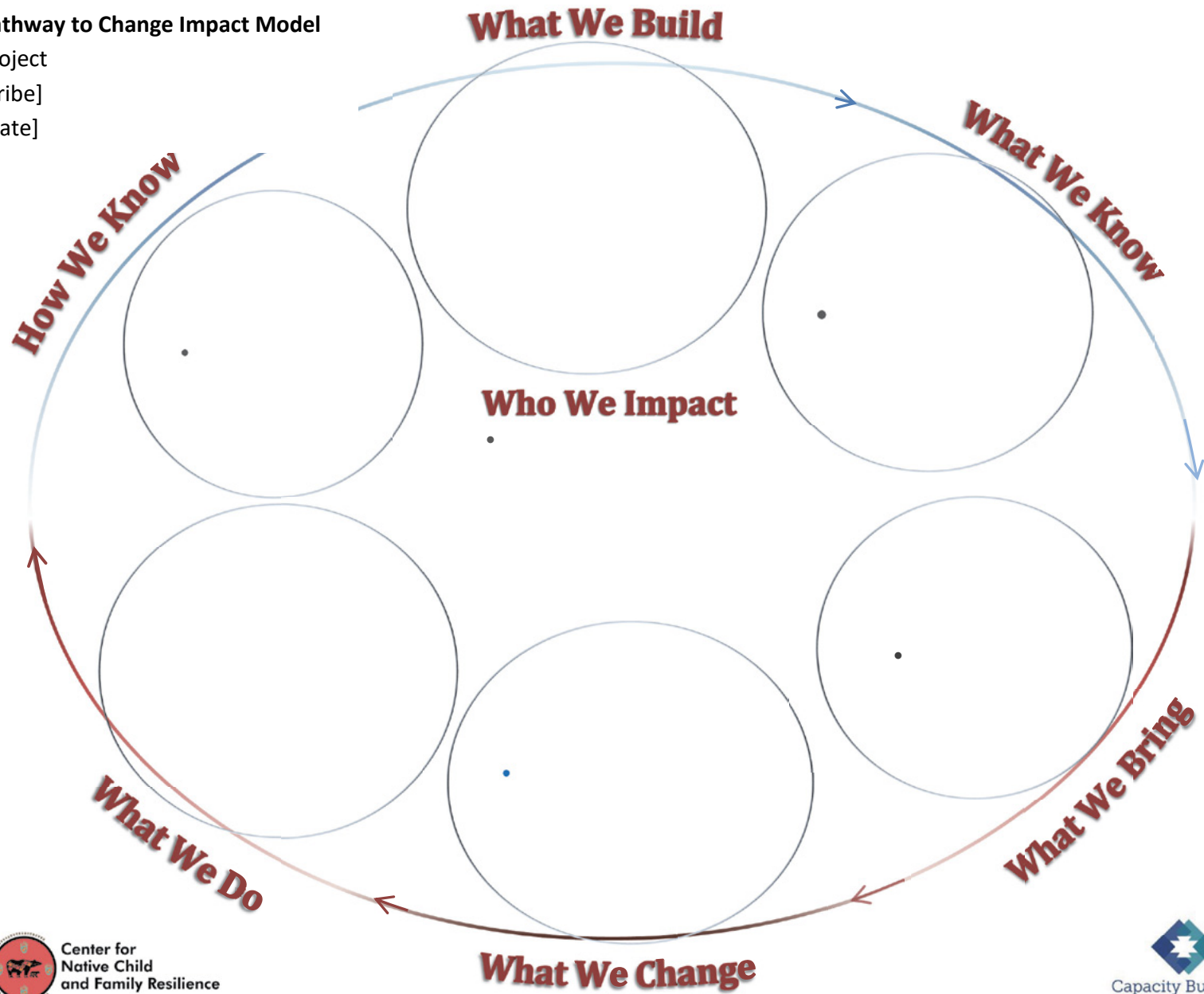
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Capacity Building
CENTER FOR TRIBES

7 Work Plan Template

Insert project or tribal logo here

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Children's
Bureau

[PROJECT NAME]

SECTION 1: PROJECT WORK PLAN

Proposed Project Summary

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

[TRIBAL ORGANIZATION]'s Project Site Team

[Enter the brief narrative in this area.]

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

Center for Native Child and Family Resilience Team

[Enter the brief narrative in this area.]

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

Work Plan Focus Area: Planning for Implementation

GOAL #1:			
DESIRED OUTCOMES			
Short-term:			
Long-term:			
Objective 1.1:			

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

Objective 1.2:

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

3

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

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

2

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

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

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

2. Developing Evaluation Questions

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

3

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

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

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

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

4

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.

5

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?

7

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.

8

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]*

Center for Native Child and Family Resilience   **PROJECT-DRIVEN EVALUATION PLANNING TOOL**

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]*

10

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.

11

9 Evaluation Plan Template

![Center for Native Child and Family Resilience logo]

[*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]*

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[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.

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

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

2. Information sources to tell the story of success

Table 4. Information sources and the evaluations they will inform

Information source	Implementation evaluation	Cost evaluation	Outcome evaluation

Our information sources will include:

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

Table 5. Outcome domains, information sources, and measures

Outcome domain	Information source(s)	Method of collecting information

3. Evaluation timeline and strategies to ensure success

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

Table 6. Evaluation activities and anticipated start and end dates

Activity	Person/Team responsible	Anticipated start date	Anticipated end date

3

10 Legacy Plan Guidance and Template

Legacy Planning Tool

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

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

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

Planning the Legacy

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

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

- How is culture integrated into the program?

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

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

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

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

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

  - ☐ Partnerships

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

  - ☐ Others? (describe)

- Who is the program designed to help and how?

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

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

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

Creating the Legacy

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

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

PROGRAM SUPPORT

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

Training

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

- What would be lost if training could not continue?

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

Fidelity Tracking Processes

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

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

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

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

Identification and Use of Data

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

- What program data should no longer be gathered?

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

3

Community Driven Evaluation

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

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

ORGANIZATIONAL SUPPORT

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

Program Management and Leadership-Succession

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

- Who will oversee this program on a permanent basis?

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

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

Community Partnerships

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

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

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

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

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?
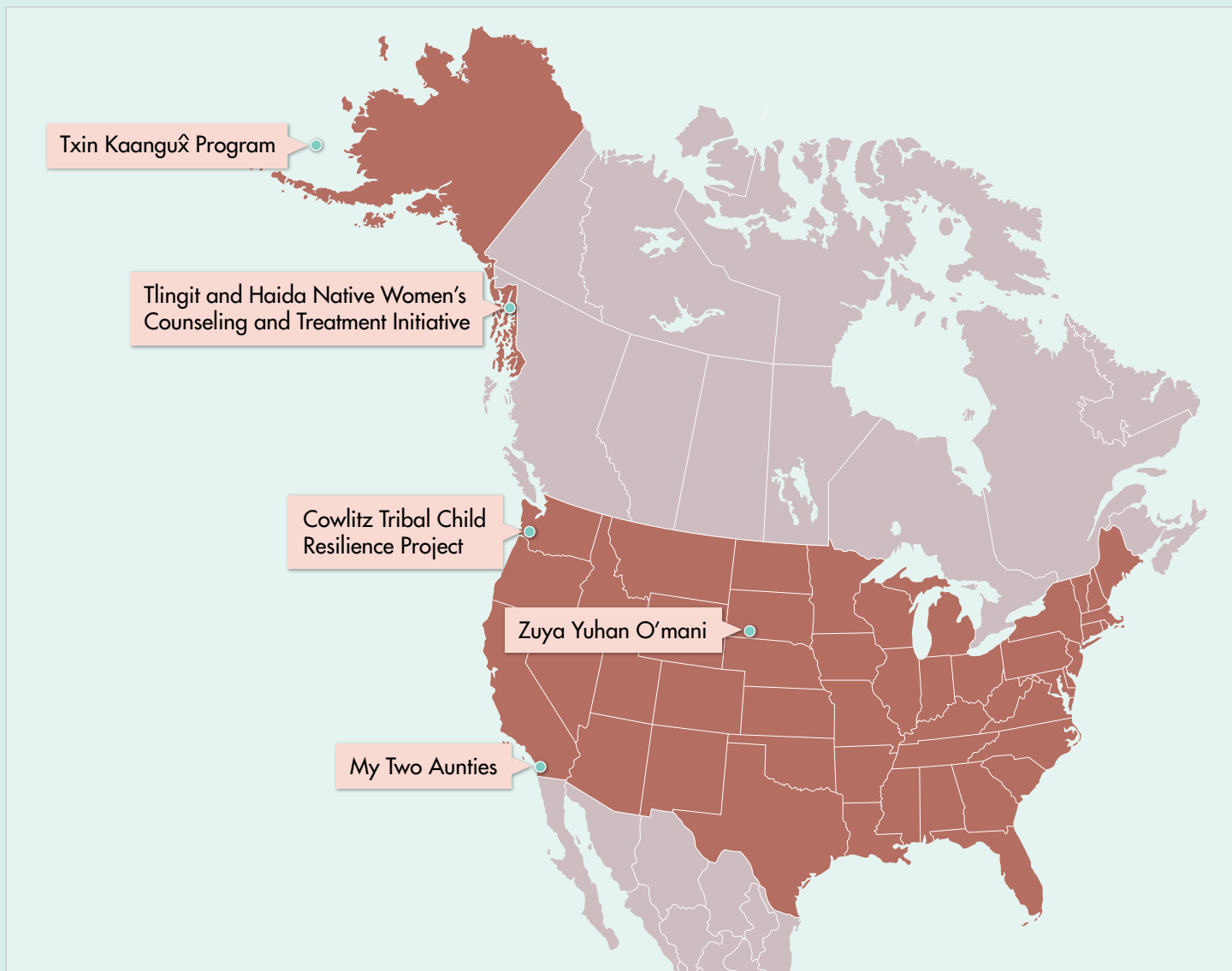
5

- 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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Txin Kaangux̂ Program

Tlingit and Haida Native Women's Counseling and Treatment Initiative

Cowlitz Tribal Child Resilience Project

Zuya Yuhan O'mani

My Two Aunties

Yéil Koowú Shaawát
Implementation Guide
2022