



My Two Aunties

Evaluation Report

2022



My Two Aunties



**Center for
Native Child
and Family Resilience**

Acknowledgements

The Center for Native Child and Family Resilience (CNCFR) includes staff from [JBS International, Inc. \(JBS\)](#), the [Tribal Law and Policy Institute \(TLPI\)](#), [Mathematica](#), and [L&M Policy Research \(L&M\)](#). The Center partnered with five project sites to design or refine, implement, and evaluate their child maltreatment prevention or intervention programs for AI/AN children and families. This document represents the work of:

My Two Aunties Program

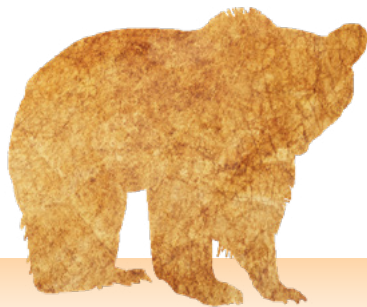
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Overview of Center for Native Child and Family Resilience Site Evaluations

The Children’s Bureau (CB) funded the [Center for Native Child and Family Resilience](#) (the Center) to gather and disseminate information about Tribally relevant practice models, interventions, and services that contribute substantively to child maltreatment prevention efforts and family resilience developed by and for American Indian and Alaska Native (AI/AN) populations. The Center includes staff from [JBS International, Inc.](#), the [Tribal Law and Policy Institute](#), [Mathematica](#), and [L&M Policy Research](#). The Center partnered with five project sites for four years (2019–2022) to design or refine, implement, and evaluate their child maltreatment prevention or intervention programs for AI/AN children and families.

This report is one of five descriptive evaluation reports presenting lessons and findings from the project-driven evaluations implemented by each project site. Each evaluation contributes to building evidence about how Tribally relevant practice models, interventions, and services contribute to child maltreatment prevention. Evaluations for four project sites included implementation, outcome, and cost components; one site implemented a developmental evaluation.

About the Center’s Evaluation Work

Evaluators—and their close relatives, researchers—are not popular in Indian Country. The field of evaluation draws heavily on research methodologies that can be considered invasive when imposed by outside funding agencies. The close connection between research and evaluation is problematic to many American Indian and Alaskan Natives whose Tribes and families have suffered from a long history of intrusive studies that, while building the reputations of anthropologists and other researchers, have brought little to Indian communities and have actually resulted many times in cultural exploitation and the loss of intellectual property rights. The unpopularity of research permeates Indigenous communities. (LaFrance & Nichols [2010], p. 14)

A central challenge for the Center has been to make good on its charge to help expand evidence for practices in Tribal child welfare without falling prey to the problems described by LaFrance and Nichols, above. We approached this work of making evaluation culturally congruent, relevant, respectful, and mutually valuable by centering elements of [Indigenous Ways of Knowing \(IWOK\)](#) identified by our Tribal advisory committee as critical when engaging with Tribal nations and Tribal programs:

- Respect Tribal Sovereignty
- Practice Reciprocity
- Engage in Relationship Building
- Seek Tribal Permissions¹

We designed an evaluation practice that balances numerous demands by weaving the best parts of Western-style evaluation, IWOK, and community-based participatory research together into a framework that enabled us to assist the projects, their Tribal participants, and community members to document processes, frame outcomes, and make sense of findings. Our role in this process was to collaborate with the projects, their participants, and Tribal community members to tell their story and facilitate sharing it with others as appropriate. We approached the work with humility appropriate for outsiders offering technical expertise and support with a culture different than our own.

Indigenous Ways of Knowing

In brief, IWOK refers to the epistemic norms, beliefs, and practices that Indigenous peoples have used since time immemorial. When entering an Indigenous community, evaluators must honor IWOK and learn about Tribal history, who the community knowledge keepers are, proper protocols about how and whom to engage in seeking permissions, and what knowledge can and cannot be shared; they must also demonstrate respect for local Tribal customs in ways that build upon and reinforce Indigenous

¹ For a discussion of the elements of IWOK identified by the committee, see <https://cnfr.jbsinternational.com/IWOK>.



notions of reciprocity, sovereignty, and relationship building among people and between people and the world.

An IWOK framework

recognizes the beautiful complexity and diversity of Indigenous ways of learning and teaching.... The intent of the phrase "Indigenous Ways of Knowing" is to help educate people about the vast variety of knowledge that exists within and across diverse Indigenous communities. It also signals that, as Indigenous Peoples, we don't just learn from human interaction and relationships. All elements of creation can teach us, from the plant and animal nations to the "objects" that many people consider to be inanimate.... Indigenous ways of knowing are incredibly sophisticated and complex. These ways relate to specific ecology in countless locations, so the practices, languages, and protocols of one Indigenous community may look very different from another. Yet, Indigenous ways of knowing are commonly steeped in a deep respect for the land, and the necessity of a reciprocal relationship with the land.

"Ways of Knowing," Office of Indigenous Initiatives, Queen's University. <https://www.queensu.ca/indigenous/ways-knowing/about>

Center staff, consultants, and Tribal project participants bring expertise and lived experience to project site programs implementation and evaluation. Each team's work was guided by IWOK to complement the wealth of knowledge, experience, and world-views of each project team. In working with community partners, we navigated important philosophical, methodological, and cultural boundaries. We came to this work with an understanding of the complex and damaging history of colonial imposition that continues to impact Indigenous people today and that Native people have long been subjected to research and evaluation that misrepresents cultural traditions, focuses on deficits or pathology, and causes harm to communities. Even when the research itself does not reinforce the effects of settler colonialism, it all too often involves an extractive, one-way relationship with evaluators who mine the community for information and leave without offering anything to the community in return.

As a result, an important part of Center work was to counter the dominant narrative and approach through intentional IWOK practices. With the help of our Indigenous community partners, we sought to decolonize evaluation and uplift Indigenous research methods. Over time and through active listening, trust building, authentic collaboration, and constant reflection, we built important relationships with our Indigenous community partners and, in return, were gifted with the stories of their programs and the people they serve. For more information about IWOK and its role in AI/AN child welfare program development and evaluation, see CNCFR's [Literature Review](#), [Environmental Scan](#), and [IWOK site](#).

Bi-Directional Learning in Evaluation

IWOK recognizes that emotional and spiritual experiences are important wells from which to gather knowledge, restore balance, and find guidance about how to live. For example, when gathering medicine for a ceremony, the act of gathering (including one's frame of mind) and what each plant or item "represents" all have meaning. The same can be said of dreams, visions, or certain important events, all of which are regarded as important founts from which to draw knowledge. The emphasis is less on cause and effect and more on how certain elements, events, and people connect in an ever-unfolding spiral through time and one's life journey. This way of learning and being incorporates the heart and not just the head.

The Center team entered its work with humility and the understanding that we, too, are learners and were willing to allow ourselves to be touched and changed by the process. We approached this evaluation much in the same way as the earlier description of gathering medicine; with a good heart, with a good mind, and with accountability and intention to honor the sacred stories that serve as the foundation of this report. As you will see in the following narrative, the Center's relationship to the program was not limited to conducting an evaluation. We worked intentionally with the Indigenous community and Tribal program, co-creating tools and resources to document their program's model and successes so that other AI/AN child welfare organizations could adapt and implement in their own Tribal settings.



Throughout the Center's team engagement with the My Two Aunties (M2A) program, we embraced the principles of bidirectional learning as we worked together to think through how our work could more equitably, collaboratively, and effectively center Indigenous perspectives and worldviews in the M2A programmatic, operational, and evaluative processes. At the heart of this collaboration was a two-way mentoring relationship that grew organically over the three-year evaluation period. This relationship involved supporting each other, learning from each other, opening each other's hearts and minds to others' knowledge and experiences, productively challenging each other's ideas, and acting as each other's translators, when needed.

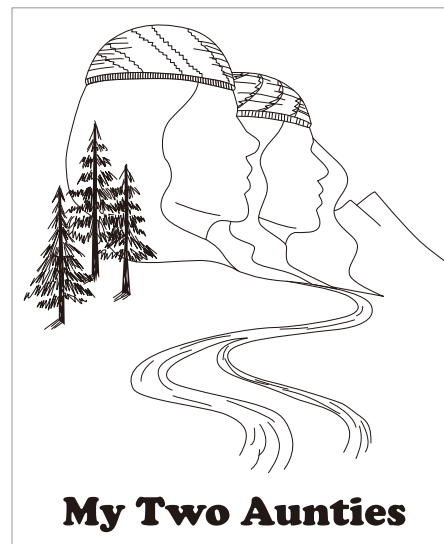
This report provides not only the outcomes but also the story of the evaluation process. It includes important first-person narrative to convey important moments, events, experiences, relationships, and processes that are essential to understanding the full context and weight of evaluation findings. It acknowledges how everyone who was a part of the experience was deeply touched and impacted by the experiences they shared with participants.



I. Portrait of the My Two Aunties Program and Community

The story of the M2A program is an expression of culturally guided family life skills development and can only be told by understanding the inherent cultural strength of American Indian and Alaska Native family ways. The program is based on a cornerstone of all Native traditions: family. It gets its name from a well-known role of aunties across Indian Country (Coser, Sullivan, and Espeleta, 2020; Sonoma County Indian Health Project, 2021). Aunties encourage and enforce family norms. They remind their families, especially their sibling's children, of the proper way to live a good life in balance and provide healing guidance when trauma occurs. They provide mentoring and coaching to build family strengths and an enduring legacy that honors ancestral teachings of what it means to be family. Their stories, passed on and gifted from Elders, are the medicines that teach listeners to be better people, families, and communities.

The goal of the M2A program is to prevent and intervene upon child maltreatment by restoring cultural family life skills and destigmatizing and decolonizing social services. The M2A program resists deeply engrained stereotypes that are rooted in settler colonialism and Western ways that position social workers as agents of a punitive system that can remove children from their families at will, enforced through the courts. M2A positions social workers in the role of community helpers, referred to as "Aunties." The program strengthens children and families by building protective factors through cultural resilience factors, which are needed to face the adversities of substance use disorder and child maltreatment. The Aunties provide family support by teaching cultural family life skills and values, revitalizing traditional child-rearing practices, addressing trauma and adverse childhood events, and supporting increased access to social services. Aunties create a bridge between families with children at risk of child maltreatment and access to wellness services in a culturally respectful manner of care.



Source: The My Two Aunties program

Organization and Tribal Community

The M2A program is housed within the Tribal Family Services (TFS) department at the Indian Health Council (IHC). The IHC is a healthcare consortium of nine federally recognized Tribes located in an 1,800-square mile service area in the northern part of San Diego County, California. It is located on the traditional homelands of the Rincon Band of Luiseño Indians, also known as the Payómkawichum people, in Valley Center, which encompasses a 5,000-acre reservation. In addition to the reservation-based population of over 5,000 individuals, IHC serves families who reside in other San Diego communities (Warner Springs, Julian, Borrego Springs, Fallbrook, Rancho Santa Fe, Palomar Mountain, Ranchita, San Luis Rey, Ramona, Valley Center, Pendleton, and Rainbow) and neighboring Riverside County, which encompasses the traditional lands of the Kumeyaay, Cahuilla, and Cupeño peoples. In addition to TFS, the IHC includes six other departments: medical, dental, pharmacy, behavioral health services, public health programs, and health promotion services.



The IHC is a well-known and respected community health clinic with decades of service to its community. The IHC has operated as a 501(c)(3) nonprofit organization since 1970, and it is the only community health clinic providing culturally competent programs and services to Tribal community members in the area, with a mission to “continually nurture a balance of physical, mental, emotional, and spiritual well-being.” The IHC promotes family strengths, strengths-based approaches to child welfare and family care, and the power of cultural traditions. The IHC also emphasizes community building and collaborative relationship building with the greater Native community to empower and nurture Native family wellness.

Program Staff

The M2A program is staffed by a Program Director, two Aunties, and a Case Manager (see Exhibit 1). Karan Kolb, the Social Services Director at the IHC, leads the TFS department and directs the M2A program. She has worked for IHC for nearly 30 years. She has deep roots in the community and has acquired vast clinical and cultural knowledge. Karan hires and trains M2A staff and facilitates communication and collaboration between TFS and other IHC departments, health boards, culture bearers, and community partners, such as organizations, schools, boards, and committees.

Under Karan’s leadership, TFS has revitalized the role of aunties in family wellness and child maltreatment prevention. Karan has a steadfast vision for the M2A program to revitalize traditional family lifeways. Karan expressed a desire to counter the dominant narrative on what social workers and Tribal Family Services do. Karan and her team see the M2A program as instrumental in demonstrating the power of a strengths based and indigenized approach to social services where expectant mothers and families view TFS, and IHC more broadly, as partners in wellness.

Exhibit 1. M2A Staff

NAME	M2A PROGRAM ROLE	INDIAN HEALTH COUNCIL POSITION
Karan Kolb	Program Director	Social Services Director
Lizzie Lycett	Auntie	Parent and Youth Advocate
Janai Reyes	Auntie	Case Manager/ Services Navigator
Angie Heredia	Case Manager	Child Welfare Services Child Abuse Prevention Case Manager

The two Aunties include a Parent and Youth Advocate and Case Manager/Services Navigator. They each conduct home visiting and case management and facilitate tailored service navigation with prenatal and post-partum mothers. Their services integrate trauma-informed care, parenting education, and the revitalization of traditional child rearing practices. They use two curricula, Family Spirit² and the M2A Cultural Family Life Skills Discussion Guide, to guide their work. Aunties prevent and reduce child maltreatment by bringing together cultural norms and standards of family safety with evidence-based home-visitation practices. As mentors, Aunties build upon the strengths of family legacies, patterns, and kinship traditions that have endured since time immemorial. They help to impart a sense of safety, courage, discipline, and love within families and the community.

The Child Welfare Services (CWS) Child Abuse Prevention Case Manager assists Native families by providing and referring to in-home parenting and child abuse prevention services, including M2A. The CWS Case Manager works closely with TFS Case Managers and San Diego County Health and Human Services Agency to provide information, resources, and referrals to prevent the breakup of Indian Families. As part of this work, the CWS

² Family Spirit is an evidence-based, culturally tailored home-visiting program of the Johns Hopkins Center for Indigenous Health to promote optimal health and wellbeing for parents and their children.

Case Manager partners with relevant authorities in investigations of abuse and neglect, works closely with all IHC departments in the clinic, and attends and contributes to the ICWA case staffing meetings, interacting with public health nurses, therapists, and other providers to share resources.

Program Description

The M2A program exemplifies the power of Tribal family ways to combat and heal unresolved grief from historical and inter-generational trauma caused by genocide, forced assimilation, and federal Indian policies. While working with the Center, the M2A program was solidifying the program model and increasing awareness of the program in the community. To crystallize the program, community family advocates, knowledge bearers, and service providers came together to rethink past family strengthening efforts and develop a new vision of culturally specific ways of family wellness of the Luiseño, Kumeyaay, Cahuilla, and Cupeño people. This new vision involved building upon existing home visiting programs and incorporating the traditional role of aunties as mentors and cultural guides of children. It involved grounding the M2A program in cultural foundations, including:

- Family resilience
- Honor
- Respect for Elders
- Family as a part of community
- Children as gifts of responsibility that demand great care, thought, and attention

The program also needed to go beyond a focus on standard family strengthening outcomes (for example, skills in family functioning, parenting, coping, and well-being) to outcomes that demonstrated cultural strengths:

- Cultural identity, ethnic pride, and sense of belonging
- Connection with cultural resources and family, friends, and community support
- Cultural family life skills
- Cultural resilience

The program serves all families in the community because culturally relevant services are universally important for preventing child maltreatment. The program may serve families who are walk-ins at IHC that voluntarily seek assistance. However, during the project period, the program mainly served at-risk expectant and post-partum mothers who were referred to the program based on one of the following risk criteria:

- A. Families with children under age 4 who are at high risk of child removal or have had a child removed with a court-ordered intervention to receive the evidence-based program, Family Spirit³
- B. Families that receive child welfare services or Tribal Wellness Court referrals but do not have a child removal, with no court-ordered intervention to receive the evidence-based program, Family Spirit
- C. Pregnant mothers at high risk because of a diagnosed substance abuse disorder, positive urine screen, or other high-risk factors, such as multiple birth or special medical needs

At-risk mothers may be referred to the program from the Indian Child Welfare Act (ICWA) program, Child Welfare Services, the interdepartmental case management team, or the Comprehensive Perinatal Services Program for pregnant women.

Program Components

1. To achieve the vision of connecting families and children to community family services in authentic and meaningful ways, the M2A program tailors service navigation for mothers and provides holistic and culturally driven case management services.
2. To achieve the vision of revitalizing and instilling traditional healthy family life ways, the M2A program utilizes two curricula—the evidence-based Family Spirit Curriculum and the M2A Cultural Family Life Skills Discussion Guide that was developed during the CNCFR project period.

³ The Family Spirit home visiting curriculum includes lessons on prenatal care, infant care, child development, toddler care, life skills, and healthy living.



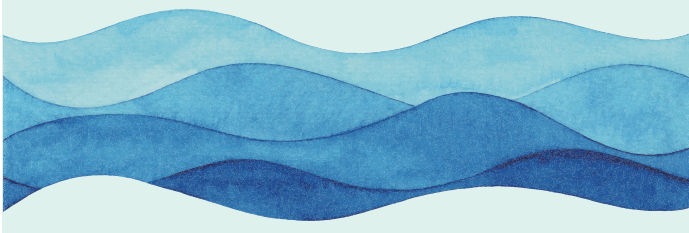
3. To instill a common understanding that family services and Aunties are for everyone in the community, the M2A program conducts advocacy and outreach within IHC and the broader community.

Below are the corresponding core components of the M2A program and connection between each component to the story of the Three Sisters, an allegory for the program's goals (see Exhibit 2).

Exhibit 2. The Story of the Three Sisters

THE STORY OF THE THREE SISTERS

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



Component 1: Tailored service navigation and holistic and culturally driven case management

Like the sister who jumps in the river and saves the babies, the M2A program delivers tertiary prevention services—tailored service navigation and holistic and culturally driven case management—to reduce the negative consequences of the maltreatment and to prevent its recurrence.

With support from other IHC staff, the Aunties facilitate tailored service navigation and holistic, culturally driven case management to support and strengthen families, enhance their ability to access existing services, and promote positive interactions among family members. Aunties, like the second sister, create a safer environment for children. They recognize that the family and children are not able to reach out for access, orchestrate their own system of care, and understand the sense of urgency and need for solutions. They embody a change to the system of care to meet the immediate needs of a family.

The program takes a “no wrong door” approach to providing services; clients are connected to an array of holistic, culturally grounded programs and services that span from acupuncture and nutrition education counseling services to domestic violence prevention and physical exercise programs. The team works to improve internal referral processes and streamline service navigation, thereby bolstering all social services offered through IHC. Referrals into the program come primarily from word of mouth, self-referral, and referrals from other IHC departments.

Component 2: Cultural teachings and family ways within the M2A Cultural Family Life Skills Discussion Guide and Family Spirit curriculum

Like the sister who teaches the babies who are already in the water to float on their backs and doggie paddle, the M2A program delivers secondary prevention services—cultural teachings and family ways—to prevent child maltreatment, particularly among families at high risk due to poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities.

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

M2A Cultural Family Life Skills Discussion Guide

The M2A Cultural Family Life Skills Discussion Guide (referred to internally as the “IWOK curriculum”) and the associated M2A Facilitator’s Guide were developed in partnership with the Center team as a part of the project. Aunties began to implement M2A

Cultural Family Life Skills Discussion Guide lessons at the end of the evaluation period. The guide is grounded in local stories and traditions, including traditional child rearing practices. It is organized by lessons that correspond to the developmental phases of a great oak tree: Acorn Lessons, Roots of Tradition Lessons, Developing Tree Lessons, and Mighty Oak Lessons. The guide consists of 45 individual lesson plans, each focused on a particular cultural value (including respect, humility, resilience, balance, traditional foods, and kindness). Each developmental phase has roughly 10–12 lessons and each lesson has associated traditional stories and ways that Aunties share with families. The lessons incorporate Payómkawichum (Luiseño) and other local Tribal stories, cultural activities, games, sports, songs, dances, and plant education. The Aunties use the guide during virtual or in-person home visits. The duration of service delivery is contingent on family needs; however, Aunties aim to work with families for a minimum of one year. Use of the M2A Cultural Family Life Skills Discussion Guide is voluntary and designed for parents who would like to maintain or enhance their culturally family life skills, regardless of risk of child maltreatment. The teachings of the guide contribute towards cultural revitalization in the community. As described by TFS staff, this method of “cultural maintenance” is imperative to ensuring healthy families stay free from child maltreatment.

Family Spirit Curriculum

During the project period, mothers who were receiving M2A program visits received the Family Spirit curriculum as well. The Family Spirit curriculum is an evidence-based home visiting program developed by and for Native communities that focuses on effective parenting, coping and problem-solving skills, maternal and child behavior, and emotional outcomes. Family Spirit consists of 63 lessons in six domains: (1) prenatal care, (2) infant care, (3) child development, (4) toddler care, (5) life skills, and (6) healthy living. Family Spirit is usually implemented sequentially over 52 home visits and is typically delivered to families who are court-ordered to receive an evidence-based program, although some mothers voluntarily participate.



Component 3: Advocacy and outreach to the community and educational inreach to IHC departments

Like the sister who goes upstream to find out why babies are falling in the river, the M2A program delivers primary prevention services—advocacy and outreach in the community—to stop maltreatment before it occurs.

Advocacy, outreach, and inreach involve raising awareness of the public, service providers (internal and external to IHC), and decision-makers about the scope and problems associated with child maltreatment and the services offered by M2A. These efforts counteract the stigma that has surrounded social services in the community and shrouds problems in secrecy, resulting in underreported instances of child abuse and neglect as well as the conditions that exacerbate these tragedies.

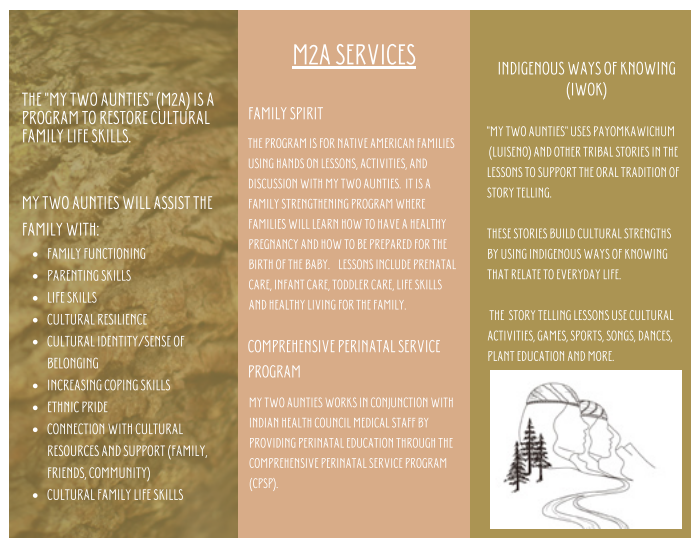
Additionally, these efforts break down silos between social services entities. The program unites organizational partners to provide an integrated, holistic, and culturally driven approach to care. TFS staff and other IHC staff from the behavioral health, medical, and public health departments form an interdepartmental case management team to reduce internal departmental silos.

Like the third sister, Karan and her partners at IHC and in the community understand how the community came to this place of endangerment, the loss of a protective community that led children to fall into the water in the first place. They understand that they need to coordinate a response to address risk that contributes to or causes family trauma.

During the project period, the COVID-19 pandemic slowed in-person community outreach, but social media outreach to the community continued. When it was safe to do so, Aunties continued in-person outreach efforts, which included setting up an M2A promotional table at local community events, like a recent Feeding San Diego event, where Aunties were able to connect directly with community members about the program. At these events, Aunties share M2A pamphlets and information packets while providing education and incentives to families (see Exhibit 3).

Similarly, M2A staff made internal efforts to raise awareness of the new model, which involved Aunties building relationships across departments and integrating processes so service providers are aware of the M2A program and what it offers to families. For example, the Aunties made presentations to interdepartmental staff on the M2A model and associated services to increase and streamline referral processes.

Exhibit 3. M2A Promotional Pamphlet



II. My Two Aunties Project Activities

The evaluation was conducted within the broader goals of the partnership between IHC and the Center. While working with the Center, the M2A program was solidifying the program model and increasing awareness of the program in the community. As a result, the evaluation was conducted while aspects of the M2A program model were being finalized. More specifically, the M2A Cultural Family Life Skills Discussion Guide, M2A Facilitator’s Guide, and M2A Word Cloud Personal Reflection Tool were in development during the evaluation period.

Aunties implemented the Family Spirit curriculum throughout the evaluation period and began to implement M2A Cultural Family Life Skills Discussion Guide lessons at the end of the evaluation period. However, notwithstanding the ongoing development of the M2A Cultural Family Life Skills Discussion Guide, the scope of the evaluation does examine all three of the previously mentioned components of the model:

1. Tailored service navigation and holistic and culturally driven case management
2. Cultural teachings and family ways within the M2A Cultural Family Life Skills Discussion Guide and Family Spirit curriculum
3. Advocacy and outreach to the community and educational in-reach to IHC departments

Project Team

The project team included three M2A program staff (Karan and the Aunties), six Center team members (Center lead, evaluation lead, three Center staff, and Indigenous evaluation consultant, Dr. Joan LaFrance), and two local consultants who informed the development of the program model, Dr. Shelbi Nahwilet Meissner and Ami Admire. Dr. Joan LaFrance is a member of the Turtle Mountain Band of Chippewa and an expert in Tribally driven community based participatory evaluations and working with Tribal communities. Dr. Meissner, of Luiseño and Cupeño descent, is an expert on Indigenous research methodologies, language, curriculum design, and social justice education. Ami Admire, from the Rincon Reservation, is a local knowledge

bearer, activist, and expert in Payómkawichum language, culture, and history.

Key Project Activities

The project team used in-person visits, training, and ongoing project calls to collaborate on project activities. Exhibit 4 presents key collaborative project milestones, beginning with a community readiness and evaluability assessment in March 2019. This in-person visit, as well as subsequent visits and activities described in detail below, were indispensable to building relationships between IHC and the Center team. The partnership continued through September 2022.

Exhibit 4. Early project milestones and timelines

MILESTONE	TIMELINE
Visit 1. Center team travels to IHC for the community readiness and evaluability assessment	March 2019
Established teaming agreement	August 2019
Visit 2. Center team travels to IHC to work on the Pathway to Change	September 2019
Developed a work plan	September 2019 to January 2020
Ongoing videoconference calls	February 2020 to May 2022
Visit 3. Center team travels to IHC to develop the program model; local knowledge bearer joins the project team	February 2020
Local expert joined the project team	March 2020
CNCFR Indigenous evaluation consultant joined the Center team	July 2020



Community readiness and evaluability assessment (in-person visit 1)

The Center team landed in San Diego for the first time in March 2019, journeying to outlying areas of San Diego County. They made their way up and down serpentine roads away from the city, through beautiful mountain passes with citrus and avocado groves lining the foothills and valleys below until reaching rural Valley Center and the IHC.

The Center team was greeted by Karan Kolb, who hosted the visit at IHC. Together with the Center team's lead, Art Martinez, Karan facilitated the visit for IHC leadership, IHC interdepartmental staff, Tribal leaders, and knowledge bearers. The Center team's goals for the visit were simple: listen, better understand the vision that Karan and IHC shared in their application, and set a path for "good relations."⁴

Spending time face to face helped the Center team to begin to understand the community, its people, its cultures, its strengths, its history, and the context in which the program model would be implemented and evaluated. The community welcomed Center team members, and shared stories of the people, the struggles facing families, and the belief they had in the M2A program's ability to make a difference.

The Center team used a guided storytelling tool to better understand and assess the evaluability of the program.⁵ The storytelling methodology respected the oral tradition⁶ and enabled the community to talk about their proposed program in their own words and in their own way. For example, the conversation started by simply inviting IHC to talk about their community and the story of their program. This approach honored the centrality of the community's role and acknowledged their understanding and knowledge of their own history and needs. The result was a deep

⁴ When working with Tribal communities it is important to start relationships in a good way by visiting in person, showing humility as guests by listening to and learning from community members, and establishing reciprocal values that honor all involved before any formal work begins.

⁵ Appendix A includes a copy of "Native Solutions with Native Voices, Guided Storytelling Framework," which is the Community Readiness and Evaluability Assessment that the Center developed in collaboration with the Indigenous Ways of Knowing Workgroup.

⁶ Oral traditions are the means by which knowledge and tradition is reproduced, preserved, and conveyed from generation to generation among American Indian and Alaska Native peoples.

and encompassing visit that not only built a strong foundation in culturally responsive, participatory, trust-building processes but also helped all involved take stock of key cultural and contextual programmatic inputs, activities, and outcomes.

The visit unpacked a vision for how IHC and TFS might destigmatize and decolonize social services and empower families through the work of Aunties. The visit also yielded rich context regarding M2A program outcomes of interest. Karan and other staff shared a need for developing strengths-based indicators to gauge programmatic success. For example, in addition to identifying and removing negative behaviors or influences, the Center team was encouraged to highlight the positive gifts and blessings the Aunties leave with families. The visit further revealed organizational strengths. The Center team learned about existing family strengthening efforts (for example, American Indian Infant Health Initiative and Family Spirit) and saw how IHC staff and departments are eager to collaborate, reduce silos, and streamline efforts to connect families to resources like M2A.

Project teaming agreement

In the days that followed the visit, the Center team and IHC established a teaming agreement.⁷ The teaming agreement inaugurated the "project team," the partnership between CNCFR and IHC. The agreement stated the Center's commitment to honoring the principles of data sovereignty and Tribally driven participatory research and evaluation. As part of this process, Karan consulted with IHC leadership about the proposed project to collaborate on defining and implementing the M2A program and engaging in a community-based participatory evaluation of the project with an eye toward long term sustainability.

Pathway to Change and project work plan (in-person visit 2)

The Center team returned for an onsite visit to develop a Pathway to Change with the community, an Indigenous approach to creating logic models.⁸ The Pathway to Change provided a platform

⁷ Appendix B includes a copy of the teaming agreement between the Center and IHC.

⁸ The process was created by the Children's Bureau-funded Capacity Building Center for Tribes and adapted for the work within the Center. See Appendix C for a copy of the Pathway to Change model.

for creating an action plan and steps for the project. The action plan included the building blocks of the work plan, with specific objectives, activities, roles, and responsibilities for team members to implement and support the workplan goals of developing, implementing, evaluating, and sustaining the program.

During this visit, the project team met for two days where they toured the clinic facilities and shared meals. Karan introduced the Center team to other IHC staff. The project team spent informal time together sharing stories and laughs while also learning more about the strengths of the community and hopes for M2A program success. An important part of participatory work with Native communities is establishing trusting relationships beyond the context of formal interactions; this helped the project team build a sense of community and created bidirectional comfort in sharing knowledge and ideas. Because the M2A program model was not fully developed, the project team formulated concrete strategies for M2A program development and who to involve, including local knowledge bearers and Indigenous consultants. The project team brainstormed key attributes of the model and training needs. They also developed a theory of change with long-term goals (Vision of Success) and associated child safety outcomes and activities. They ended the visit with a nearly complete Pathway to Change that included a strong vision of success for the M2A program model, one that embraces the wisdom and guidance of Tribal Elders, cultural leaders, and traditionalists of the Luiseño, Kumeyaay, Cahuilla, and Cupeño communities. Before departing, the project team established communication norms and preferences and set a regular weekly check-in to continue model development and evaluation planning. In the weeks that followed the visit, the Center team finalized a work plan.

M2A program model development (in-person visit 3)

A two-day in-person visit helped the project team to develop the M2A program model and think about the program's legacy. The project team worked on the M2A Cultural Family Life Skills Discussion Guide, clarifying that one goal of the guide was to fill an important local cultural gap in the Family Spirit curriculum and

refining areas of cultural resilience for the M2A program model. The project team drafted lesson templates, organized teachings about family cultural strength building, and identified stories and takeaways. These discussions provided important guideposts for ongoing conversations about replicability, sustainability, fidelity, and outcomes of interest associated with the evaluation.

The visit was grounded in local IWOK. Ami shared important local histories and contemporary lifeways that inform the M2A program model and the work of the Aunties. This sharing benefited all members of the project team. Ami shared stories and spoke about the importance and power of ceremony and culturally based teachings. For example, she described the sunrise ceremony, where one wakes with the sun and makes an offering while thinking about the person one wants to be that day. Karan and Ami talked about important family traditions like the celebration of a child's first tooth falling out or how, when a baby laughs for the first time, the person that made the baby laugh becomes an important lifelong guide to the child. The project team also learned about how the community comes together to take on important traditional roles when mourning the loss of a community member. They learned about the importance of hope and how ancestors had a deep and abiding hope in future generations to create new family traditions and celebrate the things that are meaningful to families.

Ribbon ceremony. During the visit, the project team also learned about the importance of vulnerability, humility, and common humanity. The project team engaged in a ribbon ceremony, whereby the project team entered a circle of trust. Everyone in the circle demonstrated vulnerability and trust through sharing very personal feelings and stories about the people invited into the circle. Everyone shared tears and laughter together, and whether a Center team member or IHC staff member, Native or non-Native, felt a common sense of humanity and the ability to develop trust for one another.

During the ceremony, each person was asked to invite two loved ones or ancestors into the circle and ask for their protection and guidance during the project team's continued work together.



One at a time, each person called upon two loved ones or ancestors, and explained how they were important in his or her life and why they wanted them to join in the circle. As each person called someone into the circle, they tied two ribbons together representing each person. The tying of the ribbon signifies the bond among team members to their spirits, ancestors, or loved ones who joined the circle. Each team member in turn, shared and tied their ribbons in the same way, until finally the last ends of the ribbons were joined together forming a sacred circle. The ceremony helped the project team members to understand common lived experiences and provided an opportunity to honor the people they carry with them on this journey.

The visit ended with a prayer and a traditional Kumeyaay song—and a team galvanized in the development of an evaluation grounded in local IWOK.

Ongoing videoconference calls

The project team dedicated weekly meetings to M2A Cultural Family Life Skills Discussion Guide development, evaluation, and check-ins. Each meeting served important purposes relative to the project as well as opportunities to check in on how team members were doing as people. The project team used the meetings to support one another, and when the occasion called for it, team members joked and laughed. Humor and laughter are common elements of working in Tribal settings and were also a regular part of meetings. Laughter is considered a healing medicine and an expression of joy—the Creator wants us to live a good life. The project team also used the time to understand what challenges might be happening in the community that require pulling back from collaborating on certain pieces of the program model development or evaluation so Karan or the Aunties could focus their full attention on their primary roles as community helpers. This was especially important during the pandemic when wave after wave of illness swept across the IHC service area. The meetings were also a time to celebrate successes, like an Auntie graduating from a degree program or getting married. The project team heard about the powerful work of the Aunties and the breakthroughs and tragedies families experienced along the way. Project team members shared opportunities and ideas to extend this work beyond IHC and brainstormed ideas on how

best to handle implementing the model and evaluation virtually and troubleshooting scheduling difficulties or outstanding work products. One Auntie described how check-ins were essential for troubleshooting and data collection support:

“Having these meetings and having the guidance, even the community of practice meetings, assisted in opening windows, opening knowledge, and clearing up some of our concerns.”

M2A program and evaluation virtual training

The Center team, Ami, and Shelbi planned and facilitated an intensive training for M2A program staff. The purpose of the training was to support staff implementation of the program and prepare them for the evaluation. The training took place each Monday, Wednesday, and Friday for two weeks to minimize disruptions to work duties. The preparation was a time- and labor-intensive investment but resulted in a transformative and meaningful impact for the entire M2A team. The time spent together further galvanized the team toward a common purpose. Karan appreciated the approach to training and the development of training documents:

“I think the training we did was so valuable, not only for the Aunties but also for my entire staff. We don’t get that kind of training.... We do it, but it’s not documented. And for our world that we live in, if it’s not documented, it doesn’t come true or it’s not valued.... And you guys [Center team] have taught me that, especially the sustainability plan and planning for succession for myself, so everything we’ve built doesn’t just go away. And having a living document that we can share is important.”

Each day of the training included at least one learning module on Southern California histories and experiences with colonization, genocide, and their effects on Native families as well as

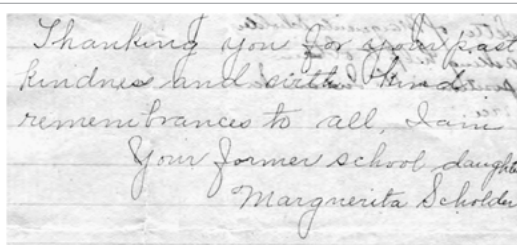


persistence, survivance, and enduring community strengths (see Exhibit 5). This aspect of the training was universally praised, especially by the Aunties, who were able to listen to the history and understand it as a living history inherently connected to their work with families. Attendees also found the last day of the training helpful, which examined experiences and perceptions of evaluation. The Center team facilitated two basic poll questions that generated a word cloud with the most common responses generating the largest words. Responses were a powerful reminder of the enduring perception of research and evaluation as a Western imposition. However, they were also an important reminder on what evaluation should be (see Exhibit 6).

Exhibit 5. Examples of training content on manifestations of historical trauma and generational impacts on Southern California Native families

20th Century Colonization Pt. I: Impacts on chamkiyam//our families

- Carlisle Boarding School
<http://carlisleindian.dickinson.edu>; "mission nation"
- Cupeño Marched to Pala 1902
- Mission Indian Federation 1919
- Indian Reorganization Act 1934
- BIA Relocation 1940s-1950s
- California Dams//Water Wars 1950s
- Termination 1950s
- Public Law 280 1953



Source: Shelbi Nahwilet Meissner

There are stories, and stories...
 There are the songs, also,
 that are taught.
 Some are whimsical.
 Some are very intense.
 Some are documentary...
 Everything I have known is
 through teachings, by
 word of mouth,
 either by song or by legends.
 -Terrance Honvantewa, Hopi



Image source: Ami Admire



III. Planning and Implementing the My Two Aunties Program Evaluation

The project team gathered information to understand how the M2A program helps to restore and destigmatize traditional social services within IHC (program implementation), how families participating in the program experience strengthened cultural family life skills (program outcomes), and the level of effort to deliver the program (program cost). In addition, the evaluation included the development and use of a new continuous quality improvement (CQI) tool for services (M2A Word Cloud Personal Reflection Tool). To arrive at this information gathering approach, the project team used a collaborative and participatory process that was governed by the M2A team and supported by the Center team. Several evaluation activities guided collaboration on the evaluation (see Exhibit 7).

This process included developing culturally grounded and Tribally driven research questions, methodologies, and instruments. Evaluation planning and implementation were grounded in IWOK and sought to honor Indigenous ways of communication, incorporate cultural values, and integrate traditional knowledge gathering passed down through generations. To this end, the project team engaged with community members; sought the wisdom of Elders; participated in the oral tradition, storytelling, and ceremonies; and committed to keeping community values and context at the center of the work. The Center team conducted informal interviews with the M2A director and two Aunties to reflect on the lessons learned from planning and implementing the evaluation. These reflections are woven in throughout.

Exhibit 7. Evaluation milestones and timeline

MILESTONE	TIMELINE
Evaluation plan development	February 2020 to November 2020
Mind mapping sessions	June to July 2020
CNCFR Indigenous evaluation consultant joined the Center team	July 2020
Tribal Institutional Review Board (IRB) outreach	November 2020
Instrument development	February to December 2021
Non-Tribal IRB package development and clearance	March and December 2021
Virtual staff training on data collection procedures	March 2021
Information gathering	April 2021 to January 2022
Workshop on community engagement in evaluation	July 2021
Evaluation analysis and reporting	January to August 2022

A. Development of Research Questions

Formulating and aligning research questions with outcomes grounded by local IWOK was a challenge at first. The Center team drafted research questions and possible methods to address them based on information gathered during in-person visits and ongoing weekly meetings. The Center team used a community-driven evaluation planning tool¹⁰ to guide the team in how to tell the story of effectiveness. The tool prompted conversations about evaluative concepts and asked questions like, “What does evaluation mean to you?”, “What approach is in keeping with your values?”, and “What does success look like for M2A?” After some iteration, it became clear that the project team was not on the right path. The research questions and proposed information gathering approach felt disconnected from people’s experiences. The project team recognized a need to pull back from this approach.

To ground research question development in local IWOK and embody the M2A program model’s outcomes and long-term goals, the Center team facilitated a multi-session mind mapping activity.¹¹ Mind mapping was an opportunity for the Center team to step back and listen to the wisdom and expertise of Karan and those steeped in local IWOK. The result over the course of several weeks was a flurry of generative activity that captured rich expressions of participants’ views on cultural meaning, healing, and symbolism. Moreover, the mind mapping work further galvanized the project team in an approach so that project team members were unafraid of being thought partners, failing forward if needed, and trusting in a collaborative process.

Mind mapping prompts included questions, such as:

- When you think of destigmatizing/decolonizing home visitation, what image comes to mind?
- When you think of strong Native children and families...?

- When you think of Aunties and their impact on children and families...?
- What future do you envision for children and families after My Two Aunties has been developed and running for a few years?

The mind-mapping process culminated in a visual presentation of the M2A model’s key values, theories of change, and outcomes of interest (see Exhibit 8). Every aspect of the illustration is imbued with meaning representative of core Payómkawichum values. Perhaps most importantly, the mind map conveyed an important cultural metaphor and traditional story of The Three Sisters that became the backbone of the evaluation and its research questions (see Exhibit 9). It was during mind mapping that Karan told the team the story of The Three Sisters (see Exhibit 2) and spoke about the illustration and what it meant to her and her community. She spoke about the importance of traditional ways that focused on caring for one’s body before giving birth like one cares for the environment around them to foster good produce, saying, “good healthy acorns¹² takes lots of love.” She went on to describe how the acorn tree is upstream and the three sisters are going upriver to find upstream solutions, just like the Aunties and M2A team preventing and intervening upon child maltreatment by instilling cultural family life skills, connecting women to services, and advocating for a revitalization of traditional ways to combat unresolved grief and trauma that impacts children and families.

The mind map stimulated a broader conversation that ultimately led to research questions that captured the spirit of the mind map and resonated with the team (Exhibit 8). The implementation evaluation research questions explore whether and how the M2A program destigmatizes social services and empowers both IHC staff and families to embrace local IWOK to prevent and intervene upon child maltreatment. The implementation evaluation also focuses on better understanding areas for CQI, model

¹⁰ The Project Driven Evaluation Planning Tool was developed by the Center Team and CNCFR workgroup and is in Appendix D.

¹¹ Mind mapping is a process grounded in the oral tradition and IWOK that involved the following steps: creating a picture, identifying activation words, building out/expanding upon those activation words, and reflecting through collective discussion. The aim is to ultimately have the map tell the story more holistically.

¹² For many California Indians, the oak tree and acorn are sacred and play an important part in spiritual traditions. The acorn is often considered the lifeblood of health and community. Acorns provide the gifts of food, medicine, games, utensils, dyes, and are an important part of ceremonies and offerings. For more information visit: https://terralingua.org/langscape_articles/grandmother-oak-and-her-acorn-teachings/



improvement, potential needs to support the Aunties, and replication of the model. The outcome evaluation research questions, like the story of the Three Sisters, focused on understanding how the M2A program contributes to primary, secondary, and tertiary outcomes among families.

It is important to note that the project team took great care in designing a strengths-based evaluation that centered IWOK, the lived experience of all involved, and the storytelling tradition. They sought to avoid deficit research, which can paint a negative picture of individuals, families, and whole communities by experts who focus on problems that need to be “fixed”. A deficit lens obscures recognition of capacities, strengths, individuality, and uniqueness (Browne, 2014). As a result, this evaluation does not pursue or present quantitative findings relative to specific family-level outcomes (for example, the reduction of child removals or reported substance use).

Exhibit 8. M2A Mind Map

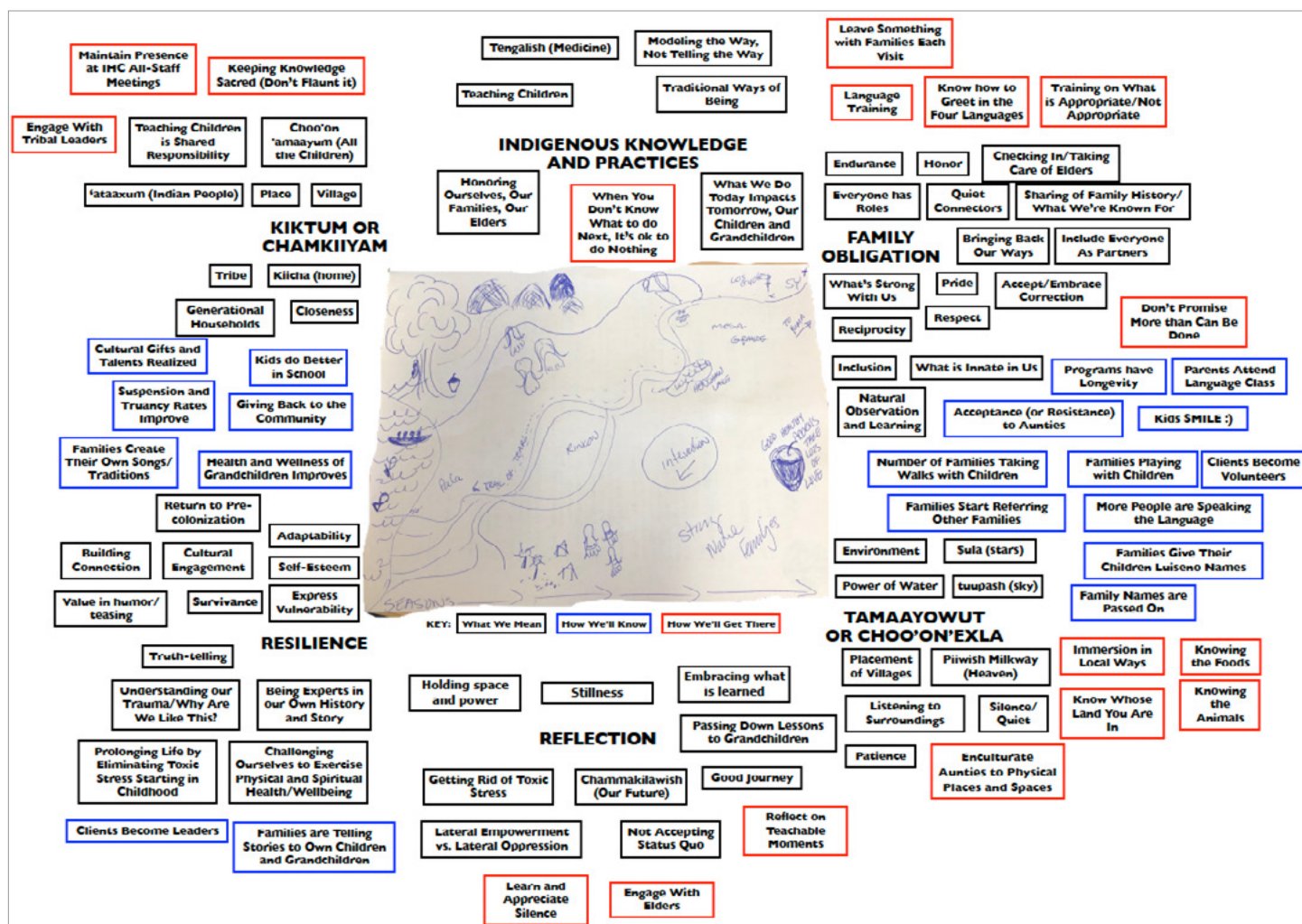




Exhibit 9. M2A Evaluation Research Questions

- 1.** To what extent does TFS restore traditional social services within IHC through implementation of the three M2A program components?
 - a.** How does the M2A program unite organizational partners within IHC?
 - b.** How does the M2A program contribute to awareness of culturally grounded family life skills among internal and external organizational partners?
 - c.** How does IHC service providers' and external partners' understanding of cultural family resources change as a result of the cultural emphasis of the M2A model?
 - d.** How do Aunties and IHC staff perceive the role of M2A in the organization?
 - e.** Do prevention and child maltreatment services that strengthen family resiliency show increased numbers of eligible incoming referrals?
 - i.** What leads to increased referrals?
 - ii.** What sources does the model receive referrals from?
- 2.** To what extent does M2A destigmatize social services?
 - a.** How, if at all, do participants' perceptions of child welfare and social services change after experiencing the M2A model?
 - b.** How does the Aunties' approach of imparting safety, caring, and respect strengthen families?
 - c.** Do families feel respected by Aunties and other M2A staff?
 - d.** Do families feel empowered by what they experience and learn through the M2A model?
- 3.** In what ways do families participating in M2A experience strengthened cultural family life skills?
 - a.** In what ways does participant knowledge of cultural teachings and traditional child rearing practices change after experiencing the M2A model?
 - b.** In what ways does participant social and personal skills change after experiencing the M2A model?
 - c.** In what ways do participants show a change in beliefs related to Native family ways, the role of aunties in the community, and cultural family life skills after experiencing the M2A model?
 - d.** How do families apply what they learn through M2A to their lives?

B. Development of Instruments and Methods

With the development of a clear cultural metaphor and a set of evaluation research questions aligned with the goals of the M2A program, the project team turned to identifying information sources and information gathering methods. These methods would be documented along with the research questions in a comprehensive evaluation plan. Karan and the Aunties expressed an interest in pursuing information sources and information gathering approaches that honored the storytelling tradition and focused on people's lived experience with the model, whether as a family receiving the model or as an IHC clinician implementing or referring to the service. In keeping with the project team's desire to honor the storytelling tradition, the information gathering methods focused on facilitating interviews and small group discussions with external partners, families, M2A staff, and IHC staff (for more information see information gathering section below). All interview protocols were reviewed or created in conjunction with Karan Kolb and are in Appendix E.



Instruments

To capture the story of program implementation and outcomes, the evaluation included interviews with four groups of respondents (see Exhibit 10). Interview discussions would include multiple perspectives on how the M2A program helps to restore and destigmatize traditional social services and strengthen cultural family life skills among participating families. The project team had planned to lead a group discussion with a fifth group, cultural leaders in the community, to gather perspectives on the restoration of cultural family life skills. However, the group did not convene because of COVID-19 barriers.

Interviews with staff would explore how the model contributes to the awareness of culturally grounded family life skills within IHC, how it led to changes at IHC, and how it strengthens families and affects their perceptions about seeking and receiving help. Because the M2A Cultural Family Life Skills Discussion Guide and program model were being developed concurrent with the evaluation, there would be two rounds of interviews with M2A and other IHC staff to explore changes over time. The Center team drafted interview guides and then shared them with the project team for review and feedback. Karan identified the IHC staff and social services community providers to interview. To support completion of interviews, the Center team conducted outreach and interviews with support from IHC administrative staff.

Interviews with mothers would explore how the M2A model contributed to family strengthening. Mothers would be asked about their experiences working with Aunties and how they used the M2A Cultural Family Life Skills Discussion Guide and its other services and supports. The Center team drafted the interview guide and then shared it with the project team for review and feedback. The Child Abuse Prevention Case Manager facilitated outreach and led interviews with mothers.

Aunties identified which mothers from the program were ready for interviews and alerted the Child Abuse Prevention Case Manager that the mother could be contacted. Aunties used their intuition and input from Karan to gauge the readiness of mothers. Aunties were cautious about inviting mothers to participate in the interviews out of respect for the mothers’ life circumstances and care for the Auntie-client relationship. They considered factors such as the mother’s overall wellness, attendance at visits, progression and engagement during visits, and the overall therapeutic rapport with the Aunties. Additionally, the evaluation period represented a difficult time for families. The pandemic made in-person and consistent contact with clients a challenge. The priority was always the health and wellness of both the Aunties and families.

Exhibit 10. Evaluation interview respondents



To better understand the level of effort needed to successfully implement the M2A program, the cost evaluation would collect personnel cost estimates associated with implementing the program. The Social Services Director provided spreadsheets that showed the number of hours per week M2A staff spent working on the program. Personnel cost estimates are described in Section V.

To gather information in a culturally grounded way about how mothers feel after engaging with M2A services, the project team developed the M2A Word Cloud Personal Reflection Tool (see Exhibit 11). The concept for the tool originated when Karan expressed interest in a tool that could be used to understand or track experiences of families as they engaged with Aunties. She wanted to shine a light on client experiences and feelings after each visit with the Auntie during the evaluation period. There was also interest in ongoing use to track healing and growth over time.

At first, the Center team inventoried existing Likert or rating scales and other assessments that the Aunties could use at the end of family visits to score family responses along a range of experiences. However, what they found did not align with evaluation goals and were not normed or tested with Indigenous people. The instruments also felt too far removed from IWOK and the oral tradition. Additionally, the Aunties and Karan expressed concern that an approach that was too burdensome or quantitative could threaten the therapeutic rapport with families. The Center team refocused efforts on a culturally grounded approach. The essence of the tool was conceived when there was some positive feedback about mothers being able to choose a word or feeling that captured their visit with the Aunties. Karan liked the idea of including a culturally relevant visual to engage the families in something vibrant and eye catching. After much trial and error and consultation with the M2A team and IWOK consultant, the Center team finished the design of the tool—a low burden culturally grounded approach to informing continuous quality program improvement. The image of the mother oak is a powerful representation of local IWOK. The image was created in the true spirit of generosity by a Native woman residing outside of California

who, having survived her own trauma, was inspired to support the M2A program with her art. This development was a point of pride for Karan and the Aunties. They shared their interest in using the tool after the evaluation was done.

The tool presents a spectrum of expressive words that range between positive, neutral, and negative feelings. The words are presented randomly around the culturally meaningful image of an oak tree. The words included were chosen by members of the M2A team. At the conclusion of each service appointment, the Aunties spent about 3–5 minutes administering the tool. Mothers were asked to circle up to five words and were given the option of writing in responses if the words they are feeling were not represented in the word cloud. Clients could engage virtually using an online version of the tool.

Exhibit 11. M2A Word Cloud Personal Reflection Tool



C. Data Permissions and Management

Information gathering procedures, instruments, and consent forms were approved by the Center's institutional review board (IRB) vendor: Health Media Lab. The evaluation lead initially inquired about Tribal IRB approval from IHC. However, the Social Services Director, an IRB committee member at IHC, determined with other IRB members and IHC executive leadership that the evaluation was exempt from IRB review because it is not a biomedical research study.

Data File Development and Data Management

The Center team developed data files to analyze interview findings topically by research question. This file development involved transcribing recorded interviews and organizing interview responses by research question files to facilitate review. The Center team conducted a thematic analysis of the interview responses and identified high-level findings. The project team met multiple times to review and validate findings.

Tribal Data Sovereignty

IHC stored the evaluation data on a secure, collaborative workspace application that the project team used to share files and communicate. The secure workspace allowed for the safe transfer and storage of confidential, identifiable information on study participants as well as all other project data. Karan gave permission to authorize users of the secure workspace, including IHC staff, Center staff, and consultants. The Center team prepared and analyzed data on the secure workspace to ensure that IHC maintained total and continuous access to the data. This data sharing was in line with the principles of Tribal data sovereignty, which includes the right of IHC to collect and manage its own data and data governance as well as ownership and control of raw data sets from the project's evaluation. The Center evaluation lead trained all authorized users on the protection of confidential data and sensitive information according to IRB requirements; how to upload, view, and manage files; and how to abide by data

custody principles. The Center team coordinated the day-to-day data file management and organization to facilitate data access among all authorized users. This methodology is consistent with best practices for Tribal sovereignty and evaluation. (For more information on best practices visit: <https://cncfr.ijsinternational.com/IWOK-Sovereignty>)

D. Engagement in the Evaluation Analysis

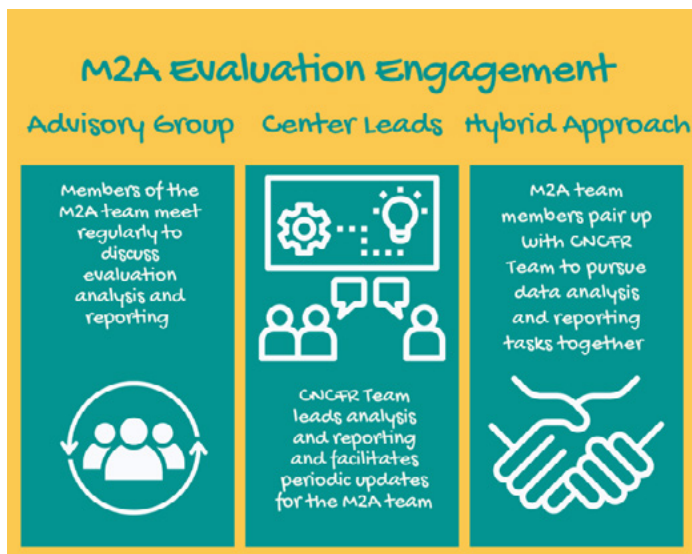
With the first round of interviews completed and the analysis on the horizon, the project team asked, "What next steps should we take in the evaluation? How can we build the capacity of the M2A team?" The Center team looked to Joan LaFrance for guidance, and she steered the project team to pause and reflect on what it meant for the M2A team to engage in evaluation.¹³ Adapting resources from past presentations, Joan led a 90-minute "Community Engagement in Evaluation" workshop that helped the project team to explore several aspects of evaluation engagement, including dimensions of engagement (e.g., who has control over the evaluation, who will engage, and the depth and timing of engagement). The workshop also included discussion about what the project team believed evaluation, especially the analysis phase, should be.

The project team enjoyed and greatly valued Joan's wisdom and fresh ideas. The workshop empowered the M2A program staff and strengthened the project team partnership. Karan and the Aunties felt they had a say in the evaluation and could engage at a level that made sense relative to other work and life demands. The workshop solidified for the project team that there are different ways to engage in evaluation for successful outcomes. Following the workshop, the project team reviewed potential approaches for the role of the M2A team in the analysis and interpretation of the findings (see Exhibit 12). Karan determined that the Center team would bring the initial findings to her and the Aunties for review and feedback.

¹³ Dr. Joan LaFrance is a Center Team IWOK consultant who is a member of the Turtle Mountain Band of Chippewa and an expert in Tribally driven community based participatory evaluations and working with Tribal communities.



Exhibit 12. Options for engaging in evaluation analysis and reporting



E. Project Team Experiences with the Evaluation

Attitudes toward evaluation changed.

“[M]y attitude about evaluation has changed. I think it’s because you [Center team] do this in a cultural way, where you’re not pushy, you’re not upset that we couldn’t make the meeting.... [Evaluation] was done in a way that you appreciated our knowledge. You wanted to hear from us, and truly the right people are working on this project because everybody I’ve met has a heart and a true heart for this work. It was a pleasure to do. Being able to tell the story in a storytelling way like we’re doing right now is very cultural.”— Karan

Initially, Karan was somewhat hesitant and unsure about the evaluation. Previous experience with evaluation was not positive for her team. The M2A team shared that, for the most part, they viewed evaluation as an imposed, largely Western construct—something they had to do by virtue of grant requirements. They

viewed evaluation as a necessary burden that was somewhat intimidating based on their understanding and skill set and best left to outside evaluators. In their experience, evaluation was akin to “bean counting” and largely reduced human beings and lived experience to numbers that fulfilled someone else’s notion of success.

The Center team listened carefully, validated concerns, and engaged in meaningful discussions about the evaluation through a lens of Indigenous empowerment. For example, as the project team started the mind mapping work, Karan asked, “am I saying the right things? Do I have the right evaluation speak?” The Center team reminded her that they were just visiting, not as evaluators and program directors, but as friends around a virtual kitchen table, having coffee and seeking to share and learn from each other.

Investment in the evaluation grew for several reasons. The evaluation was grounded in people and experiences rather than numbers—this prioritization deepened investment among M2A staff.

“For me, it goes back to integrity, not just showing numbers of how many people enroll, but doing it with authenticity and with your best spirit, because if you’re not in the best spirit and you’re just trying to get numbers, and people enrolled, it’s not going to work.” – M2A staff

M2A staff came to see that the evaluation went beyond data collection and analyzing outcomes and was about the rich story of the M2A program. Karan described how it is uncommon within the Tribal community to document the work and tell the story. The promise of a report that strikes the right balance between Western and Indigenous ways increased her investment in the evaluation.

Aunties became more invested when they personally reflected on the importance of understanding intergenerational and historical trauma related to their healing journey. They also played an essential role in gathering information, and they understood that



the evaluation would take time and intention. Support from experienced consultants also promoted positive views of the evaluation. Consultants were patient, informed, respectful, and clearly understood what evaluation represents in this context. Consultants scaffolded evaluation concepts and practices. The consultants also believed strongly in the efficacy of the M2A program—this helped Aunties feel confident and trust in the goals of the evaluation. Gathering information that felt authentic to IWOK and representative of the program allowed M2A staff to truly engage with their clients and prevented them from feeling like they or their clients would be scrutinized.

“It never felt as though the community was being studied under a microscope.” – Auntie

Using the M2A Word Cloud Personal Reflection Tool Improved Services for Mothers.

The tool was intended to help understand how the mother feels after receiving M2A services and whether feelings align with the goals of the program. After fielding the tool, the Aunties and Karan recognized its potential to serve another important purpose: helping Aunties connect mothers to additional services or referrals based on responses. Aunties expressed that the tool helped them to better understand client needs and offer inroads into probing for and providing other supports or referrals to additional services based on their responses. Aunties were therefore able to better tailor their services for mothers and improve the quality of their visits.



One Auntie talked about this directly:

“Oh, I use it with every lesson.... It is just kind of a check in at the very end just to see where my clients are at, see if there’s anything, anywhere that I can support them. A lot of times if they’re putting like negative words, it has to do with outside factors. And so, if there’s saying that they’re overwhelmed, I ask them, okay, is there anything in your life that I can help with? You know, can I get you a referral to behavioral health? Can I talk to you about outside counseling...? So, then I asked them why that was, and they’re just like, ‘oh, well, I’m having a little bit of financial problems.’ Then I was able to come behind them, be like, ‘Hey, you know I have a \$50 gas card for you. I have a \$25 Kohl’s gift card for you, a \$25 Target for you. So come over and pick this up so that we can help you out.’ And I mean, I’ve had... clients just like crying because was like, oh, you don’t know how much this really helps.... It’s insightful because if they’re saying stressed, stressed, stressed week after week, it’s just like, okay, let’s get to the, the bottom of the stress... let’s see where it’s coming from together so that we can figure out something for your family....”

What was also striking was the way that the tool led to feelings of empowerment and eased and strengthened client relations. The tool provided a space for Aunties to build rapport and gain insights into their clients’ experiences without the undue pressure of a typical survey. It helped Aunties to connect authentically with their clients and build a therapeutic rapport during visits. One Auntie explained it:

“So I feel like being able to, to check in with them at the very end, it’s just, it creates that sense of trust. It, it creates that bonding experience seen as though we’re not able to be in homes. I feel like it’s necessary to be able to, to, you know, talk frank with them and be like, hey, I can’t help you if you don’t talk to me.”

Finally, one Auntie saw how clients opened up and tapped into to their inherent strength as parents:

“I know when you are seeing certain words or hearing some certain words, they... tend to stay with you and they tend to empower you. So, I think it’s a great tool to get these clients... at least for the day, believing that they, that they are powerful, that they are knowledgeable that they are [what the words say].”



IV. Evaluation Findings

A. Interviews with Staff and Mothers

The Center team conducted two rounds of staff interviews and experienced high participation in both rounds. In the first round, between May and November 2021, the Center team interviewed 3 M2A staff, 13 IHC providers, and 2 IHC leadership executives and led a focus group with 7 community providers. In the second round, between December 2021 and February 2022, the Center team aimed for a smaller number of interviews (one staff per IHC department) because of response saturation in the first round and IHC staff turnover. The Center team completed a second round of interviews with 3 M2A staff, 6 IHC staff, and 1 IHC executive.

The project team obtained consent from 12 mothers to participate in the evaluation over a one-year period, from April 2021 to March 2022. However, the Aunties asked three mothers for an interview between June 2021 and March 2022. As noted in Section D of Section III, Aunties were cautious about inviting mothers to participate in the interviews out of respect for the mothers' life circumstances and care for the Auntie-client relationship. Two interviews were transcribed and reviewed.

Cross-system discussions with Aunties, IHC staff, community social service providers, and mothers reflected how the M2A program strengthens families in a caring, compassionate, and culturally competent environment. Several themes emerged from interviews: successful interdepartmental collaboration at IHC, the way that Aunties gave persistent yet gentle support to mothers and built trust and authentic connection, and that culture played a role in empowering families and facilitating healing from intergenerational trauma.

Finding 1: IHC staff collaborate across departments to coordinate holistic services for families.

To meet the goal of enhancing family access to existing services and promoting positive interactions among family members, the model emphasizes facilitating strong collaboration and communication across IHC departments and community providers. M2A is a respected program among IHC staff, community providers, and families. Moreover, the M2A director and Aunties confidently display beliefs in themselves to do this work and positively impact the lives of families through the delivery of the program. IHC providers reported feeling supported by M2A and noted mutual respect and strong collaboration between M2A and other IHC departments. One IHC provider described M2A as a hub for family wellness that addresses the needs of parents and children and prepares families to provide a healthy home environment. A few providers described their working relationships with M2A staff as reciprocal, synergistic, and client centered.

“We support each other when we are working together. If the Auntie is having difficulty reaching a mom and I have that rapport already built-in, I support the Auntie and help make that connection.” – IHC provider

M2A staff also noted feelings of growth in their voices at interdepartmental case management meetings over time; M2A has become a critical component of IHC, and many IHC staff look to M2A for best-practice interventions and client-centered care for families.



IHC staff shared a positive view of the M2A program in that the program provides essential educational and material support to improve family outcomes. For example, IHC providers emphasized that M2A's educational and material support strengthens families and improves family relationships. Aunties provide educational resources to equip parents with the skills and knowledge they need to ensure the safety of their children.

“Once a family member has been educated, it shifts how they raise their children. That is a huge benefit here at Indian Health Council, which usually changes acuity levels. It changes how they see or view vaccinations, breastfeeding versus bottle feeding, safety within the home, relationships between partners.” – IHC provider

M2A also provides support to families in the form of material resources, such as baby gates, outlet covers, and other items that contribute to a safe home environment and reduce financial stress.

To remove interdepartmental silos at IHC, the M2A program involves staff participation in interdepartmental case management teams with TFS staff and representatives of the behavioral health, medical, and public health departments. M2A staff described the collaboration between departments as a requirement for effectively supporting families. During team meetings, the different departments come together to create effective treatment plans that support and strengthen families, enhance their access to existing services, and promote positive interactions among family members. For example, M2A staff receive referrals during these meetings, mostly from the obstetrics department. M2A and other IHC staff quickly discovered that the team meetings were conducive to IHC's “one-stop shop” services for families, where every department is aware of individual client needs and can contribute to treatment planning.

To coordinate care for families, M2A and other IHC departments use warm handoffs¹⁴—an Indigenous, informal approach to introducing clients to different services within IHC. Warm handoffs allow staff to understand what families need and respond to those needs in a way that promotes collaboration, connection, and increased likelihood of subsequent follow up visits (Mitchell, Olson, and Randolph, 2022).

“[T]o connect with the people and build those relationships, we need to know first what the family needs to be successful. So, we must be open to conversations to get the parents comfortable with services and give them a warm handoff to other resources within the clinic. And so, the social services are just that, it's being social, it's being a part of the community. It's going out and creating outreach....” – Auntie

Finding 2: M2A provides emotional support for families.

Aunties demonstrated persistent yet gentle support to families that consisted of emotional care and understanding. This type of support contributes heavily to the program's ability to shift how the families perceive social services and ask for help. Aunties are successful with their clients because they perceive them as allies and friends to families. For example, the M2A director mentioned that prior to M2A, families would avoid the obstetrics department altogether—they are seeing that happen much less often now that M2A has proven itself to be a non-threatening source of support in the community.

“[The Aunties] build a personal connection with the family. They're there to offer support and not necessarily from an expert role, like a therapist or a doctor, but from a personal level of just trying to offer some guidance and education and make the person feel comfortable.” – IHC provider

¹⁴ A warm handoff is a “transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family. This transparent handoff of care allows patients and families to hear what is said and engages patients and families in communication, giving them the opportunity to clarify or correct information or ask questions about their care” (“Warm Hand Off: Intervention,” 2017).



A few IHC providers described M2A's approach as personable and gentle. For instance, one provider referenced a client who felt truly supported for the first time after experiencing M2A. Aunties shifted the client's perspective of social services from unhelpful and threatening to dedicated and understanding. The M2A director noted that demonstrating persistent support is particularly important for harder to reach families experiencing chronic drug use or other grave and isolating challenges. Families emphasized and appreciated this kind of persistence from Aunties. One IHC provider talked about how a client's perception of clinic experiences changed because of M2A:

"One of my clients has had a few children, and she's lost all of them (to the child welfare system). She had her most recent one. And this is the first time that she's gone through our clinic for anything, and she said that her entire outlook on counselors, social workers, CPS workers has changed. This is the first time that she's ever felt like somebody is supporting her, helping her reunify, and wants her family to be together. She said, in the past, she's never experienced people working for her benefit to bring her family back together."

(Note: A later communication with the Auntie verified that the mother discussed in the above text box was able to regain overnight visitation with their children, which is the first step in the process of reunification.)

Another mother recounted her appreciation of the Auntie's support:

"One thing that I did appreciate was that they never forgot about me. They always checked in on me, even if I couldn't respond or wasn't able to meet up. They didn't forget. They didn't just throw me aside."

Finding 3: M2A builds trust and authentic connections with families in ways that are both respectful and empowering.

The M2A program aims to build trust and form authentic connections with families to destigmatize social services. The model highlights the importance of understanding the pain and trauma that has been historically inflicted on Native communities by social service providers. Developing trusting relationships with any social service provider is an understandable challenge for Native families. Aunties believe that breaking down that mistrust and redefining social services in the community is an initial requirement of providing effective care; trust must be in place before healing can begin.

Several IHC staff described a shift from fearing to trusting social services in the community. Aunties help bridge the relationship between client and provider by assuring families that IHC is a place of healing where they can feel safe and establish trust—a critical first step for many families. Aunties emphasized that although building trust takes patience, it is critical to the program's success; when families notice the time Aunties spend forming relationships and M2A is well-received in the community, referrals start to increase. Additionally, when families understand and trust that they will not be turned over to CPS, they are more likely to be empowered to seek the help that they need.

"In our community it takes trust to build a relationship and it takes time to build trust.... And it appears that our Aunties are able to make that connection. And our department is able to move in the direction of being well received in the community." – IHC provider



Many IHC staff felt M2A destigmatizes social services by fostering an authentic connection with families during visits and empowering them to be vulnerable and honest.

“[T]here’s no judgment in their visits. That just allows Mom to open up and be ready to hear what it is or share what she needs to share in terms of her roadblocks to being a mom and creating a safe space for her children. Once that trust is established, that non-judgmental space has been identified, and both people feel safe to share, the door opens for education. It’s embraced and accepted.” – IHC provider

Finding 4: Incorporating culture in the M2A program is integral to healing and wellness for families and staff.

The cultural teachings at the core of the program are unique to M2A and critical to establishing relationships with families. Previous programs in the community were clinically driven, without any inclusion or even acknowledgment of culture. M2A, on the other hand, infuses the medical components of pregnancy and parenthood with cultural teachings. Thus, families feel respected by Aunties and empowered by what they learn. The familiarity of the M2A Cultural Family Life Skills Discussion Guide contributes to building trusting relationships with families and children; when clients see relatable teachings in the guide, it helps to break down any mistrust by fostering connection between client and provider. Another related benefit of culturally informed programming is higher levels of client engagement; trainings and services that have cultural connections “speak to somebody’s heart as well as their head” and allow families to engage more deeply with the guide (community provider).

“I think this whole entire program was written with the notion that it would be very aware and sensitive to our Tribal culture. Sometimes when that isn’t established, it can break some trust.... So, absolutely, establishing trust is the core of this program. Using cultural appropriateness is absolutely at the core of how education is delivered.” – IHC provider

The M2A Cultural Family Life Skills Discussion Guide integrates Western and traditional medicine to support families in the healing process and set them up for success. The guide teaches families how to implement traditional ideologies into their parenting styles, while the Family Spirit curriculum provides families with medical information on the development of pregnancy, the changes to a woman’s body, and what to expect during labor. Families respond well to the balance of Western and traditional teachings and report feeling prepared for pregnancy and parenting.

“I thought I knew exactly what I wanted to do that I didn’t realize was unsafe for my baby. Like sleeping next to my baby every night...I never knew what was dangerous.... [M2A] made me more aware.... Also... some of the classes show little bits of the Native culture...it was really interesting to see that and see what’s happened in generations. And raising a Native baby to be proud of being Native is a huge thing. That’s something that I really wanted, and the main reason I wanted to be in this program...I knew that I would be able to learn more about the culture and hopefully figure out how I could make him [the baby] proud of his culture.” – Mother





Another aspect that sets M2A apart is the emphasis on including the extended family of clients in the healing process. It is common practice among Native families to involve nuclear and extended family members as well as fictive kin in raising children, and this is seen as an important protective factor (Coser, Sullivan, and Espeleta, 2020; KILLSBACK 2019). During group sessions and community events, M2A encourages all family members to attend and experience the service or activity together to facilitate healthy family bonding. Many IHC providers noted that incorporating extended family is crucial for respecting and integrating culture into the healing process. Welcoming everybody in this way demonstrates respect for cultural values and allows families to learn and experience M2A together.

Building a sense of identity through connecting with culture provides a space for families to build resilience, grow in their healing process from past trauma, develop internal strength, and move forward with their lives. The cultural teachings of the M2A program help families heal from both individual and generational trauma. The theme of looking back to move forward, or working through past traumas to heal, was illuminated across the interviews. One IHC provider explained that understanding culture also means understanding how culture was taken from Native people and trying to heal the wounds that were left inter-generationally; “I strongly believe that in order for us to heal, we have to find the origin of our pain.” Families build a renewed sense of identity and strength by learning to cope with and move on from the past. One Auntie also highlighted the relationship between reconnecting with culture and healing from the past as a way of moving forward.

“You have to be comfortable in who you are and know where you came from in order to know where you’re going. So being able to reconnect your culture, that’s where healing begins, because unless you know where you’ve been, you can’t know where you’re going.” – Auntie

M2A staff, IHC providers, and community providers described a similar cycle of reconnecting with culture, working through past trauma, building a strong sense of self, and finally healing; this process of looking back to move forward beautifully illustrates M2A’s theory of change.

Integrating culture into healing is essential not only for families but for staff as well. One IHC provider articulated that the cultural teachings of M2A taught her to be more patient with families.

“I would say that one thing that I do take from working with our families is to be patient, to not question the silence, to not take that silence in time or in conversation as a negative thing or a nervous thing. I’ve learned to be okay with time and silence for processing from our families.” – IHC provider

Additionally, many staff members made connections between cultural family life skills, building identity, and healing from past trauma. The Tribal Court Chief Judge explained that incorporating culture into the healing process, as M2A does, leads to a strong sense of self and a sense of belonging in one’s community.

“I find having that cultural connection gives you an identity, and that’s the foundation. We all have to know who we are [to feel good].” – Tribal Court Chief Judge

The M2A program is devoted to forming deeper connections with community organizations to ensure that the model becomes associated with other cultural revitalization and child maltreatment prevention efforts in the community. Several community providers described the local community organizations as highly supportive and collaborative of one another, and many felt that M2A would fill unique needs in the community and are eager to support its



development. When asked how M2A is different from other social services programs, one community provider commented:

“[M2A] is culturally based, which is not always the case for services available to communities in general... It’s culturally based, but it’s also localized with local stories and things that matter to the local community, from what I understand. And then, also, it sounds like it’s community-led, so not something that was imposed on the community but something that was desired.”

While several community providers were enthusiastic about the model and described an interest in building community awareness of M2A, given how new the program was, most could not yet point to direct observations on how M2A strengthens and supports families. It is clear, however, that the community organizations strongly support M2A and look forward to seeing the model in practice.

“Like I said, us being aunties ourselves and taking care of our families and being active in that way, I thought it [M2A] was such a wonderful idea. I really wasn’t sure how it was going to play out. Like I said, it was in the development stages.” – Community provider

“I think with the model and the examples and the things that are happening with My Two Aunties program in collaboration with all the other programs that are being represented here today and the Tribal courts, I think that if we have a good, strong network and community to show that support, I think they [community members] will be very open to that.” – Community provider

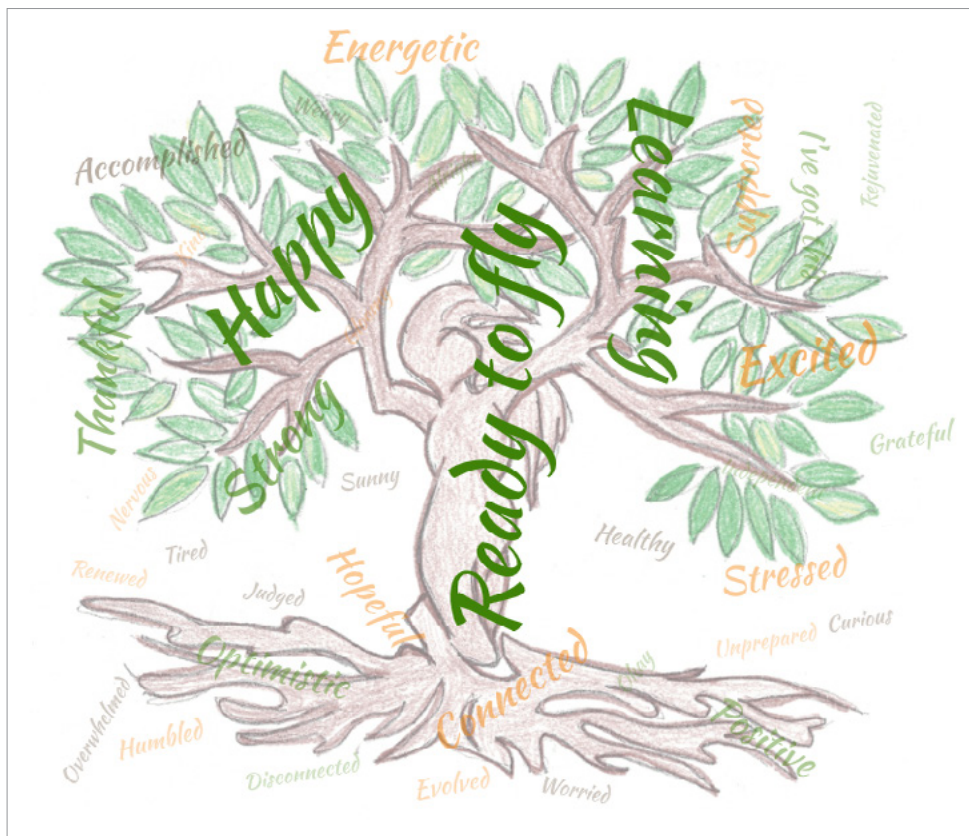
B. My Two Aunties Program Feedback from Mothers

Of the 12 mothers who consented to participate in the evaluation, eight mothers gave permission to include their responses to the M2A Word Cloud Personal Reflection Tool question, “How do you feel after today’s visit?” After each visit, Aunties recorded the words that mothers used to characterize their response. Mothers usually selected an unlimited number of words among the 45 available, although they were asked to limit their choices to 5 or fewer words later in the evaluation period. Aunties also recorded the visit case notes and remarks on client satisfaction along with the visit date, the focus of the visit, and lessons used. Aunties recorded reflection tool responses and case notes for 59 virtual visits from May 2021 to April 2022, of which the majority (41 visits) focused on postnatal care and fewer (17 visits) focused on prenatal care. On average, mothers had 5–6 visits, although Aunties met with mothers anywhere from 1–12 times.

Exhibit 13 shows the words that mothers selected on the M2A Word Cloud Personal Reflection Tool—larger font for words selected most often. Many mothers consistently selected “strong”, “supported”, “accomplished”, “ready to fly”, “connected”, “grateful”, and “happy.” These word choices indicated feelings of strong support from Aunties and positivity and optimism about their program experiences. Nine words were never selected: “kinship,” “uncertain,” “shame,” “confused,” “alone,” “sick,” “distant,” “scared,” and “insecure.”



Exhibit 13. Mothers' responses to the M2A Word Cloud Personal Reflection Tool



Aunties used the Family Spirit curriculum with mothers during the evaluation. However, Aunties were able to record preliminary feedback from two mothers on the M2A Cultural Family Life Skills Discussion Guide (which they referred to as the IWOK curriculum) towards the end of the evaluation period when they began to implement the guide.¹⁵

One mother who received several lessons from the M2A Cultural Family Life Skills Discussion Guide had an overwhelmingly positive experience based on the Auntie's case notes. The Auntie wrote that the use of the M2A Cultural Family Life Skills Discussion Guide lessons helped the mother (a) to progress from feelings of stress to feelings of optimism and empowerment:

"After completing Family Spirit lesson, I applied IWOK Lessons from the [The Roots of Tradition Lesson 2] Encouraging Critical Thinking. The objective for this lesson is to demonstrate what critical thinking looks like in real life and how parents can teach this skill to their children. Client states she does not know if she has applied critical thinking ever and states she never had an appropriate modeling of it as she was growing. We had a discussion over the 'Questions for Critical Thinking' activity which helped her get a better understanding of what critical thinking looks like, and her realizing she has applied it in real life after all. Initially, client was feeling 'stressed and worried,' but after the lesson discussion different feelings such as 'thankful, overwhelmed, and I've got this' emerged."

15 The evaluation was conducted while the M2A program model was being solidified and the M2A Cultural Family Life Skills Discussion Guide, M2A Facilitator's Guide, and M2A Word Cloud Personal Reflection Tool were being developed.



(b) to feel happier and more motivated compared to past visits:

“After Family Spirit lesson, we went into discussion about the importance of expressing feelings. This prompted me to apply IWOK Lesson 4: [Developing Tree lessons]: Capacity to Express Feelings Openly and Respectfully to Others: Value: Expressing Feelings. Watched video which came with lesson (Empowering the Positive). Completed personal reflection tool after both lessons. Client actively participated and was in a happy and motivated mood, compared to other sessions we have had in the past.”

and (c) learn to feel more optimistic about the future for her and her family:

“Client was trying to see the positive in her situation. After Family Spirit lesson was completed, I decided to deliver IWOK lesson [Mighty Oak Lessons]: Topic 11: Hope/Looking Forward/Optimism. This lesson seemed like a perfect fit according to how she was feeling. During the discussion for the reflection tool, she picked out three positive words ‘okay,’ ‘I got this,’ and ‘positive’; two of them expressed exactly how she was feeling ‘tired’ and ‘stressed.’ I was happy there were more positives than negatives, which shows client is learning how to find hope and look forward to a better future for her and her family.”

V. Implementation Costs and Adapting the My Two Aunties Cultural Family Life Skills Discussion Guide

Other Tribes seek information on how to deliver Tribal programs that prevent and intervene in child maltreatment. Program costs are relevant to other Tribes as they explore whether to adopt a program in their own community. Decision-makers in other Tribal communities may want to know the level of effort required to implement the My Two Aunties program in its steady state and the kinds of activities associated with implementation. Personnel costs typically represent the largest driver of total program costs relative to other program costs such as equipment, supplies, and indirect costs.¹⁶

Further, personnel costs may be more relevant to Tribes than other costs that are prone to vary across local settings and operational contexts.

Section A provides estimated personnel costs of program implementation, including methods, results, and limitations. Section B describes the level of effort for CNCFR personnel to support the My Two Aunties program. Section C provides information about the level of effort for another Tribe to adapt the M2A Cultural Family Life Skills Discussion Guide for their own culture and community.

A. Personnel Costs of My Two Aunties Program Implementation

TFS shared their internal weekly cost reporting spreadsheets that showed reported M2A program staff hours spent on program activities. M2A staff included the Social Services Director, Parent and Youth Advocate and the Case Manager/Services Navigator, and the Child Welfare Services (CWS) Child Abuse Prevention Case Manager. Program activities included intervention services (for example, Family Spirit home visits) and case management.

TFS provided spreadsheets for 83 weeks, from March 30, 2020 to October 29, 2021. The spreadsheets were nonstandard and were standardized to prepare for analysis. To manage the level of effort analysis, personnel cost estimates were based on 8 of the 83 weeks of data. The eight weeks were selected non-randomly to be representative of the two years (a given week was selected every two to three months in eight different months) and within-month variation (for example, first week of June, last week of August, third week of November, and so on). Weeks where multiple program staff were on leave were avoided.

The personnel cost analysis includes estimates of time worked, the share of full-time employment (FTE), and corresponding wages in dollars. The estimates were derived as follows:

- The **average number of hours worked per week** is the sum of hours worked across the reported weeks, divided by the number of reported weeks. The annualized hours are equal to the average number of hours worked per week multiplied by 52 weeks in a year. The annualized days are equal to the annualized hours divided by 8 hours and then multiplied by 52.
- The **percentage of FTE** is the average numbers of hours worked per week divided by 40 hours, the number of hours in an IHC full-time work week.
- The **value of wages in dollars** is equal to annualized worked hours multiplied by the national mean hourly wage for a given profession. Of the four program staff for whom hours data were provided, three were assigned an hourly wage of \$26.39, which is the 2021 U.S. Bureau of Labor Statistics mean hourly wage for a “Child, Family, and School Social Worker.”¹⁷ These three staff included two Aunties (the Parent and Youth Advocate and the Case Manager/Services Navigator for Tribal Family Services) and the CWS

¹⁶ Non-personnel program costs were identified but not quantified for this evaluation. Examples of such costs include office supplies, travel costs to visit children and families or attend community events, and materials for community education, and promotional materials for community outreach (such as pens, stationary, travel bags, daily planners with M2A program branding).

¹⁷ Available at https://www.bls.gov/oes/current/oes_nat.htm#21-0000



Child Abuse Prevention Case Manager. The Social Services Director was assigned an hourly wage of \$36.92, which is the 2021 U.S. Bureau of Labor Statistics mean hourly wage for a “Social and Community Service Manager.”¹⁸

The four M2A staff worked a combined average of 76 hours per week, amounting to roughly 2 FTEs. This average weekly level of effort was annualized to 3,957 hours, or 495 days, worked per year. The annual personnel cost for program implementation is \$107,159.

The Social Services Director spent just over 10 percent of her time on the program, which was evenly split between case management and intervention services. Relative to time on intervention services, one Auntie (at 0.55 FTE on M2A) spent most of her M2A program time on case management (about 85 percent). Another Auntie (0.70 FTE on M2A) spent just over half of her M2A program time on case management (about 55 percent). The CWS Child Abuse Prevention Case Manager (at 0.55 FTE on M2A) spent nearly all her M2A program time working on case management (97 percent).

Personnel Cost Estimate Limitations

- Estimates are based on snapshots in time (that is, a 5-day work week) that have been extrapolated, not a cumulative measurement of effort for the duration of the project.
- The conditions of the pandemic may have affected work hours and activities, for example, by reducing time because of canceled activities or personal leave and increasing time to manage crises.
- Personnel cost estimates do not capture volunteer labor or donated time.

B. Personnel Costs of CNCFR Support to the My Two Aunties Program

This section is intended for the Children’s Bureau and stakeholders to understand the personnel costs of CNCFR (a quality improvement center) to support the My Two Aunties Program, a Tribal program that improves family resilience using culturally engaged, community-based methods. As the funding entity for the Center and Indigenous consultants, the Children’s Bureau aims to understand the level of effort that CNCFR needed to support My Two Aunties in all program quality improvement activities of the partnership. Additionally, providers of program and evaluation technical assistance to Tribal communities may find it useful to understand the level of effort that was invested by a large team of technical assistance providers. A separate evaluation report on the Center’s work with all project sites describes the data sources and analysis methods used to determine the personnel costs reported here.

Six Center team members regularly supported My Two Aunties, including a Center team lead, evaluation lead, three support staff, and Indigenous evaluation consultant. The value of wages in dollars is equal to the Center staff’s annualized worked hours multiplied by the national mean hourly wage for the profession, “Social Scientists and Related Workers” at \$43.66 per hour.¹⁹

On average, the collective effort of the 6 Center personnel amounted to a combined 100 percent FTE based on a 40-hour work week. The FTE is derived from an estimated 2,087 hours, or 261 days, worked per year for each of the two years analyzed between November 2019 (while the workplan was being drafted) and November 2021 (when analysis began for the evaluation). The 100 percent FTE translates to an annual personnel cost of \$90,813.

18 Available at https://www.bls.gov/oes/current/oes_nat.htm#11-0000

19 Available at https://www.bls.gov/oes/current/oes_nat.htm.



C. Level of Effort for Another Tribal Community to Adapt the My Two Aunties Program

Another Tribal community that uses the M2A program may want to adapt it for its own use. For example, another community may adapt the program materials or program components to be relevant to the Tribe and culture. This section shares information on a portion of the staff level of effort involved with adapting some program materials. Specifically, this section shares the level of effort spent on project team meetings for a particular set of program materials, the M2A Cultural Family Life Skills Discussion Guide cultural lessons. Another Tribe that seeks to replicate the program may want to adapt the guide to make it culturally relevant.

The project team held meetings on culturally relevant stories, language, customs, and traditions that could be used in the M2A Cultural Family Life Skills Discussion Guide (14 meetings) and programmatic and evaluation uses for the M2A Word Cloud Personal Reflection Tool (1 meeting). The meetings amounted to 89 staff hours, which included 64 hours from M2A program

staff and community members and 25 hours from Center team staff and consultants, equating to investments of \$1,689 and \$1,092, respectively.²⁰ The hours made up 8 percent of all meeting hours among the M2A program and community staff and 2 percent of all Center team staff meeting hours.

To arrive at the above estimated level of effort, the Center team tracked the amount of Center staff-led meeting time that was dedicated to activities that were believed to need adaptation by another Tribal community in a password protected Web-based data sharing site; entered meeting times, attendees, topics, and notes; and calculated the total number of meeting hours among all meeting attendees (or person-hours). The level of effort is likely underestimated for two reasons. First, another Tribal community might make additional adaptations to the to the M2A Cultural Family Life Skills Discussion Guide or M2A program components. Second, some project team efforts were not captured, including meetings internal to LHC staff, other communications, and independent work.

²⁰ This estimate assumes the same hourly wage of \$26.39 for site staff and consultants, which is the 2021 U.S. Bureau of Labor Statistics mean hourly wage for a "Child, Family, and School Social Worker."



VI. Looking Ahead

Karan and the M2A staff envision a future where the M2A program is viewed and used by everyone in the community as a way of revitalizing local IWOK and family cultural lifeways. They hope to continue to expand awareness of the program and build bridges to providing upstream solutions to prevent child maltreatment. Future M2A program and evaluation efforts may support their goals of expanded program utilization, awareness, and partnerships in the community. For example, the M2A program may work with schools to implement the M2A Cultural Family Life Skills Discussion Guide with youth. The M2A team may also consider presenting on key project accomplishments and evaluation findings to IHC's Board, interdepartmental case management team, leadership, and community at large to deepen understanding of the program and reinforce how M2A is a positive example in the field of social services – there are Indigenous solutions to Indigenous problems.

The evaluation was conducted while the M2A program model was being solidified and the M2A Cultural Family Life Skills Discussion Guide, M2A Facilitator's Guide, and M2A Word Cloud Personal Reflection Tool were in development. Other Tribal communities that are interested in replicating the M2A model may wish to see evaluation findings—that is, feedback from mothers,

IHC staff, and community providers—based on the M2A program's full adoption and implementation of the program. The M2A team may therefore consider ongoing evaluation efforts that are reflective of full model implementation. The M2A team may also consider quantitative evaluation efforts to supplement qualitative findings. For example, future evaluation may examine increased program referrals and reduced child removals and increased reunifications.

Indigenous evaluation scholars and practitioners who specialize in community-driven methods of family wellness services quality improvement may be interested in how and why the M2A Word Cloud Personal Reflection Tool was developed and how it is used by the M2A program. The tool and its development are exemplars of community empowerment around evaluation. The tool is a novel approach to information gathering in Tribal communities, serving as an alternative to often cited methods of information collection such as Talking Circles and Photovoice. The M2A team may therefore explore opportunities to reach broader audiences in telling the story of the Tool's development and use, for example, a peer-reviewed journal article manuscript or national conference presentation.



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Appendices

- Appendix A: Guided Story Telling Tool
- Appendix B: Teaming Agreement Between CNCFR and IHC
- Appendix C: Pathway to Change Model
- Appendix D. CNCFR Project Driven Evaluation Planning Tool
- Appendix E. Program Evaluation Data Collection Instruments



Appendix A: Guided Story Telling Framework Tool



**Center for
Native Child
and Family Resilience**

**Native Solutions with Native Voices
Guided Storytelling Framework**

August 31, 2018

Visit preparation for listeners:

Before arriving on site, do your homework. Closely review the separate cultural awareness references to ensure familiarity with the local community and how to respectfully conduct yourself while working with community members. These documents include:

- *A Roadmap for Collaborative and Effective Evaluation in Tribal Communities*, Child Welfare Research and Evaluation Tribal Workgroup, September 2013
- A historical timeline of Federal Indian Policies and their impacts on tribal communities, developed by Mathematica
- Foundational literature identified by workgroup members
- SAMHSA’s Tribal Training and Technical Assistance training slides for American Indian/Alaska Native Grants and Programs staff outlining Do’s and Don’ts in Indian Country
- Any publications or reports from the Tribal communities (if available) that illustrate important cultural protocols which may guide engagement with the community
- The Cultural Matrix Assessment Tool

Basic background information [Fill this out before you go onsite]	
Community: <i>[Note whether multiple distinct communities reside in the same area. "Confederated" means more than one group is part of the community.]</i>	
Language:	
Local terms for research, evaluation:	



Listeners:	
Visit dates:	
Program/intervention: <i>[Describe what you know about the program or intervention based on application materials and pre-visit calls and preparation.]</i>	
Local context: <i>[This section could include current political and socioeconomic landscape, current litigation in federal courts, community-specific history, and upcoming cultural events or ceremonies.]</i>	

Instructions for listeners (Review these instructions prior to each visit):

- **Listening.** Be a good listener. This means listen first, talk second, and do not interrupt. Depending on the region, you may need to wait longer than you’re used to, in order to be sure the other person is finished speaking. Become familiar with local communication styles and modify yours as needed. For example, you might notice that there are longer pauses between sentences. As mentioned in your reference materials, some Tribal communities regard loud and fast speech as disrespectful.
- **Note-taking.** Your main job is to listen and learn from the community. You may politely ask if you can record the conversation so that you can focus on the conversation without having to take notes. If your request is denied, you may ask if you can take written notes. Be aware of the kind of notes you’re taking. Laptops may present a physical barrier to communication. Rapid typing sounds from a laptop may be distracting or worrisome; consider using pen and paper. If you need to use a laptop, sit so everyone can see your screen. Do not use a phone for taking notes; you may appear to be ignoring the speaker.
- **Opening.** Before asking any questions, take time upon arrival to have a short meet and greet. Start by offering a gift. Remember that because of the damaging history of research in Tribal communities, program staff might feel wary or nervous at your presence.
 - Tell the staff present who you are, where you’re from, and perhaps something about yourself or family if it comes up naturally in conversation. If you’re offered food or beverage politely accept it. If multiple people are eating, try to wait until



elders are served before serving yourself. Be open and humble about your presence in their community and state that the purpose of your visit is to listen to their story. People may wonder about your racial/ethnic background, so bring it up during your introduction to avoid potentially awkward conversations later. (For example, if applicable, you can simply add “I’m non-Native myself, my grandparents were ___ immigrants from ____.”) **DO NOT** claim or share a vague Native identity or family rumor of Native identity if you are not confident of this connection and/or do not otherwise claim it in your personal life. Such action will limit your credibility and may likely annoy Tribal members.

- Remind them that there are no ‘right’ or ‘wrong’ answers. The goal is to put both you and the community members at ease and pave the way for good relations. Ensure you understand local cultural protocols for sharing knowledge. The oral tradition has facilitated intergenerational knowledge and wisdom that have survived for millennia. Communities take great pride in their history but are not static in history, as they continue to decolonize and strive to retain and reclaim their cultural traditions.
 - While you are on site, take the time to recognize the unique strengths of that particular community; it will pave the way for good relations in the future. In your interactions with the community, focus on the positive and strengths rather than the negative or criticisms.
- **Transparency.** Let the staff know if you are unfamiliar with their culture. This may not be necessary in every situation, but if you feel uncomfortable or uncertain about how to act, you might say something like, “I’m new to working with Tribal communities. I want to be respectful, so please let me know if any of my actions seem inappropriate.” Take time to answer any questions they have and address any concerns.
 - **Timing.** Be aware of differing notions of time. Be open to the premise that things happen when they are supposed to happen, rather than at exact junctures in time. **DON’T RUSH.** You will have an agenda and a time frame to follow. However, time and being ‘on time’ are relative cultural concepts. Don’t impose your will or cultural lens when it comes to time. When working in a Tribal community, budget time for late arrivals and prepare for extended time lines. Western society’s approach to time is focused on certain points, intervals, or specific times. Some Native conceptions of time are circular or cyclical and are not points plotted on a line; rather, they are embedded in stories and culture passed down through generations.
 - **Eye contact.** In some communities, direct eye contact may be considered rude and disrespectful. This is especially true with elders. Staff might look at their hands or may only look indirectly at your eyes. If you notice that program staff, parents, or children are not



making eye contact, this does not mean that they are not listening or paying attention. Rather, they are showing respect. Follow their lead and look in their direction, but not directly into their eyes. However, if a community member is looking down or clearly ignoring you, this is to show disagreement or displeasure. Again, careful observation is key to avoiding misunderstanding.

- **Physical contact.** Do not try to initiate a hug or embrace, even at the end of a meeting that feels to have gone particularly well. Likewise, some people may not wish to shake hands, so follow others lead when it comes to physical contact.
- **Be mindful of your own physical presence.** Differences in height, weight, stature, physical handicap, etc. all exert power dynamics in conversations. Be mindful of this when engaging with people, especially elders. For example, if you are 6'2" and are speaking with a Tribal elder who is 5', be mindful of that dynamic. Your physical appearance may be intimidating, so wait for the elder to approach you. Let the interviewee decide the "staging" of the conversation (e.g., let them choose where to sit first and ask them "is it ok if I sit here?").
- **Questioning.** You may ask staff a question and receive a long pause in response. Learn to be comfortable with long pauses or silence; this is sometimes difficult. Breaks in conversation or long pauses sometimes make us uncomfortable and can feel awkward. However, this is common in many Tribal communities. The person you are speaking with is likely formulating the best way to answer. Avoid sensitive questions regarding lifestyle or cultural practices. This refers to anything related to bodily comportment or how one behaves or carries oneself, including spirituality, hair, or dress. Do not be too forward or direct in how you engage program staff. It is best to be humble and polite; do not use commanding language or directives.
 - **Probing/clarifying.** Offer opportunities for clarifying information throughout the conversation. Try not to make people repeat information, but rather probe to understand the meaning.
- **Indirect communication.** Oral tradition remains an essential part of most Tribal communities, and storytelling is sometimes an indirect way of imparting information and life lessons. When asking questions in Tribal communities, it is important to be sensitive to this form of communication. Sometimes a seemingly mundane question could spark a long story or response; in these moments, be open to listening and do not interrupt. They will respond well to slower talk, more pausing, sharing information, and storytelling.
- **Vocabulary.** Use language that is culturally sensitive and easy to understand. Avoid jargon, acronyms, and language that might be standard operating procedure for your work but is too specific and unfamiliar to the community members. In the context of research, this might happen when explaining the nature of the study. Be aware of how you explain our work. Slow your pace and give them time to ask questions or voice concerns. Additionally, if



possible, avoid the word research when conversing with Native people. The term can be a painful reminder of a legacy of research that often caused harm to Tribal communities.

- **Topics to avoid.** Unless the topics are introduced by members of the community, do not bring up Tribal elections, blood quantum, enrollment rules, boarding schools, or per cap payments. These can be sensitive topics and should be avoided. Do not inquire about unrelated topics, such as what someone is wearing (clothing, jewelry, braids) or about a ceremony that is taking place that you were not invited to participate in. Show respect for the presence of cultural and spiritual processes.

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.
<ul style="list-style-type: none"> • Family or Community Wellness: What efforts does your community currently have available for community or family wellness or healing?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • Knowledge bearers: Who are the knowledge bearers? Who are the Tribal/cultural community leaders active in family or community wellness?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • Process: What process or vision did you follow which led to developing this model or program? How did you get there?
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ How did you identify the need for this program, and what went into that? (Formal needs assessment, Tribal council decided, etc.)
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • 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)?
<ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> ○ Are any youth communities or groups involved in this program?
<ul style="list-style-type: none"> • Resources: How do you balance assessing and serving the needs of your children and families in ways that are reflective of your culture?
<ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> ○ 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?
<ul style="list-style-type: none"> • Decolonization and cultural revitalization: Is decolonization and language/cultural revitalization a part of your program or vision for the future?
<ul style="list-style-type: none"> • 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.)?
<ul style="list-style-type: none"> • Trauma: How do you address historical and intergenerational trauma in your program?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • Other services available: Where else can people go for help and healing?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • Capacity: Are there limits around how many can participate?
<ul style="list-style-type: none"> • Eligibility criteria: Who do you serve? Are there eligibility requirements? (i.e., 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?
<ul style="list-style-type: none"> • What could have/should have been done differently?
<ul style="list-style-type: none"> • Has this history (good or bad) informed a code of conduct for conducting evaluation today?
<ul style="list-style-type: none"> • How do elders view data methods and evaluation from your cultural experience?
<ul style="list-style-type: none"> • How does your community prefer to collect information?
6. What kind of information tells you that the program is effective? How would you come to know if you're having a positive or desired impact?
<ul style="list-style-type: none"> • What would people say that would tell you if you were achieving the impact which you seek for the participants?
<ul style="list-style-type: none"> • What would the desired impact look like, and how would you know?
<ul style="list-style-type: none"> • Information sources: Where does that information come from? <ul style="list-style-type: none"> ○ Who records that information and how? ○ What would participants say? ○ What would elders and leaders say?
<ul style="list-style-type: none"> • What would community members experience as a result of the program?
<ul style="list-style-type: none"> • Does the state collect any information about the program?
<ul style="list-style-type: none"> • What information, if any, does the Tribe collect about this program?
7. Are there challenges that you've had to overcome with this program?
<ul style="list-style-type: none"> • Strengths: How did you overcome them?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • Capacity: What are you needs for capacity building? <ul style="list-style-type: none"> ○ If you could have any kind of additional support to help these families, what would it be?
<ul style="list-style-type: none"> • How does the program align with the current priorities/strategic vision of the Tribe/?
<ul style="list-style-type: none"> • Outcomes: What tangible efforts or behaviors are important at the individual, family, community or even Tribal levels? <ul style="list-style-type: none"> ○ 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?
<ul style="list-style-type: none"> • What approach to evaluation is in keeping with your values as a community?
<ul style="list-style-type: none"> • What would an evaluation of this program look like?
<ul style="list-style-type: none"> • Is there a local or regional Institutional Review Board (or IRB)? <ul style="list-style-type: none"> ○ 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?

Closing instructions:

- [You are a guest at their program, and they volunteered their time and assistance. Take time to thank them for sharing their story.] I am honored that you have shared the strengths of this heartfelt work. As we have talked of the model and program you are growing, your vision for community wellness is evident. What do you hope will come of this work we have begun together?
- I am impressed by the richness of the model and ways of implementing it. This discussion is not an end but a beginning for our shared work together. I would like to keep this conversation going whether this program is selected for funding or not. Our continuing work might focus on producing a short readiness and evaluability document that could be molded into a proposal or concept document for funding agencies. Let’s continue that conversation in the coming weeks. [Visitor will share next steps and remind them of how this information will be used, and when decisions will be made regarding working with the Center.]
- Make a short-term plan for follow-up and encourage the development of the model.



Appendix B: Teaming Agreement Between CNCFR and IHC



Center for Native Child and Family Resilience

Teaming Agreement Center for Native Child and Family Resilience

I. Parties

This Teaming Agreement is entered into between the Center for Native Child and Family Resilience and Indian Health Council, Inc.

II. Background

As part of a Children's Bureau initiative to raise awareness of Tribally engaged prevention and intervention efforts, the Center for Native Child and Family Resilience (CNCFR) seeks to partner with Indian Tribes on the prevention and intervention of child abuse and neglect in American Indian/Alaska Native (AI/AN) communities. The Center for Native Child and Family Resilience will gather, generate, and disseminate knowledge regarding effective practice models for strengths-based, culturally relevant, trauma-informed, and preventive services and interventions for all forms of child maltreatment.

The Center for Native Child and Family Resilience 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;
- Implement and assess practice models that show promise in preventing child abuse and neglect and that may be implemented or adapted in other tribal child welfare systems; and
- Contribute to the increased knowledge of cultural practice models across Indian Country, through information sharing of findings, processes, outputs and lessons learned by the Center through the development, implementation, and evaluation of the program models, to inform the field of child welfare.

III. Purpose and Scope

The purpose of this Teaming Agreement is to list the responsibilities and deliverables of the Center for Native Child and Family Resilience and Indian Health Council, Inc. to support and enhance resilience-related approaches to Tribal child welfare intervention and prevention toward developing evidence-supported strategies of care.



IV. Responsibilities under this Teaming Agreement

The Center for Native Child and Family Resilience

In the current project, the Center for Native Child and Family Resilience will:

- Work with the tribal community or organization where the project is occurring to identify the type of expertise and the resources needed that fit the specific needs of the Tribe to support the capacity building plan;
- Work collaboratively with and support the tribal community or organization in identifying and selecting subject matter experts and resources needed for the project and coordinate the access to the experts and resources as feasible;
- Provide support and assistance to the sites through intensive training, technical assistance and capacity building to strengthen the infrastructure required to implement and evaluate services or models at the selected sites;
- Work in partnership with the Tribal community to plan activities and interventions that will help achieve desired outcomes and timelines for the planned project;
- Stand with the Tribal community in an inclusive and participatory process to develop a Theory of Change, Impact model, and community driven project and evaluation plan;
- Provide on-site assistance, other support for project implementation and community-based evaluation;
- Participate in ongoing support and communication with the community on project progress and respond to changing project needs;
- Update project work plans a minimum of every six months;
- Assist in analyzing process and outcome evaluation data in collaboration with the tribal community; and
- Consult with the Tribal community or organizations in the compiling of any submissions for consideration of a tribally identified Institutional Review Board (IRB).

One of the purposes of the Center for Native Child and Family Resilience and subsequent projects is to raise awareness of and build upon the substantial history of Indian Tribes' and native communities' efforts promoting the resilience of Tribal families through culturally founded and community-implemented prevention strategies. As such, specific products created in support of this purpose, and knowledge gained from this work, will be made publicly available to provide other Tribes with resources to support their communities and positively impact the lives of their children and families. These products include but are not limited to interventions, processes, project reports, evaluation reports, presentations, and practices.

Project Site

During the project implementation, the selected project site will:

- Determine, implement and facilitate onsite activities to assess the project or model as proposed;
- Direct onsite planning sessions to develop or address community determined processes of implementing a model of resilience building which may include a community defined Theory of Change, Logic Model, and workplan design;
- Implement workplan activities with support from Center for Native Child and Family Resilience staff and consultants;
- Maintain regular contact and communication with Center for Native Child and Family Resilience staff and consultants and respond to changing project needs;



- Implement and govern activities to evaluate the project effectiveness, such as interviews, surveys, and focus groups. This may include retaining and gathering project specific data which may require the consideration of a tribally identified Institutional Review Board (IRB).
- Collaborate with the Center for Native Child and Family Resilience in developing documents or information to guide other projects across Indian Country who desire to replicate the model or practice of focus for this selected project.

V. Data Management

The success of this project depends on a close collaboration between The Center for Native Child and Family Resilience and tribal communities. The tribal community organization or Tribe will retain and respect the confidentiality of all materials specific to data management as outlined by a tribally identified Institutional Review Board (IRB). All research and evaluation processes will be reviewed and monitored through an IRB process to ensure the protection of data and sensitive information. The Center for Native Child and Family Resilience recognizes the right of the project to exercise authority over and ownership of any raw data files resulting from the project's evaluation. However, any evaluation reports resulting from the data will be publicly available. The Center for Native Child and Family Resilience will notify the project of any requests, during the life of the cooperative agreement, to use project data by outside parties. It will then be up to the project's leadership to authorize release of any data to that outside party. This Teaming Agreement is designed to achieve a community driven collaborative effort. Principles of data sovereignty (the right of a nation to collect and manage its own data) and data governance (the ownership, collection, control, analysis, and use of data) are a key part of this effort and include:

- **Ownership** refers to the relationship of an Indigenous community to its cultural knowledge, data, and information. The principle states that a community or group owns confidential information collectively in the same way that an individual owns his or her personal information.
- **Control** asserts that Indigenous communities and representative bodies are within their rights to control research and information management processes which affect them, including all stages of evaluation.
- **Access** refers to the right of Indigenous people to access information and data about themselves and their communities regardless of where these are held, and to make decisions regarding access to their collective information.
- **Possession** refers to the actual custody and holding of the data. It is distinguished from ownership for being more literal in its understanding.

Communities decide the content of data collected about them, and who has access to these data;

- Why is a given data set created? What stories is it used to tell? What stories should it tell? Who should be doing the telling and how?
- Data sovereignty for Indigenous peoples must reflect the interests and priorities of Indigenous peoples. For example, forming data and performance measures which furthers the vision, objectives, and cultural context community model.
- There will be different approaches to data sovereignty across Nations. Nations themselves need to define their data parameters, how it gets protected and how they wish to tell their story historically, today, and into the future.



The Center agrees to:	The [Tribal Community/Program] agrees to:
<ul style="list-style-type: none"> • Respect program participants, including but not limited to program staff, community leaders and members, children, and their families. <ul style="list-style-type: none"> - The Center will involve appropriate tribal project and community members at each phase of the project. - The goal is to create a partnership that benefits both parties and, most importantly, the children and families of the community. 	<ul style="list-style-type: none"> • Work with the Center team to achieve the goals of the project site. <ul style="list-style-type: none"> - Work together to plan for and complete all data collection activities. - Provide guidance to the Center team in how to work effectively and respectfully with members of the tribal community, including its leaders, program staff, children, and families.
<ul style="list-style-type: none"> • Protect the privacy of all project participants, programs, and tribal communities. <ul style="list-style-type: none"> - All Center team staff working with the project site will sign confidentiality agreements. - Center team training will include the importance of protecting the privacy of every participant, program, and tribal community and the consequences of breaching the agreement, including dismissal from the Center team. - Not release any identifying information specific to the Tribe or individuals. All tribal and individual identifiers specific to the tribal organization, community or the reservation will be removed as needed and appropriate except as necessary to promote the work of the project. - Data on laptop computers will be secured through hard drive encryption as well as operation and survey system configuration and a password. Any computer files that contain this information also will be locked and password protected. If applicable, the Center team will remove from all completed questionnaires personal identifiers that could be used to link individuals with their responses. All hard copy questionnaires will be stored under lock and key. - The Center will assure ownership of data by the tribal community or agency therefore the Center efforts will assist only in the digesting and interpretation of data collected. 	<ul style="list-style-type: none"> • Protect the privacy of all project participants, the program, and the tribal community. <ul style="list-style-type: none"> - Protect the identities of the children and families participating in the project. - Will not share information about project participants with anyone outside of the program, with the exception of the Center team staff working with the project site. - Recognize that confidential information relating to individual, program, and community-level data or findings will not be shared with anyone.
<ul style="list-style-type: none"> • Work with project site to obtain tribal or any indicated approval for the program's participation in the Center. <ul style="list-style-type: none"> - Work with the project site to identify the required steps for tribal review and approval. - Center team staff and members of the Workgroup will present the project in person or by phone at the request of tribal authorities and will provide an informational fact sheet for sharing with the community. 	<ul style="list-style-type: none"> • Work with Center team staff to obtain tribal or any indicated approval for the program's participation in the Center. <ul style="list-style-type: none"> - Identify the tribal review and approval process and assist in presenting the project to tribal officials responsible for review and approval of the program's participation. - Share information about the Center and its goals with members of the tribal community.



The Center agrees to:	The [Tribal Community/Program] agrees to:
<ul style="list-style-type: none"> • Support data collection in a manner that is respectful of tribal customs and practices and is least disruptive to programs' daily routines. <ul style="list-style-type: none"> - Schedule data collection visits being cognizant of not disrupting any tribal community celebrations or events. - Be flexible in working with programs and their day-to-day activities. - Recognize that Center team staff are guests in the community. 	<ul style="list-style-type: none"> • Work with the Center team to ensure that all data collection is respectful of program staff, children, and families and limits disruptions to day-to-day program activities and routines. Program staff, children, and families will be given enough advance notice of data collection activities to ensure all questions and concerns are addressed. <ul style="list-style-type: none"> - Provide information to Center team regarding appropriate verbal and nonverbal communications styles.
<ul style="list-style-type: none"> • Partner with the project leads to identify opportunities for dissemination of reports, briefs, and presentations of findings to program staff, families, and other tribal communities. Project sites will determine how best to share reports, briefs, etc. with participants and others in the community. <ul style="list-style-type: none"> - Partner with the project and collaboratively present any reports of findings or interpretation by the Center team. Communities agree that these presentations can be shared by the Center and the Children's Bureau. - Such presentations or reports be posted on the Center and Children's Bureau's websites to facilitate access by programs, tribal communities, and others. - Identify the desire for and assist with scheduling presentations to the field of services development and other tribal communities on results or findings in collaboration with the project and/or members of the Workgroup. 	<ul style="list-style-type: none"> • Partner with the Center for Native Child and Family Resilience to identify opportunities to disseminate reports, briefs, and presentations of findings to program staff, families, and other tribal communities. Project sites will determine how best to share reports, briefs, etc. with participants and others in the community. <ul style="list-style-type: none"> - Partner with the Center for Native Child and Family Resilience and collaboratively present any reports of findings or interpretation by the Center team. Communities agree that these presentations can be shared by the Center and the Children's Bureau. - Such presentations or reports be posted on the Center and Children's Bureau's websites to facilitate access by programs, tribal communities, and others. - Identify the desire for and assist with scheduling presentations to the field of services development and other tribal communities on results or findings in collaboration with the Center team and/or members of the Workgroup.

VI. It is mutually understood and agreed by and between the parties that:

If for some unforeseen reason the Indian Health Council, Inc. is unable to complete the activities as outlined in the project workplan, the Project is asked to immediately notify the Center for Native Child and Family Resilience indicating the Project's desire to discontinue the work; there will be no penalty for discontinuing. However, when it appears that some circumstance may prevent the Project from completing the activities in the project workplan, the Project is encouraged to quickly begin discussions with its Center for Native Child and Family Resilience Project Lead to explore alternatives or remedies.



VII. Effective Date and Signature

By signing below, the Center for Native Child and Family Resilience and Indian Health Council, Inc. signify their mutual commitment to work together to complete the agreed upon project.

Indian Health Council, Inc.

Center for Native Child and Family Resilience



[Signature]



[Signature]

Chief Operating Officer

Co-Director

[Title]

[Title]

August 1, 2019

August 5, 2019

[Date]

[Date]



Appendix C: My Two Aunties Pathway to Change Model



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Appendix D: CNCFR Project Driven Evaluation Planning Tool



Center for Native Child and Family Resilience

Project-Driven Evaluation Planning Tool

Using the Project-Driven Evaluation Planning Tool

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

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

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

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



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

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

How to use this tool

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

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

1. Defining Key Terms

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



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

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

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

2. Developing Evaluation Questions

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



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

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

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

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



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

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

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

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

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



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

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

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



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

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

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

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



3. Information sources to inform the story

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

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

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



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

4. Project-Driven Evaluation Plan

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

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

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

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



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?
<i>Does the program improve family wellness?</i>	<i>Indian Family Wellness Assessment</i>	<i>[Name, Role]</i>	<i>At baseline, and at end of program</i>	<i>[Name, Role]</i>

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?
<i>What are the ongoing costs to running this intervention?</i>	<i>Time-use study</i>	<i>[Name, Role]</i>	<i>Weekly, for one month</i>	<i>[Name, Role]</i>

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.

Appendix E: Program Evaluation Data Collection Instruments:

1. My Two Aunties Word Cloud Personal Reflection Tool
2. Interview protocol for My Two Aunties staff (round 1, round 2)
3. Interview protocol for other IHC staff and providers external to IHC (round 1, round 2)
4. Interview protocol with families



APPENDIX E.1. My Two Aunties Word Cloud Personal Reflection Tool



MY TWO AUNTIES

PERSONAL REFLECTION

DATE:

CLIENT ID#



MODE:

FOCUS OF APPT:

During the last few minutes of the service appointment, ask the family member you are working with to review the word cloud and identify a maximum of 5 words (clients can select less words if they choose) that reflect how they feel after the day's visit. Be sure to bring a pen or marker so that the family member can complete the exercise. Be sure to point out that the family member can write in a response if there aren't words that reflect how she or he is feeling in the word cloud. The family member only should fill out page 2 (the back side) of this worksheet. Page 1 is filled out by the Auntie.

Appointment Notes

Use the space below to write any important notes from the visit (e.g. curriculum lesson delivered, referrals made, etc.)



How do you feel after today's visit?

(Pick up to 5 words)

Sunny Strong Supported Ready to Fly Kind
 Accomplished Thankful Connected Hopeful Overwhelmed
 Optimistic Uncertain
 Evolved
 Independent Grateful
 Okay Happy
 Kinship Shame Rejuvenated
 Gloomy Curious Positive Nervous
 Confused Learning Excited Stressed Worried Tired
 Healthy Alright Alone Sick Humbled Weary
 Disconnected Kinship Distant Scared Insecure
 I've Got This Unprepared Judged Renewed Energetic

Any other feelings?



APPENDIX E.2. Interview protocol for My Two Aunties staff (round 1, round 2)

Interview protocol for My Two Aunties staff (round 1, round 2)

Interview Date	
Interviewers' Names	
Interviewee(s) Name(s)	
Interview Mode (in-person, virtual-phone, video)	
Additional Notes	

INTRODUCTION

Thank you for taking the time to meet with us today. My name is [XXX], and my colleague, [XXX], is also joining us. Our discussion with you today will help the Indian Health Council (IHC) understand awareness of the My Two Aunties model within IHC and its contribution to restoring cultural family life skills. Today's discussion gives us the space to reflect on the My Two Aunties model. Some questions may have us revisit discussions we have had before, and others may allow us the opportunity to explore new topics. We appreciate the dedicated time to document your perspective in depth.

The interview today should last between 30 and 60 minutes. We will take notes during our conversation so we can accurately capture your statements. We will use the information you share with us to write a summary of what we have learned, and we will not connect your name to your response, so please share your opinions freely. We will seek your explicit permission in the event that specific quotes may be used for additional dissemination, such as the final report.

We would also like to record this discussion to make sure our notes are accurate, if that is okay with you. Only the study team, M2A initiative staff, and an Indigenous Ways of Knowing (IWOK) consultant will have access to the recording, and we will erase the recording once we finalize our notes. Do I have your permission to record our discussion? *[Note: if interviewees decline the recording, that is okay and state we will still take notes.]*

Please keep in mind:

- We will keep the records from the interviews in locked files and a secure data file sharing site. Only the Center team, M2A initiative staff, and IWOK consultant will have access to the full records, and de-identified notes. Any information that could identify you will be kept private unless required otherwise by law. M2A initiative staff will securely delete sensitive data when they are no longer needed (that is, shred hard copies and delete electronic copies) after the end of the project on September 29, 2022. Reports with study findings will never identify participants by name.



- There are no right or wrong answers to these questions. We just want to learn about your experience and perspective.
- Your participation in this conversation is completely voluntary.
- You don't have to answer any questions you don't want to answer during our discussion today.
- If you decide not to participate, it will not impact your job status at IHC or elsewhere.
- Your participation might not benefit you directly. But it could help families in your community because the findings from this evaluation will be used to improve the My Two Aunties Model.
- Do you have any questions for us before we get started?

****Start the recording (if agreed to)****

[Note to interviewer: Two rounds of interviews will be conducted with project staff. Some of the questions may be more appropriate for one round versus the other. Please tailor the protocol as appropriate for each round before conducting interviews.]

Role of My Two Aunties model within Indian Health Council (IHC)

[Ask questions 1–2 in Round 1]

1. How would you describe the overall goals of the IHC?
2. What is your understanding of how the My Two Aunties model helps IHC achieve its goals? That is, how does the M2A program help IHC achieve its goals?
 - a. What role do you believe Aunties play to help achieve those goals?

[Ask in Round 2]

3. In what ways, if any, has there been a change in how the model helps IHC achieve its goals?

Uniting organizational partners

[Ask questions 4–5 in Round 1]

4. Given the goals of the IHC, how would you describe current interdepartmental coordination and collaboration to serve families involved with My Two Aunties?
 - a. What does this look like in terms of information sharing and service planning for families?
5. How is your voice as [an Auntie/a My Two Aunties model leader] included in discussions about how IHC addresses the needs of children and families?

[Ask questions 6–8 in Round 2]



6. In what ways, if any, has interdepartmental coordination and collaboration changed since we last talked in May?
 - a. How, if at all, has information sharing and service planning for families changed?
7. How, if at all, has your voice and expertise as [an Auntie/program director] been elevated at IHC?
8. Do you feel like the model has contributed to a change in how IHC delivers care and addresses the needs of children and families? How so?

Cultural family life skills and resources

[Ask questions 9–12 in Round 1]

9. What do you see as the role of culture and tradition (meaning Indigenous ways) in wellness?
10. What does Indigenous social services mean to you in practice? What resources would it include?
 - a. Are you speaking from a [Payómkawichum/Luiseño/Kumeyaay/Cupeño/Cahuilla?] perspective?
11. What was your familiarity with culturally grounded family life skills before becoming involved in the My Two Aunties model?
12. What does culturally grounded family life skills mean to you in practice?
 - a. Is it important to you that the people you work with (both staff and families) have or gain that knowledge?

[Ask questions 13–15 in Round 2]

13. How does IHC provide traditional (meaning Indigenous ways) social services to its clients?
 - a. What resources does it include?
 - b. How, if at all, have the resources changed since the My Two Aunties model began?
14. In what ways has your awareness of cultural family life skills changed since May when we last talked, if at all?
 - a. How do you see others within IHC using cultural family life skills? How has this changed since May?



- b. How do you see external organizational partners [*for example, child welfare services, Indian Specialty Unit*] using cultural family life skills? How has this changed since May?
- c. How do you see families using these skills?

15. What do you see as important to increasing awareness of cultural family life skills?

Word Cloud Personal Reflection Tool

[Ask questions 16–18 in Round 2]

We would like to talk about the Word Cloud Personal Reflection Tool for a few minutes. In particular, we would like to understand how it has changed your experiences with clients since you introduced it to the end of each visit.

16. What motivates you to use the Tool?
17. Please talk about how the Tool has made a contribution to the quality of your visits. That is, what added value does the Tool bring to the visit?
- a. Open up dialogue with clients?
 - b. Enhance services in some way?
 - c. Learn more about the client?
18. Has the use of the Tool changed your relationships with any client? How so?

Referrals

[Ask questions 19–22 in Round 1]

19. When you tell others at IHC about My Two Aunties, how familiar are they with the model?
- a. How familiar are they with the services provided by the Aunties?
20. What are some of the actions you can take to raise awareness of the model?
21. What is your perception of the referral process to My Two Aunties services?
- a. Do you foresee any changes to the referral process?
22. What department within IHC makes most of the referrals?
- a. What have they shared about why they refer families to My Two Aunties?

[Ask questions 23–27 in Round 2]



23. How has familiarity with the My Two Aunties model changed within IHC since May, if at all?
 - a. How has familiarity with the services provided by the Aunties changed, if at all?
24. How, if at all, has the referral process changed?
 - a. What strategies have you taken to increase referrals?
25. What department within IHC makes most of the referrals?
 - a. What have they shared about why they refer families to My Two Aunties?
26. How are mothers hearing about the model and the services of the Aunties?
27. What has been one of the most successful ways to enroll mothers in My Two Aunties services? The least successful?

Thank you for your time today.



APPENDIX E.3. Interview protocol for other IHC staff and providers external to IHC (round 1, round 2)

Interview protocol for other IHC staff and providers external to IHC (round 1, round 2)

Interview Date	
Interviewers' Names	
Interviewee(s) Name(s)	
Interview Mode (in-person, virtual-phone, video)	
Additional Notes	

INTRODUCTION AND CONSENT

Thank you for taking the time to meet with us today. My name is [XXX], and my colleague, [XXX], is also joining us. During today's discussion, we would like to learn more about your understanding of the My Two Auntie's model and your thoughts on how the model contributes to the awareness of culturally grounded family life skills within IHC, and how the model strengthens families and affects families' perceptions about seeking and receiving help.

The interview today should last between 30 and 60 minutes. We will take notes during our conversation so we can accurately capture your statements. We will use the information you share with us to write a summary of what we have learned, and we will not connect your name to your response, so please share your opinions freely. We will seek your explicit permission in the event that specific quotes may be used for additional dissemination, such as the final report.

We would also like to record this discussion to make sure our notes are accurate, if that is okay with you. Only the study team, M2A Initiative staff, and Indigenous Ways of Knowing (IWOK) consultant will have access to the recording, and we will erase the recording once we finalize our notes. Do I have your permission to record our discussion? *[Note: if interviewees ask where data are stored, then explain that IHC hosts data securely and with restricted permissions on MS Teams and the study team hosts data on Box. if interviewees decline the recording, that is ok and state we will still take notes.]*

Please keep in mind:

- We will keep the records from the interviews in locked files and a secure data file sharing site. Only the Center team, M2A initiative staff, and IWOK consultant will have access to the full records and de-identified notes. Any information that could identify you will be kept private unless required otherwise by law. M2A initiative staff will securely delete sensitive data when they are no longer needed (that is, shred hard copies and delete electronic copies) after the end of the project on



September 29, 2022. Reports with study findings will never identify participants by name.

- There are no right or wrong answers to these questions. We just want to learn about your experience and perspective.
- Your participation in this conversation is completely voluntary.
- You don't have to answer any questions you don't want to answer during our discussion today.
- If you decide not to participate, it will not impact your job status at IHC or elsewhere.
- Your participation might not benefit you directly. But it could help families in your community because the findings from this evaluation will be used to improve the My Two Aunties Model.
- Do you have any questions for us before we get started?

****Start the recording (if agreed to)****

[Note to interviewer: Two rounds of interviews will be conducted with IHC staff and other providers. Some of the questions may be more appropriate for one round versus the other. Please tailor the protocol as appropriate for each round before conducting interviews.]

INTERVIEW QUESTIONS

Our first set of questions are trying to understand your thoughts about how the My Two Aunties model contributes to the awareness of culturally grounded family life skills within the Indian Health Council and the community.

Role of My Two Aunties model within Indian Health Council (IHC) [For IHC staff only]

[Ask questions 1–2 in Round 1]

1. How would you describe the overall goals of the IHC?
2. What is your understanding of how the My Two Aunties model helps IHC achieve its goals? That is, how does the M2A program help IHC achieve its goals?
 - a. How do Aunties help achieve those goals?

[Ask question 3 in Round 2]

3. In what ways, if any, has the model changed in helping IHC achieve its goals?

Uniting organizational partners

[Ask question 4 for IHC staff only in Round 1]



4. Given the goals of the IHC, how would you describe current interdepartmental coordination and collaboration to serve families involved with My Two Aunties?
 - a. What does this look like in terms of information sharing and service planning for families?

[Ask questions 5–6 for IHC staff only in Round 2]

5. In what ways, if any, has interdepartmental coordination and collaboration changed over the last year?
 - b. How, if at all, has information sharing and service planning for families changed?
6. Do you feel like the model has contributed to a change in how IHC delivers care and addresses the needs of children and families? How so?

Cultural family life skills and resources

[Ask question 7–9 for IHC staff in Round 1]

7. What do you see as the role of culture and tradition (meaning Indigenous ways) in wellness?
8. What does traditional Luiseno or Payómkawichum social services mean to you in practice? What resources would it include?
9. What does culturally grounded family life skills mean to you in practice?
 - c. Is it important to you that the people you work with (both staff and families) have or gain that knowledge? If so, why?

[Ask question 10 for providers external to IHC in Round 1]

10. As someone external to IHC, what is your awareness of cultural family life skills and the My Two Aunties model at IHC?
 - d. In what ways do you see the model as different from other social service programs? In what ways do you see the model as similar to other social service programs?

[Ask questions 11–13 for IHC staff only in Round 2]

11. How does IHC provide traditional (meaning Indigenous ways) social services to its clients?
 - e. What resources does it include?
 - f. How, if at all, have the resources changed since the My Two Aunties model began?



12. In what ways has your awareness of cultural family life skills changed over the last year, if at all?
13. In what ways, if at all, has the My Two Aunties model affected the community's understanding of cultural family resources?
 - g. What do you see as important to increasing awareness of cultural family life skills?

Referrals

[Ask questions 14–15 in Round 1]

14. How did you first hear about the My Two Aunties model and the services provided by the Aunties?
15. How often do you refer mothers in your care to My Two Aunties?
 - h. How, if at all, has that changed over the last year?
 - i. What are you hoping the mothers will achieve by participating in the services?
 - j. How often do you hear about mothers participating in My Two Aunties services?

[Ask questions 16 for IHC staff only in Round 2]

16. How has familiarity with the My Two Aunties model changed over the last year, if at all?

Our last set of questions are trying to understand your thoughts about how the My Two Aunties model strengthens families and affects families' perceptions about seeking and receiving help.

[Ask questions 17–19 in Round 1]

17. First, please share your thoughts on how cultural family life skills strengthen families.
18. Given your understanding of the My Two Aunties model, do you think the model strengthens families?
 - a. If yes, in what ways do families participating in My Two Aunties experience strengthened cultural family life skills?
 - b. If no, what could be done to improve the model's ability to strengthen families?
19. Given your understanding of the My Two Aunties model, does it incorporate safety, caring and respect? How so?

[Ask questions 20–22 For IHC staff only in Round 2]

20. How, if at all, does the My Two Aunties model appear to be respectful of families?
21. How, if at all, does the My Two Aunties model appear to empower families?



22. What is your sense of how the model affects families' perceptions about seeking and receiving help?

Thank you for your time today.



APPENDIX E.4. Interview protocol with families

Interview protocol with families

Interview Date	
Interviewers' Names	
Interviewee(s) Name(s)	
Interview Mode (in-person, virtual-phone, video)	
Additional Notes	

INTRODUCTION AND CONSENT

Thank you for taking the time to meet with us today. My name is [XXX], and my colleague, [XXX], is also joining us. During today's discussion, we would like to learn more about your family's experience with My Two Aunties and the ways in which it brings meaning and change to your lives. We want to hear about your experiences working with [insert Auntie's name] and how you have used the My Two Aunties curriculum and its other services and supports. Ultimately, we would like to understand if this model contributed to strengthening you and your family and, if so, how.

The interview today should last about 30 minutes, but you are welcome to say as much (or as little) as you like. We will use the information you share with us to write a summary of what we have learned, and we will not connect your name to your response, so please share your opinions freely. Your personal information will never appear in any public report or presentation, and it will not be possible for anyone to identify you from the products of the evaluation.

We will take notes during our conversation to help me remember what you tell me today. We would also like to record this discussion to make sure our notes are accurate, if that is okay with you. Only the study team, M2A initiative staff, and Indigenous Ways of Knowing (IWOK) consultant will have access to the recording, and we will erase the recording once we finalize our notes. I can pause or stop the recording at any time if you would like me to. Do I have your permission to record our discussion? *[Note: if interviewees decline the recording, that is okay and state we will still take notes.]*

Please keep in mind:

- We will keep the records from the interviews in locked files and a secure data file sharing site. Only the Center team, M2A initiative staff, and IWOK consultant will have access to the full records and de-identified notes. Any information that could identify you will be kept private unless required otherwise by law. M2A initiative staff will securely delete sensitive data when they are no longer needed (that is, shred hard copies and delete electronic copies) after the end of the project on



September 29, 2022. Reports with study findings will never identify participants by name.

- There are no right or wrong answers to these questions. We just want to learn about your experience and perspective.
- Your participation in this conversation is completely voluntary. If you decide not to participate, it will not impact the services you receive from IHC or elsewhere, and it will not affect your relationships with the Aunties.
- You might find some topics sensitive or emotionally difficult or upsetting. You do not have to answer questions unless you want to. You can take a break, stop, or leave at any time. For example, you can simply tell me “pass” and we will move on.
- Your participation might not benefit you directly. But it could help families in your community because the findings from this evaluation will be used to improve the My Two Aunties Model.
- Do you have any questions before we get started?

****Start the recording (if agreed to)****

[Note to interviewer: Two rounds of interviews will be conducted with families. Some of the questions may be more appropriate for one round versus the other. Please tailor the protocol as appropriate for each round before conducting interviews.]

Questions

1. Can you tell me a bit about your experience with the My Two Aunties program?
2. Does your family receive services from other IHC programs, besides My Two Aunties?
[such as medical, dental, parenting class, nutritionist, Family Spirit, fitness consultant]
 - a. (If yes) How has your My Two Aunties experience been similar to the other programs?
 - b. How has it been different?

[Note: adults may feel sensitive about discussing their involvement in other services, e.g. child protection or court services. When probing for examples, focus on how M2A stands apart or feels the same, and not details of the other programs.]

Probe: By your experience, I mean:

–how much you like it

–how you feel before you go

–how you feel during

–your comfort level



–whether you trust the people with you

–whether you believe that good will come of being there

–whether you believe that no harm will come to you by meeting with the Auntie and other staff]

3. *[Ask in the first interview only]* Before you started, what did you expect My Two Aunties to be like?
 - a. Why did you expect My Two Aunties to be that way?
 - b. Now that you have had some time with the My Two Aunties, how has it compared to your expectations? Why?
4. Now tell me about your experience with *[Auntie Name]*. What kinds of activities do you do with the Aunties?

[Probe:

Was the Word Cloud Personal Reflection meaningful to you? Why or why not?

Did you like doing the personal reflection? Why or why not?

Did the reflection change the way you feel about your visits with the Auntie? In what ways?

Did any particular visits or lessons stand out as meaningful to how you see your family or family ways? How so?]

5. What is your relationship like with *[Auntie name]*?

[Probe: Is she respectful of your family? Why or why not?

- *Did you feel like the Auntie was engaging?*
- *Did you have enough time to answer and ask questions?*

Probe for relationship attributes of interest

- *Were they knowledgeable?*
- *Were they receptive of your knowledge and open to learning how you do things?*
- *Did they give you time and space?*
- *Were they understanding if you could not meet or follow up on an activity?*
- *Do you feel a sense of trust with the Auntie?*
- *Do you feel they are meeting you where you're at and not pushing you?*



- *Did they treat you like family?]*

6. What has been different for your family life at home since you have been meeting with [Auntie name]?

a. How has your family life changed, if at all?

[Probe for cultural family life skills in bold we expect families to strengthen, use probes and sub-bullets as examples if needed.]

- *How, if at all, has your **parenting** changed? For example, do you notice a difference in your **interactions with your children**, how so?"*

o **Other parenting skills:**

- *Listening and engaging with children*
- *Inclusion of children in family/community events*

- *Do you feel like you have new or strengthened **skills**? For example, do you notice a difference in your daily **routine** or how you manage your **family's activities**, how so?*

o **Other life skills:**

- *Meal planning*
- *scheduling*
- *Self-care and relationship maintenance*

- *Have you noticed a difference in the way your **family** works to get things done, whether for household needs or family enjoyment?*

o **Other family functioning:**

- *Bills are paid*
- *Vacations planned*
- *School attendance*
- *Career*
- *Visiting with grandma and family*

- *Have you seen a change in how your family **communicates** or interacts as you attend to your family matters?*

- *How, if at all, has your sense of **connection and pride with culture** changed? For example, do you notice a change in how you and your family interact or **participate in Tribal events**?*



○ **Other examples of connection with culture:**

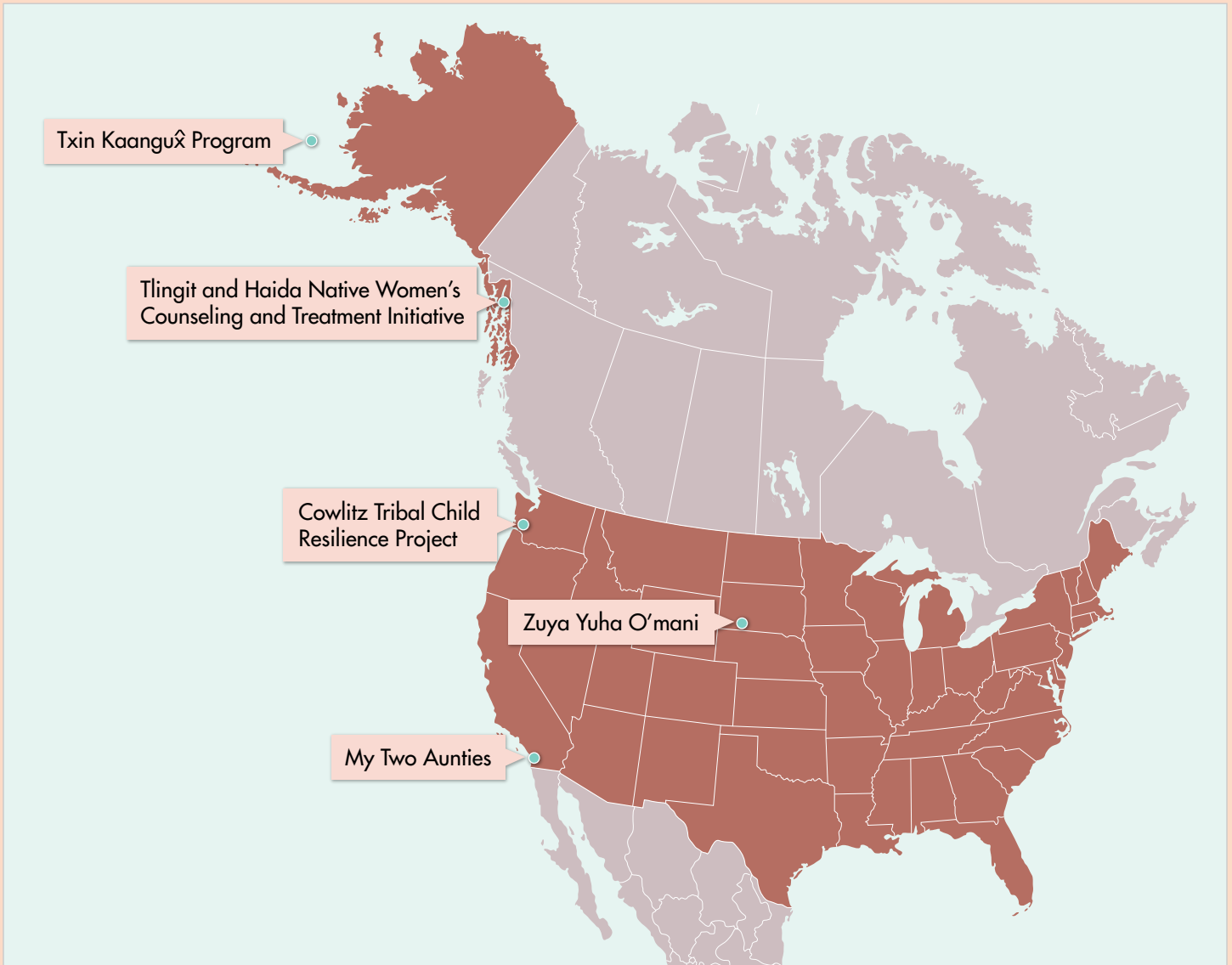
- *Exposing kids to culture: song, language, tribal books, tribal games (ball game, inter-tribal sports)*
- *Participation in tribal events: fiesta, rodeo, powwow, bird singing, peon games, dance, beading class, drumming*
- *Volunteering for tribal committees/events]*

7. What have you learned about yourself as a family member because of your meetings with [Auntie name]?

[Probe: how is your relationship with your children/parents different now that you have been meeting with [Auntie name]?)

8. Have you found that your family values have changed in any way since you initially began engaging with Aunties? In what ways?

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

My Two Aunties Evaluation Report 2022