Feasibility Study for the Evaluation of DHHS Programs Operated under Tribal Self-Governance

Draft Final Report

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1.1 Summary of Findings

Purpose of Study:

Methods/Input

Summary of Findings:

- All evaluation models are technically feasible.
- Costs would be very high for comprehensive model for evaluation of new DHHS programs under a (possible) demonstration, but results would be rigorous and useful.
- Comprehensive evaluation of DHHS health programs operated under compacts is technically feasible and with moderate costs, but likely would not be feasible due to political considerations.
- Limited evaluation model is technically feasible, with moderate costs, it is likely Tribes would agree to participate, and would produce solid and useful results for a limited range of evaluation issues.
- Evaluation using aggregate reporting and monitoring data is technically feasible, would have modest costs, and likely Tribes would agree to participate, but would produce findings of limited value.

1.2 Background of the Study

In the Tribal Self-Governance Amendments of 2000 (P.L. 106-260), Congress re-affirmed its commitment to Tribal self-governance. In the Preamble to the Act, the Congress defined the goal of self-governance as "to permit an orderly transition from Federal domination of programs and services to provide Indian Tribes with meaningful authority, control, funding, and discretion to plan, conduct, redesign, and administer programs, services, functions, and activities (or portions thereof) that meet the needs of individual Tribal communities."

The Act established Tribal Self-Governance of Indian Health Service programs on a permanent basis. In addition, the Congress directed the Secretary of DHHS to "conduct a study to determine the feasibility of a Tribal self-governance demonstration project for appropriate programs, services, functions, and activity (or portions thereof) of the agency [HHS]." The Office of the Assistant Secretary for Planning and Evaluation conducted the Tribal Self-Governance Demonstration Feasibility Study in 2001-2002. The Final Report on the Study, submitted to Congress in March 2003, identified 11 DHHS programs as "feasible for inclusion in a Tribal self-governance demonstration project" (p.15). These 11 programs[1] are:

- **Administration on Aging**
  1. Grants for Native Americans
- **Administration for Children and Families**
  2. Tribal Temporary Assistance for Needy Families
  3. Low Income Home Energy Assistance
  4. Community Services Block Grant
  5. Child Care and Development Fund
  6. Native Employment Works
  7. Head Start
  8. Child Welfare Services
  9. Promoting Safe and Stable Families
  10. Family Violence Prevention: Grants for Battered Women's Shelters
- **Substance Abuse and Mental Health Services Administration**
  11. Targeted Capacity Expansion

There are Tribes currently managing each of these DHHS programs that were determined feasible for inclusion in a Tribal Self-Governance Demonstration project, under contractual arrangements or grant awards. A Self-Governance Demonstration program, as detailed in the Final Report, could permit a simpler, multiple-program application process and simpler and consolidated reporting requirements. Importantly, the Demonstration program could provide "Tribes with the flexibility to change programs and reallocate funds among programs" (p.19) to better address specific Tribal community priorities.

Congressional action would be necessary to authorize a DHHS Tribal Self-Governance Demonstration. In order to anticipate evaluation issues that would arise if a demonstration were

[1] NOTE ON DIFFERENCES IN PROGRAMS IN BILL SUBMITTED IN CONGRESS.

to be authorized, DHHS identified a need to examine how an evaluation of outcomes and successes of Tribal management of health and social services programs might be conducted. While a number of assessments of tribally-managed programs have been conducted, these have been primarily qualitative in nature. The Office of the Assistant Secretary for Planning and Evaluation (OASPE) was interested in determining the feasibility of conducting an evaluation that includes both qualitative and quantitative analysis of processes and outcomes associated with DHHS programs managed by Tribes under self-governance.

In September 2002, DHHS contracted with Westat, and its subcontractor, Kauffman and Associates, Inc., to conduct a study of the feasibility of evaluating DHHS programs operated under Tribal self-governance that would provide background information and assess the feasibility of conducting a rigorous and defensible evaluation of DHHS programs managed by Tribes under self-governance.

1.3 Objectives of the Study

The Evaluation Feasibility Study was designed to provide information to DHHS and to Tribes on several questions:

- Is an evaluation of DHHS programs operated under Tribal self-governance feasible?
- What evaluation issues and research questions are important to address in an evaluation?
- What measures – both qualitative and quantitative – are appropriate to use to address each of the selected evaluation issues and research questions?
- Are there data available, within DHHS and from Tribes managing DHHS programs, which would permit an evaluation to be conducted, using a rigorous methodology that would be likely to produce reliable results?
- What are the cost implications of alternative feasible evaluation strategies (including sample size cost implications)?

It is important to note that, while this project was intended to provide information helpful to the design of an evaluation, the project was not designed to produce a definitive evaluation design and methodology. Any evaluation that might be considered, at some future time, would be developed with a consultation process between DHHS and the Tribes. Results of this Study were

intended only to provide information on feasible options for an evaluation and considerations that can be used by DHHS in consultation with the Tribes about an evaluation that could be conducted and the range of issues that could be addressed.

1.4 Organization of this Draft Final Report

This Draft Final Report on the Evaluation Feasibility Study provides background information and assesses the feasibility of conducting an evaluation of DHHS programs managed by Tribes under self-governance. Throughout the 15-month project, guidance and input were provided to the study team and to OASPE by the project's Technical Working Group (TWG).[2] In addition, preliminary findings of the site visits and data reviews were presented at discussion sessions held at three national conferences: National Indian Health Board, Self-Governance Tribes, and National Congress of American Indians. The issues raised and perspectives of the TWG and participants in the discussion groups are reflected in the findings presented throughout this Draft Final Report.

Section 2 of this Draft Report provides an overview of considerations for the feasibility of conducting an evaluation of DHHS programs managed by Tribes under self-governance and describes key feasibility issues that guide the study. The study methodology and background information activities conducted are described in Section 3. Findings from the site visits and data reviews are presented in Section 4 and results of the discussion groups held at national conferences are presented in Section 5. In Section 6, four illustrative evaluation models are described and issues and considerations for the feasibility of conducting these alternative evaluation models are discussed. A summary and discussion of the findings of the study is provided in Section 7.

[2] Appendix A to this Report provides the list of members of the Technical Working Group.

2. ISSUES AND CONSIDERATIONS FOR EVALUATION FEASIBILITY

2.1 Overview

The Evaluation Feasibility Study was initiated to provide information to the Department of Health and Human Services on the potential to evaluate DHHS programs managed by Tribes under self-governance, both existing health programs and new DHHS programs that might be included in a demonstration. Most demonstration programs within the Department are developed with an evaluation component that is designed to assess the program's operations, processes, and outcomes. Although Tribal self-governance of Indian Health Service programs has been in place for a decade, no government-sponsored evaluation of that program has been conducted and the limited information available was primarily qualitative. As a result, little information is available on the strategies and processes used by Tribes who compacted for health programs or on the outcomes associated with self-governance of health programs. The Department determined that examining the potential for evaluating potential new self-governance programs, as well as feasibility of evaluating health programs, would be a useful activity. The focus of this planning study was to determine whether it would be feasible to conduct an evaluation that included quantitative measurement of process and outcomes, since the existing research on delivery of services under self-governance had been primarily qualitative.

Early in the project, it became clear that designing an evaluation of DHHS programs operated under Tribal self-governance was a much more complex and daunting task than was the norm for other DHHS programs. Tribal self-governance is intended to allow Tribes to manage their own programs with flexibility and with minimal requirements for reporting to federal agencies. Evaluation, on the other hand, requires substantial data collection and reporting and a degree of consistency in program structure and models in order to facilitate analysis. The nature of the government-to-government relationship between the Federal government and individual Tribes, however, requires consultation and agreement on the type and the extent of any evaluation program. Beyond the consultation process, individual Tribes cannot be required to participate in an evaluation and the decision to participate is determined by each individual Tribe.

The Technical Working Group (TWG) stressed the importance of these issues at the initial meeting with the project team in February 2004. In addition, the TWG members emphasized that there are a number of other issues – both political and practical – that the feasibility study should take into consideration as the project went forward. These included: 1)

concerns that an evaluation of self-governance could be interpreted by Tribes and Tribal organizations as an attempt by the Federal government to discredit or end the self-governance programs that already are in place; 2) concerns that, since the underlying goal of self-governance is to offer Tribes flexibility to structure programs to better meet local priorities, evaluation that examines a set of Federally-determined outcomes is inappropriate; 3) concerns that an evaluation may impose more extensive and burdensome data reporting on Tribes, rather than the minimal reporting that is one of the principles of self-governance; 4) concerns that the evaluation data reporting under the demonstration program could become 'institutionalized,' and 5) concerns about the potential political ramifications of any evaluation of self-governance of health programs that involved comparisons of compact Tribes with IHS direct service Tribes.

These concerns and issues guided the development of a framework for the evaluation feasibility study. Specifically, the project team addressed the following considerations:

1. Any evaluation of DHHS programs operated under Tribal self-governance should be designed to examine how the Tribally-managed program operates to achieve Tribal goals. The focus of an evaluation is not on whether self-governance should continue to be available to Tribes, but rather on how DHHS programs are operated by Tribes under self-governance to address health and social services needs and each Tribes' priorities and needs.
2. An evaluation should be designed with an understanding of the goals and principles of self-governance. Self-governance offers Tribes the opportunity for flexibility to develop and re-structure programs to meet specific Tribal objectives. Any evaluation design should be similarly flexible in defining outcomes that could be measurable.
3. If an evaluation were to be conducted, it would be important to clearly state its goals and communicate with Tribes about the potential benefits to them of participation and the possible disadvantages of participation, including burden of data collection and reporting. There should also be clearly defined limits on the timeframe within which evaluation-related data would be requested and submitted by participating Tribes. In addition, confidentiality of individual Tribes' data and results should be guaranteed.

4. An evaluation of new DHHS programs managed by Tribes under a potential demonstration program that may be authorized by Congress should be separate from and designed differently than an evaluation of self-governance of health programs. Self-governance of health programs is not a demonstration and has been in place for a decade. Therefore, any evaluation that could be structured would be retrospective and subject to more limitations than would an evaluation of a new demonstration program.

These issues and considerations guided the development of the evaluation feasibility study and the analysis of the feasibility of alternative evaluation approaches.

2.2 Perspectives on Evaluation Research: Congress, DHHS, and Tribes

Congress, DHHS, and Tribes may have quite different views on the usefulness, need for, and objectives of evaluations of programs.

When Congress authorizes a demonstration program, it is generally with an understanding that it will be designed and implemented for a limited period of time to determine whether the new approach can effectively and efficiently meet specific goals. Evaluation of demonstration programs provides information and evidence on the process through which the programs are implemented, operational issues, and on impacts and outcomes of the demonstration programs, relative to the goals of the programs. Evaluation findings may also provide information that can be used to refine and improve the demonstration program as it transitions to permanent status. Because evaluation is an accepted tool for assessing new programs, Congress often requires that an evaluation be conducted of new demonstration programs that it authorizes.

Agencies within the Department of Health and Human Services may have an interest in evaluating new programs that provide services to target populations. Management and program staff that have responsibility for specific programs have often worked in their fields for many years to develop effective programs that are designed to provide services and meet defined needs of the population they serve. When a new program is undertaken, there may be concerns about whether the program objectives will continue to be achieved and whether the target population will be as well served as it was under DHHS program management. Evaluations of how the newly structured programs operate and meet the needs of the target population may allay concerns and provide increased support for the new program.

Tribes and Tribal organizations may perceive evaluations as having less value for them and as posing some risk that there may be potential negative consequences associated with evaluation findings. This may be particularly the case for evaluation of DHHS programs managed by Tribes under self-governance, since the underlying principle of self-governance is to permit Tribes to develop and administer programs that are more responsive to Tribal priorities and needs than are Federally-run programs. Any evaluation of Federal programs operated by Tribes under self-governance may be perceived as an attempt by the Federal government to find problems with Tribal management of programs. A traditional evaluation approach that identifies a standard set of objectives to be measured across all self-governance Tribes also may be perceived as inappropriate, since each Tribe may have unique objectives for its programs. The resistance of Tribes to participate in evaluations of Federal programs operated by Tribes is a critical challenge for any potential evaluation. Tribal cooperation and agreements to participate in an evaluation is necessary for the conduct of any rigorous and useful study.

Potential Benefits of an Evaluation

If an evaluation of DHHS programs operated under Tribal self-governance were to be conducted, it would potentially have several benefits both to DHHS and to Tribes and Tribal organizations. DHHS program managers and staff who have had responsibility for administering programs that the Tribes would manage under a demonstration, if authorized by Congress, would perceive an evaluation as consistent with the normal approach to assessing the effectiveness and success of any new program arrangements undertaken within the Department. Evaluation could provide evidence that the needs of clients are being met under the new management structure, even though some aspects of the program may be different than under direct Federal program management. In addition, results of evaluation of DHHS programs managed by Tribes could provide information that would increase understanding of Tribal issues and goals among DHHS program managers and staff and the benefits and successes of Tribal self-governance in better meeting the unique needs of Tribal members.

Evaluation of DHHS programs managed under Tribal self-governance could provide useful information to Tribes and Tribal organizations, as well. Results could provide information on "best practices" and innovative programs that could be used by other Tribes to improve services and performance in program management. There is also the potential for the findings to demonstrate that Tribal self-governance is an effective method for improving services and meeting needs of individual Tribes and Tribal members that would provide support for further expansion of self-governance to additional DHHS and other agencies' programs.

Potential Disadvantages of an Evaluation

There are, however, some potential disadvantages to DHHS and to Tribes of conducting an evaluation of DHHS programs managed under Tribal self-governance. It would be necessary for DHHS to initiate and engage in what might be a lengthy consultation process with the Tribes in order to define the extent and range of any evaluation that might be conducted. In addition, individual negotiations with each Tribe to obtain and work out the terms of an agreement to participate in the evaluation would likely be necessary. Finally, the costs to DHHS of conducting an evaluation of the DHHS programs managed by Tribes would likely be significant, necessitating trade-offs between the comprehensiveness and rigor of an evaluation and the associated costs.

There are also potential disadvantages of an evaluation for Tribes. If some evaluation findings suggested that Tribal management of DHHS programs was less than successful, or that some Tribes were less effective than others in managing these programs, those results could have negative consequences for the advancement of Tribal self-governance. There would also likely be costs to the Tribes associated with data collection and reporting for the evaluation, even if DHHS provided uniform data collection systems and training in support of the evaluation.

2.3 Feasibility Considerations

The feasibility of conducting an evaluation of Tribal self-governance – either of a new demonstration program for DHHS non-health programs, that may be authorized by Congress, or of self-governance of DHHS health programs -- would be dependent on a number of issues and considerations. These include:

- Tribal support and agreement to participate in the evaluation. The likelihood that Tribes will support the evaluation and agree to participate will be affected by the goals of the evaluation, the nature and extent of consultation between the Tribes and DHHS on the goals and processes of the evaluation, and the costs and burden of participation to the Tribes.
- Self-selection Issues. Self-selection bias is an issue for any demonstration program, since the Tribes that volunteer to participate in the demonstration are likely to be different in some characteristics than those that do not participate. However, because Tribes would also have the option of participating or not participating in an evaluation, the magnitude of the self-selection issue may be

greater than in most evaluation. Evaluation feasibility would be affected by the expected number of Tribes that would volunteer to participate.

- Appropriate Comparison Groups. Agreement by DHHS and Tribes on appropriate and acceptable – to DHHS and to Tribes – comparison groups are critical to the feasibility of any evaluation of Tribal self-governance. Evaluation research involves comparing a new program's operations and impacts relative to what would have been observed in the absence of the new program. Pre-post comparisons are generally accepted approaches, but do not take into account underlying trends and changes that may affect what is observed in the new program. External comparison groups are usually defined and examined to adjust pre-post data for any outside trends that may affect programs.
- Data Availability. The availability of data for the pre-post self-governance period is a necessary condition for conducting an evaluation of DHHS programs operated by Tribes under self-governance. Similarly, if external comparison groups are to be used, comparable and consistent data must be available for the relevant time periods of the evaluation.
- Costs to DHHS and to Participating Tribes. Costs of any evaluation approach considered are an important consideration in assessing evaluation feasibility. Some evaluation alternatives may involve much higher costs than others and, thus, might be prohibitive. Trade-offs may be considered between the comprehensiveness and rigor of evaluation alternatives and costs and the potential value of the findings that may be produced.

In addition to these issues and considerations, the Technical Working Group and others who contributed to and provided guidance for this study emphasized that an evaluation of DHHS programs operated by Tribes under a potential demonstration and an evaluation of self-governance of health programs requires significantly different approaches. With this in mind, the project team considered the feasibility of evaluating DHHS health programs under self-governance as a separate task within the study.

3. STUDY METHODOLOGY

3.1 Approach to Assessing Feasibility of an Evaluation

The Evaluation Feasibility Study involved the following activities:

- Establishment of a Technical Working Group that provided ongoing input and review of interim study products, as well as guidance on study objectives and processes;
- Broad communication about the project to all Tribal leaders, through mailings, a DHHS website, and organization of discussion groups at national conferences:
- Extensive background information collection and summaries of findings;
- Review of IHS and other DHHS program data and reporting requirements; and
- Conduct of site visits to six Tribes to collect background information and review data availability that might support an evaluation, if one were to occur.

3.2 Overview of Background Information Collection

During the initial months of this project, a substantial amount of information was assembled by the project team, as background for understanding and laying the groundwork for the Evaluation Feasibility Study. Each of these activities and the associated reports that were prepared are described in this section.

Literature Review

The Literature Review was conducted to provide a foundation for the development of the evaluation issues and related data requirements that guided the design of the feasibility study. The objectives of the literature review included:

- Identification of data limitations and other factors that pose barriers to conducting comprehensive evaluations of self-governance and Tribal management of health and social service programs.
- Identification of existing studies and evaluations of Tribal self-governance and/or Tribal management of health and social service programs;

- Review of the methodologies and data sources used in previous studies, in order to assess both analytic rigor and generalizability of their findings;
- Synthesis of the available evidence and findings from existing studies; and
- Assessment of the implications of these findings for the Tribal Self-Governance Evaluation Feasibility Study.

Most of the studies employ qualitative techniques, such as key informant interviews, which relied on stakeholders' perceptions to reach conclusions about program effectiveness. These qualitative studies provide insight into how various Tribes structure their health and social service programs, the characteristics of Tribal residents participating in these programs, and successes encountered in program implementation. Further, these studies – particularly those that focused on the Tribal Temporary Assistance to Needy Families program – effectively highlight how social and economic conditions on Reservations, such as the high rate of poverty, high unemployment rates, and the lack of an economic base, may pose substantial barriers to achieving the intended goals of these programs. These studies do not, however, provide reliable quantitative evidence on the extent to which and how Tribally-managed health and social service programs have operated to better meet the needs of their members. Because most studies did not incorporate a comparison group in their design, it is not possible to determine how persons participating in Tribal programs fare compared to how they would have fared if control over these programs were still vested with the Federal or State government.

Previous research on process, structure, and impacts of Tribal management of health and social services is limited in major ways: 1) many of the programs that are currently managed by Tribes have not been in existence for a sufficient time to permit an assessment of the longer-term effects and effectiveness of Tribal management; 2) Tribes are unique in cultural, socioeconomic, and geographic circumstances and, as a result, successful program structures and effectiveness may also be unique and not generalizable; and 3) adequate and comparable data across Tribally-managed programs and between Tribally-managed programs and federal and State managed programs are not available.

Given these findings, a primary focus of the Evaluation Feasibility Study was to review and identify potential sources of data that would be adequate to permit a quantitative evaluation of relevant issues.

Legislative History and Development of Tribal Self-Governance

In addition to the literature review, a summary of the legislative history and development of Tribal self-governance was prepared to provide background and context for understanding the

context within which self-governance has evolved and the underlying principles on which the development of Tribal self-governance has been based.

Tribal Matrix of Programs Managed Under Contracts and Compacts

As background for the Evaluation Feasibility Study, OASPE was interested in determining the extent to which Tribes are currently managing DHHS or other federally-funded programs under compacts, contracts, and grants. These other programs include programs of the Department of the Interior, Bureau of Indian Affairs that relate to certain of the programs that are recommended for inclusion in a DHHS non-IHS demonstration project and programs carried out under the "477" program (P.L. 102-477).[3] The information on Tribes that are currently managing programs also provided background information for recruiting six Tribes to participate in the site visit component of the Evaluation Feasibility Study.

The construction of the Tribal Matrix and identification of programs that are managed by each Tribe required: 1) identification of each federally-recognized Tribe (including those Tribes in Alaska that have authorized a tribal organization to carry out programs on their behalf); and 2) identification of data sources and individuals in the federal government that could provide information on Tribal management of the specific DHHS programs of interest.

A complete list of all federally-recognized Tribes was obtained from the Federal Register[4]. This list was then cross-referenced with Indian Health Service information to match Tribes in Alaska to the tribal organizations they may have authorized to carry out programs on their behalf.

Project staff searched each DHHS program area web site, as an initial step, to determine whether the program maintained a list of Tribes and Tribal Organizations that hold contracts, grants, or compacts to manage specific programs. Then, direct telephone contacts were made with staff associated with each program area to verify the accuracy of information obtained from the web site or to request information on Tribal management of programs. For several programs (5), the information required was maintained on the federal agencies' web sites; information was provided by program staff for the remaining seven DHHS programs. Data were also obtained from BIA staff on Tribal management of BIA programs under Title I self-determination contracts and under Title IV self-governance compacts, as well as self-governance compacts under P.L. 102- 477 provisions.

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[3] P.L. 102-477 allows federally-recognized Tribes and Alaska Native entities to combine formula-funded Federal grants funds which are employment and training-related into a single plan with a single budget and a single reporting system.

[4] *Federal Register*, Department of the Interior, Bureau of Indian Affairs, Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs, Vol. 67, No. 134, July 12, 2002.

Tribal Population Characteristics and Related Data

To provide addition background information for the study, data were compiled from relevant data sources that provided Tribal/Tribal organization-specific information on population, age and gender distribution, socioeconomic characteristics, and any other variables that might be useful for describing and comparing Tribes. This data compilation was intended to provide information for selecting and describing Tribes for the site visit component of the study, as well as information that could be useful to OASPE if an evaluation was conducted at some future time.

The Data Report provides information on a range of demographic and socioeconomic data that are useful for characterizing Tribes that manage both health and social service programs. Because of this broad interest, the Data Report does not emphasize health data, but instead is a compilation of information on population size, age distribution, economic characteristics, and other general data that may be relevant to Tribal management of many programs.

Data sources that were used to develop the population and other characteristics, by Tribe, included the 2000 Census, the Bureau of Indian Affairs, and the Indian Health Service. There are serious limitations of these data sources and no good solutions are available to ensure that complete, accurate, and comparable data can be assembled for each federally-recognized Tribe. Despite these limitations, the Data Report provides some useful information on socio-economic and demographic characteristics of specific Tribes. The data, however, should be viewed as providing relative indications of differences among Tribes, rather than absolute and accurate data on each Tribe's characteristics.

Indian Health Service Data Review

Several IHS staff were interviewed about data available through the Resource and Patient Management System (RPMS). There were two primary foci in these discussions: patient-level data and administrative and personnel-related data. The RPMS is an integrated software system for management of clinical and administrative data in IHS and tribally operated healthcare facilities. It is composed of several different data collection components. The Patient Care Component (PCC) comprises data collected at the patient level regarding all care received through the service units and includes a number of client characteristics. Among the data elements that were investigated and found to be available in some form from the RPMS, and particularly the PCC, from 1998 forward are those listed in the table below.

Table 1: Selected data available through the Patient Care Component of the RPMS

Unit of Measurement	Data Available
At the Service Unit level	Number of patients provided services in SU, by age and gender
	Number and type of Contract Health Services provided by quarter of the fiscal year
	Percent with Medicare
	Percent with Medicaid
	Percent with SCHIP
	Percent with Private Health Insurance
	Number of hospital admissions
	Number of hospital days
	Number of primary care visits
	Number of specialist physician visits
	Number of dental visits
	Number of prescriptions filled
	Percent children under age 5 immunized
	Percent aged 50+ receiving influenza immunizations
	Percent of women over 18 with annual Pap smears
	Percent pregnant women obtaining prenatal care in first trimester
	Percent of adults screened for diabetes
	Percent diagnosed with breast cancer surviving 5 years
	Percent diagnosed with cervical cancer surviving 5 years
	Percent of births that are low-weight or premature
	Percent of births that are high-weight
	Percent of deaths attributable to diabetes
For each Service Unit, for all patients with diabetes, three years:	Percent seeing physician at least once in 3 months
	Percent receiving HbA1c testing once in 3 months
	Percent receiving dilated eye exam annually
	Percent of people with diabetes who have diabetic retinopathy
	Percent of people with diabetes who have had amputation

The availability of administrative and personnel-related data elements was also investigated. These elements would include staffing information, information on staff credentials, staff turnover, pharmacy information, and payment information. Some of this information are likely available through other components of the RPMS (e.g., accounts payable, contract health, staff credentials), if these components are in use by the Tribal entities of interest.

Review of Reporting Requirements for Other DHHS Programs

Current reporting requirements for each of the DHHS programs were also investigated by talking with several program staff and reviewing the documents provided to us by the Tribes visited. The current reporting requirements are described below.

Tribal Temporary Assistance for Needy Families (TTANF). Currently, Tribes managing this program are required to provide the standard Federal financial reporting form SF269[5] and electronic submission (preferred) of family-level and individual-level data elements for families receiving TTANF. (Some Tribes may qualify to sample the caseloads on which they report these data.) For the family, these data elements include funding stream, number of family members, type of family for work participation, receiving subsidized housing, receiving medial assistance, receiving food stamps and amount, receiving subsidized child care and amount, child support, and family cash resources. At the individual level, Tribes are required to submit characteristics such as adult and minor child head-of-household characteristic such as date for birth, ethnicity, gender, receipt of disability benefits, marital status, relationship to head of household, parent with minor child in the family, needs of pregnant women, educational level, citizenship, cooperation with child support, employment status, and work participation status. The child characteristics submitted by TTANF grantees include family affiliation, race/ethnicity, gender, receiving disability benefits, relationship to head of household, educational level, amount of unearned income,

Low Income Home Energy Assistance Program. Currently, Tribes managing this program are required to provide the Household Service Report—Short Format or a letter containing similar information. This information includes number of household receiving the following types of assistance: heating, cooling, winter/year round crisis, summer crisis, or weatherization. Tribes are also required to file the SF269.

Community Services Block Grant. Currently, there is no specific Federal required reporting form beyond the SF269.

[5] The SF269 requires only limited financial information. Copies of the form will be provided to Technical Working Group members for review at the December 9-10 meeting.

Child Care and Development Fund. Standard Child Care and Development Fund Annual reporting requires the following information: number of families and children receiving services, age breakdown for children receiving services, reasons for needing childcare (e.g., working, in school), number of hours services provided, amount of CCDF subsidy, amount of parent co-payment, poverty status of families receiving services, and financial reporting (SF269).

Native Employment Works. Current Federal reporting requirements include the SF269 and a Program Report that includes a narrative section that compares achievements for the year to their plan for the year. It also summarizes significant barriers to implementation, provides explanations for variances with the plan, and describes actions taken. Grantees must also summarize plans for unobligated funds. The Program Report also includes a statistical report that provides the following information: number of clients served characteristics of clients served (e.g., age, sex, TANF recipients), number of clients participating in types of NEW activities and services (e.g., classroom training, on-the-job training, counseling), and number of clients with selected outcomes (e.g., GED, unsubsidized employment).

Head Start. The standard Head Start reports includes information in the broad categories of children enrolled by demographics, staff information by demographics, information on classes/ groups/ centers, volunteer information, and services provided. Head Start also currently has a requirement for extensive outcome measurement.

Child Welfare Services. As reported to us, there are no specific reporting requirements. Each grantee must report how they are progressing toward their 5-year plan. Tribes are required to file the SF269 also.

Promoting Safe and Stable Families. Like other Child Welfare programs, we are aware of no specific reporting requirements beyond reporting concerning progress toward planned activities and the SF269.

Family Violence Prevention: Grants for Battered Women's Shelters. Narrative or summary reports generally list the number of clients served and the services provided. Current Federal reporting requirements also include the SF269.

Administration on Aging Grants for Native Americans. The standard report for AoA includes information on full-time/part-time staff; program resources and expenditures, including sources of income other than grants; unduplicated numbers of people that receive

support services, congregate meals, home-delivered meals; total numbers of congregate and home-delivered meals; units of supportive services, legal services, at-home services, ombudsmen services, and others. In addition, grantees must submit the SF269.

SAMHSA Targeted Capacity Expansion Grants. Current Federal reporting requirements include the SF269 and a quarterly report and specified GPRA measures. The quarterly and GPRA reports include the following information: grantee information; staffing information; data including number of new clients, services provided, and individual-level information on the clients as required by GPRA[6]; and narrative information about the project such as challenges and successes over the past quarter.

3.3 Methods for Obtaining Input from Technical Working Group and Others

The Evaluation Feasibility Study is just one component of the DHHS efforts to support effective Tribal Self-Governance. Since the inception of the Title VI Self-Governance demonstration feasibility study, mandated by Congress, to examine potential new DHHS programs for Tribal Self-Governance, DHHS has actively consulted with the Tribes. A Title VI Advisory Group, comprised of Tribal Leaders with a commitment to self-governance and their designees, has worked closely with DHHS throughout that earlier process. In addition, DHHS has made information regarding the Title VI Self-Governance demonstration feasibility study available to all interested persons through its website and through direct mailings to Tribes and other stakeholders.

The current Evaluation Feasibility Study has continued this practice of active consultation and information dissemination. Specific communication activities that were undertaken included:

- A project description, explaining the project and its objectives, was sent to all Chairpersons or Presidents of Federally-recognized Tribes, with a background letter. The packet sent included contact information for the DHHS Task Order Managers (TOMs) and for each of the Co-Principal Investigators, as well as the DHHS website address where ongoing information about the study and its progress is maintained. Interested individuals were encouraged to provide

[6] Included in the GPRA individual-level measures are drug and alcohol use; family and living conditions; education, employment, and income; crime and criminal justice status; mental and physical health problems and treatment; demographics; follow-up status; and discharge status.

comments and inquiries, through telephone or email to the OASPE Task Order Managers and/or the Co-Principal Investigators.

- The Task Order Managers and Co-Principal Investigators conducted presentations and question-and-answer sessions on the project at national or regional AI/AN meetings**,** including the Self-Governance meetings in San Diego (November 2002) and Palm Springs (October 2003) and the Alaska Native Health Board meeting in August 2003.
- The Technical Working Group was established and met in February 2003 to review and comment on Draft Reports, the Project Work Plan, and to provide guidance to the project. Monthly conference calls were conducted with the TWG to discuss interim reports and progress on the project, from March through August 2003. The Technical Working Group will meet with the project team on December 9-10, 2003 to review and discuss the Draft Final Report on the project.
- Discussion sessions were arranged and held at the National Indian Health Board, Self-Governance, and NCAI conferences to obtain broader Tribal comments and suggestions on the study objectives and preliminary findings.
- At the end of the project, the summary of the Final Report will be mailed to all Tribal Chairpersons with contact information for the OASPE Task Order Managers to encourage further comments and suggestions to DHHS.

The goal of all of these communication and information dissemination activities was to ensure that the project and its development was conducted as an open and 'transparent' process and to glean the maximum useful advice and input from the Tribes in the conduct of the study, while seeking to assure a balanced inquiry and lead to valid and objective advice to DHHS.

3.4 Methodology for Site Visits and Tribal Data Review

Site visits were made to six Tribes to assess the feasibility of conducting an evaluation of DHHS programs managed under Tribal self-governance. The site visits focused on determining the extent to which there is historical documentation and knowledgeable individuals who are able to provide background and information on the development and goals of Tribal management of federal programs, the Tribes' management information systems capabilities, and the availability, sources, and completeness of data on each program managed by Tribes. The two-day site visits were conducted by a two or three-person team during late June through August 2003.

While selection of site visit participants depended on availability of willing volunteers, the Technical Working Group and DHHS developed several criteria for selecting Tribes for the study. These criteria were:

- All Tribes selected should have three or more years of experience with compacting or contracting IHS health programs.
- Preference should be given to Tribes that have experience in managing, under contracts or grants, one or more of the DHHS programs recommended for the Self-Governance Demonstration.

In addition, the sites selected, to the extent possible, reflect the following:

- Geographic diversity, reflecting the distribution of the AI/AN population;
- Variation in the size of the Tribe's population; and
- Variation in economic conditions (i.e., average income, employment levels) of the Tribe.

The process developed by OASPE, the Technical Working Group, and the project team for recruitment of Tribes to participate in site visits included: 1) a presentation on the project by the OASPE Project Officer at the Tribal Self-Governance meetings held in late April 2003 in Phoenix; 2) distribution of a letter of invitation to all Tribes to participate, and relevant background materials, at the Tribal Self-Governance meetings; and 3) mailing of the letter of invitation and background materials to all Tribal leaders during the last week in April. Tribes interested in participating in the site visit were asked to contact the project contact by May 20, 2003 to indicate their interest and/or to obtain additional information.

The site visits were conducted in July and August 2003 to the six Tribes/Tribal organizations listed here:

- Bois Forte Band of Chippewa (Minnesota)
- The Choctaw Nation (Oklahoma)
- Port Gamble S'Klallam Tribe (Washington)
- Yukon-Kuskokwim Corporation (Alaska)
- Hopi Nation (Arizona)
- Little Traverse Bay Band of Odawa Indians (Michigan)

3.5 Methodology for Small Group Discussions

The Small Group Discussions, conducted by Kauffman and Associates, Inc. (KAI), brought together tribal leaders, experienced tribal program managers and technical experts in self-governance program management to provide feedback and response to preliminary findings and conclusions related to this study. These discussions provided another means for review and analysis of draft findings and conclusions. A qualitative analysis of these discussions was conducted to identify "major themes and issues" that emerged across the board. These major themes informed the study team and the Technical Work Group prior to finalizing reports.

People recruited to participate in the Small Group Discussions included tribal leaders, tribal management and technical staff with direct experience in the administration of Self Governance compacts, including financial managers, MIS directors, legal or regulatory analysts, program administrators and related positions. Sign-up sheets were provided prior to each group to make sure we had the appropriate mix of expertise in each session and adequate space to conduct each session.

The Small Group Discussions occurred between September and November 2003. Locations for these discussion groups included the annual consumer conference of the National Indian Health Board, September 29-October 2, 2003, in St. Paul, MN; the DHHS and DOI Tribal Self Governance Conference, October 6-10, 2003 in Palm Springs, CA; and. the annual convention of the National Congress of American Indians, November 16-21, 200, in Albuquerque, NM; At both the NIHB and the DHHS/DOI Self Governance meetings, a separate room or break-out session was provided to conduct these discussions. Rich and substantial qualitative data was collected during these sessions. Less effective was the session conducted at the NCAI gathering, where this topic was one of several on a busy agenda. Comment sheets were distributed but few turned in from the NCAI event. The majority of comments reflected in this report are from the NIHB and the Self Governance meetings.

Each discussion group involved 10 to 25 individuals representing a mix of interests and experiences from Tribes and Tribal organizations, including both Self-Governance and non-Self-Governance Tribes. Individuals were recruited through fliers, inserts in conference packets or by appearing on the conference agenda as a workshop option.

Topic Areas and Prompt Questions:

KAI staff facilitated these discussions. An overview was provided and a written summary of the Draft Findings and Conclusions distributed for review. The following discussion guide was generally followed, however the flow of conversation generally centered upon three main topics: (1) reaction to the draft findings and conclusions; (2) omissions in the draft; and (3) best outcomes for this feasibility study. The following are the questions in the formal Discussion Guide:

1. Facilitator will describe what this feasibility study did and did not do:
   - Facilitator will explain why this study was done. (purpose)
   - Facilitator will describe the difference between an evaluation feasibility study and an actual program evaluation.
   - Q & A regarding this overall study
2. Identification of feasible alternatives for measuring success
   - Reaction to the options proposed for measuring success.
   - What other means exist to evaluate success?
   - How would this differ between IHS and other HHS programs?
3. Facilitator will review the preliminary findings and recommendations
   - Do these preliminary findings and recommendations reflect your experiences with SG? Give examples of why or why not.
   - What's missing?
4. What is the best outcome from your perspective for this feasibility study?
   - How do you see these preliminary findings or recommendations impacting future opportunities to expand SG compacting to other programs of HHS?
   - How can this study help local planning for SG?
   - Any other comments?

4. SITE VISIT FINDINGS

4.1 Overview

These findings reflect the data collected at the six sites visited. By agreement with the sites, this report does not present information about a single site by name nor does it compare one site to another or to all others. Instead, the report provides overarching conclusions based on all six site visits and notes important exceptions to these conclusions.

Specific findings about the availability of data on the history of self-governance and program management as well as management processes is presented below, followed by information on data availability for the health programs and all other DHHS programs under consideration. Following these discussions is a general summary of the findings as they relate to recommendations for the feasibility of a more quantitative evaluation to document the outcomes and successes of Tribal management of health and social services programs under self-governance.

4.2 Availability, Accessibility, and Quality of Data on History of Self Governance and Program Management

When meeting with Tribal members at all six sites these issues were discussed:

- Individuals who have been involved in self-governance/Tribal management of federal programs since these programs were first considered;
- Written documentation and reports that chronicle the initial steps that were taken when the Tribe first considered self-governance/management of federal programs; and
- Individuals who have knowledge and information on the goals/objectives of the Tribe for the program, the extent to which those goals/objectives have been met, and how those goals/objectives have changed over time.[7]

[7] Data collection protocols are presented in Appendix B.

At all six sites, knowledgeable individuals are available and would be willing to serve as sources of information about the process through which Tribes come to self-governance or management of Federal programs. All of the sites indicated that there are individuals in the Tribe who have been involved in self-governance/Tribal management of federal programs since these programs were first considered. They provided names of these individuals and indicated that they believed that these individuals would be willing to be interviewed if an evaluation were conducted.

All of the Tribes had individuals who were present when self-governance and management decisions were being made and would have knowledge and information on the goals/objectives of the Tribe for the program, the extent to which those goals/objectives have been met, and how those goals/objectives have changed over time.

We also found that written documentation prepared for other purposes can serve as a source of information about the steps each Tribe took toward self-governance or management of Federal programs. Specifically, most of the Tribes visited indicated that they had had planning grants or other funding for preparing for self-governance or management of programs (especially health) that would provide written documentation of the issues that were considered before the application for management of the program and the key factors that were considered. Moreover, all Tribes indicated that there were persons available who could describe the structure and operations of Tribal government prior to Tribal self-governance/management of federal programs and the changes that have occurred over time. In fact, most program-level staff interviewed indicated that they could provide reports and documentation reaching back to the beginning of Tribal management of that program.

4.3 Availability, Accessibility, and Quality of Data on Health Programs

Four of the six Tribes have IHS compacts and two of the Tribes have 638 contracts. The Tribes have managed components of health care for a minimum of four years. Each of the sites indicated that individuals knowledgeable about the Tribe's experience in self-governance or management of health care are available and could provide historical background and other information for an evaluation.

Accounting and personnel data concerning health programs were available at all sites. Detailed accounting data were available at all sites including cost information by cost component (e.g., administrative costs, personnel costs, and other) and funding allocations by source over time. Personnel data including staff turnover information are available at all six sites but are not

generally available electronically. This information would, in most cases, have to be recreated by knowledgeable managers.

All six Tribes use the RPMS system for collecting patient-care data. A few tribes were also using RPMS data for third party billing or looking into using RPMS for third party billing activities. Follow-up information gathering with the Indian Health Service revealed that most Tribes/Tribal organizations with self-governance compacts (78 of 81 compacts) do submit data to the RPMS.

However, a few of those interviewed expressed concern over the quality of the data collected through the RPMS. These Tribal interviewees suggested that, without intensive effort at the facility-level to enhance quality, the data were not extremely useful. One site had enhanced the RPMS data by training staff members in its use, collecting additional outcome data, and conducting a separate patient satisfaction survey.

4.4 Availability, Accessibility, and Quality of Data on Non-Health DHHS Programs

In general, information collected during the site visits indicated that all sites currently managing the programs have persons or information available that would help evaluators to better understand the process that led to Tribal management of these programs. Moreover, each site indicated to us that they are currently completing all required Federal reporting forms for each program and that these would be available through hard copy or disk from each Tribe for the time period since the Tribe began managing the program. Some Tribes indicated that they were collecting additional information which would also be available. All Tribes indicated that accounting records were available for these programs beginning with Tribal management.

Tribal Temporary Assistance for Needy Families

Two of the six Tribes either manage this program or are preparing to manage this program. Both Tribes indicated that individuals and documentation are available that can provide information on how the Tribe came to manage this program and Tribal goals for this management. One Tribe uses their overall database of social programs to record client and service information. This database is by-person and records all services received for that person within the center in which the program is housed. This database can also be used to track outcomes.

Currently, Tribes managing this program are required to provide the standard Federal financial reporting form SF269[8] and electronic submission (preferred) of family-level and individual-level data elements for families receiving TTANF. (Some Tribes may qualify to sample the caseloads on which they report these data.) For the family, these data elements include funding stream, number of family members, type of family for work participation, receiving subsidized housing, receiving medial assistance, receiving food stamps and amount, receiving subsidized child care and amount, child support, and family cash resources. At the individual level, Tribes are required to submit characteristics such as adult and minor child head-of-household characteristic such as date for birth, ethnicity, gender, receipt of disability benefits, marital status, relationship to head of household, parent with minor child in the family, needs of pregnant women, educational level, citizenship, cooperation with child support, employment status, and work participation status. The child characteristics submitted by TTANF grantees include family affiliation, race/ethnicity, gender, receiving disability benefits, relationship to head of household, educational level, amount of unearned income,

Low Income Home Energy Assistance Program

Three of the six Tribes manage this program. Levels of record keeping ranged from brief records of services to extensive, very detailed records. Types of data generally available in varying levels of detail included: number of households assisted, amount of assistance, purpose of assistance. Also, poverty status and age of recipient were available from one site.

Currently, Tribes managing this program are required to provide the Household Service Report—Short Format or a letter containing similar information. This information includes number of household receiving the following types of assistance: heating, cooling, winter/year round crisis, summer crisis, or weatherization. Tribes are also required to file the SF269.

Community Services Block Grant

Two of the six Tribes visited receive Community Services Block Grants. At both Tribes, records of services included name of recipient, amount, service, and circumstances of needed service. Currently, there is no specific Federal required reporting form beyond the SF269.

[8] This form is included in Appendix X.

Child Care and Development Fund

All six of the Tribes manage this program. Most of the Tribes reported that they used computer software to track the following information: children and families served, hours of childcare, providers, payment to providers, and parent payments.

Standard Child Care and Development Fund Annual reporting requires the following information: number of families and children receiving services, age breakdown for children receiving services, reasons for needing childcare (e.g., working, in school), number of hours services provided, amount of CCDF subsidy, amount of parent co-payment, poverty status of families receiving services, and financial reporting (SF269).

Native Employment Works

None of the six Tribes manage this program. Current Federal reporting requirements include the SF269 and a Program Report that includes a narrative section that compares achievements for the year to their plan for the year. It also summarizes significant barriers to implementation, provides explanations for variances with the plan, and describes actions taken. Grantees must also summarize plans for unobligated funds. The Program Report also includes a statistical report that provides the following information: number of clients served characteristics of clients served (e.g., age, sex, TANF recipients), number of clients participating in types of NEW activities and services (e.g., classroom training, on-the-job training, counseling), and number of clients with selected outcomes (e.g., GED, unsubsidized employment).

Head Start

Four of the six Tribes manage this program. Most of the Tribes visited use computerized by-child records as the basis for their Head Start reports though a few must retrieve all data for reports from hard copy files for each child. These by-child records are then used to generate summary reports required by Head Start. Summary reports also require staff and center information that must be retrieved from other records. Copies of these reports were provided. Hardcopy or disk copies of these reports could be provided on an on-going basis.

The standard Head Start reports includes information in the broad categories of children enrolled by demographics, staff information by demographics, information on classes/ groups/ centers, volunteer information, and services provided.

Head Start currently has a requirement for extensive outcome measurement. All Tribes indicated awareness of this and efforts at participation in it. These data would be available for each child.

Child Welfare Services

Four of the six Tribes manage these programs. While a few Tribes maintained computerized databases by child, most indicated that their For other Tribes, records are hard copy. Reports and the data in them for these programs varied widely across the Tribes. Narrative reports generally listed the number of children served and services provided.

Wide variations in data reported by each Tribe are, at least in part, a result of the Federal mandate for reporting. As reported to us, there are no specific reporting requirements. Each grantee must report how they are progressing toward their 5-year plan. Tribes are required to file the SF269 also.

Promoting Safe and Stable Families

Only one Tribe managed this program. This Tribe maintains a child registry database for all children served by the center where this program is managed. This database will be used to track outcomes as well as services.

Like other Child Welfare programs, we are aware of no specific reporting requirements beyond reporting concerning progress toward planned activities and the SF269.

Family Violence Prevention: Grants for Battered Women's Shelters

Four of the six Tribes receive these grants. For most Tribes hard copy reports were available. (One Tribe maintains a child registry database for all children served by the center where this program is managed.) The content of these hard copy reports varied widely. Narrative or summary reports generally listed the number of clients served and the services provided. Current Federal reporting requirements include the SF269.

Administration on Aging Grants for Native Americans

Four of the six Tribes receive these grants. These Tribes all prepare a standard report twice a year for AoA that includes full-time/part-time staff; program resources and expenditures including sources of income other than grants; unduplicated numbers of Indians who receive support services, congregate meals, home-delivered meals; total numbers of congregate and home-delivered meals; units of supportive services, legal services, at-home services, ombudsmen services, and others. In addition, they must submit the SF269.

SAMHSA Targeted Capacity Expansion Grants

Only one Tribe visited manages this program and services were provided through the Health Center. Current Federal reporting requirements include the SF269 and a quarterly report and specificed GPRA measures. The quarterly and GPRA reports include the following information: grantee information; staffing information; data including number of new clients, services provided, and individual-level information on the clients as required by GPRA[9] ; and narrative information about the project such as challenges and successes over the past quarter.

4.5 Summary of Availability of Data

In general, the site visits conducted indicate that:

- Most Tribes visited have current staff able to provide information about the process and goals of tribal management or self-governance of programs.
- All Tribes can recreate staff turnover history through personnel records or conversations with long-time managers but this information is not generally available electronically.
- All Tribes have detailed accounting information for all programs of interest because accounting services are provided centrally. Most did not separate out salary information by position.
- All Tribes visited document health information using the RPMS system.
- All Tribes would be able to provide evaluators with hard copy or disk copy of the standard reports required by the DHHS for most of the programs they manage. Many Tribes can also provide much more detailed data than are required by HHS based on reports they provide to tribal leaders.
- No Tribes have database systems covering all relevant programs organized by person or family.

[9] Included in the GPRA individual-level measures are drug and alcohol use; family and living conditions; education, employment, and income; crime and criminal justice status; mental and physical health problems and treatment; demographics; follow-up status; and discharge status.

5. DISCUSSION GROUP FINDINGS

The Small Group Discussions were conducted to obtain input and information from a wider group of knowledgeable individuals on the extent to which the draft findings and preliminary conclusions, based on the site visits, "ring true" from the experiences and perspectives of discussion group participants. Discussions occurred at the NIHB and the Self Governance conferences. Generally, comments fell into the following eleven themes:

- **Financial Data:** There was considerable objection to the possibility of examining 'total tribal revenues' as one measure for future evaluations of programs administered through Self Governance. While participants could understand why an evaluation might examine expenditures for a specific program, most felt that total tribal revenues were off-base and outside the scope of any evaluation. In particular, there were concerns that tribal gaming revenues would be reviewed along with tribal program revenues, opening a much larger issue.
- **Political Concerns:** There was concern that a political undercurrent among various tribes could be exacerbated if future evaluations were to make comparisons between Self-Governance and non-Self-Governance tribal programs. There was also fear that setting statistical evaluation standards would increase pressure on tribes to produce higher numbers, and move tribes toward regionalization, possibly against the wishes of individual tribes. It was also noted that the purpose of Self Governance is to allow tribes the authority to develop programs and services based upon tribal priorities and not federal or across-program priorities. This would make across-the-board evaluations of multiple programs difficult.
- **Employment:** Some discussants said it was not clear what employment measures would reveal about a program's success and why 'turn-over' is examined instead of employee interviews. Most discussants also said that tribes do have salary data by position available in program budgets and were confused about the suggestion in the draft report that these data are not available.
- **Data and Measures:** There were concerns that "pre/post" measures must take into account the fact that tribal programs do not receive the same level of support

as states for many programs which may be compacted, such as TANF and Child Support Enforcement. In particular, states do not usually forward the state match for federal programs to tribes. It was also noted that the draft document appears to suggest that an "integrated MIS system" is lacking in tribal programs, but fails to note that it is also missing in most state and federal programs as well. There was concern that tribes will be held to a higher standard than states for these programs. The report suggesting pre- and post comparisons to baseline measures should also recommend that the responsibility to collect the data generated by states or federal systems must remain with the federal government, and not place tribes in the position of having to retroactively collect comparison data from states.

- **Systematic Issues:** It should be noted that many tribes administer programs through consortia and tribal data may be difficult to identify. It should also be noted that many tribes taking over federal programs will lack the infrastructure to be evaluated fairly against state or other programs. There is also no uniform data reporting system across tribes, and the report should not assume that such a system exists for making program comparisons across tribes.
- **Success Stories:** Numerous comments were made about the opportunity to use evaluation process to document success stories, tribal innovation, and creativity. A process to identify lessons learned and to share this information with other tribes getting started would be helpful to overcoming challenges. A qualitative approach would also allow for tribal communities to tell their stories and convey their own community and cultural values about each program. Values such as "local ownership", "community participation" could be conveyed through this process.
- **Evaluation Purpose/Better Focus:** The purpose of evaluation should be better described in the final report. It is important that this report communicate that it studied the feasibility of evaluating DHHS programs operated via Self-Governance and not the evaluation of Self-Governance alone. This is an important distinction.
- **Trust:** It was suggested that the best way to reduce tribal skepticism about future evaluations would be to convey trust in tribal programs. Tribal Self-Governance already begins with an assumption of competence at the tribal level. Tribes then can identify tribal outcomes for future measurement. There is a fear

about evaluation that if a tribe performs poorly it will lose its federal funding. This historic lack of trust should be understood and considered for future evaluation.

- **Cost Implications:** Several of the standards suggested in the draft document, such as across-the-board comparisons or integrated MIS systems imply significant costs. If these standards will be among those used to evaluate DHHS programs administered through Self-Governance, then the federal government must bear the responsibility to cover these costs. Tribes should also be provided access to data resources, just as states are provided, for many of these programs, so that tribal infrastructure can expand with these program requirements.
- **Tribal Base:** It is important to understand the base point at which many tribes are beginning the take over of DHHS programs under Self Governance. Many will be starting from a point of inadequate funding. Many will be using Self-Governance as a way to bring more creativity and collaboration to build up an under-funded federal program. Many of the tribes may already be participating in the data reporting process of the DHHS program and may have data available.
- **Limitations:** The limits of conducting evaluation should be well understood. For example, suggestions in the report about across-the-board designs may not be realistic under Self-Governance once tribes begin to reprioritize and implement innovative or creative changes. An across-the-board data pool may no longer exist. It is also important to understand the challenges of working with small populations and small data pools.

A Summary of these findings and other comments and suggestions is provided in matrix form in Appendix C of this report.

6. EVALUATION FEASIBILITY

6.1 Overview and Approach

The feasibility of evaluating DHHS programs operated under Tribal self-governance is dependent on a number of factors. Discussions with the Technical Working Group, Tribal representatives that participated in the discussion groups at national conferences, and representatives from Tribes/Tribal organizations that participated in the project site visits identified the following issues as important to considerations of feasibility.

Willingness of Tribes to Participate in an Evaluation. The extent to which Tribes may be willing to participate in an evaluation is a key issue for this study. An evaluation in which only a handful of Tribes would be willing to participate would likely produce findings that are not representative of all DHHS programs managed by Tribes under self-governance and, thus, would have limited value.

Many Tribal representatives who contributed to this project emphasized that any evaluation should be structured as an evaluation of DHHS programs managed by Tribes under self-governance, rather than as an evaluation of self-governance. There is concern that an evaluation of self-governance could be construed and/or the findings used to reduce or eliminate self-governance programs. To allay those concerns and encourage Tribes to participate in an evaluation, it would be very important to be clear in the stated evaluation objectives that DHHS programs are to be evaluated, rather than self-governance.

Discussions with the Technical Working Group and others also stressed that it would be inappropriate to design an evaluation that used a standard set of outcomes to examine DHHS programs operated under self-governance. A principle of self-governance is that Tribes should have flexibility to set objectives and design programs to meet each Tribe's priorities, which may be different than priorities set for Federal programs, generally. Tribes might be less likely to participate in an evaluation that set a standard set of outcomes and more likely to participate in an evaluation that permitted Tribes to set specific and unique program goals that then were examined to determine whether and what extent these goals were achieved.

In addition, it is probable that Tribes might be more willing to participate if: 1) there is a perceived benefit to Tribes from an evaluation, 2) there is extensive consultation on the evaluation objectives, issues, and data that will be collected, and 3) the costs of data collection are minor or are the responsibility of the Federal government. Tribes might be more willing to participate in an evaluation, also, if there were clear and detailed agreements in place that indicate

that evaluation data collection/reporting would be limited to the evaluation period and would not continue after that period. In addition, an evaluation that was structured to report findings across all participating Tribes or large subsets of Tribes would be more likely to encourage participation than an evaluation that would report on individual Tribes.

Design of Appropriate Comparison Groups. Evaluation methodology requires that the impacts and outcomes of programs being evaluated be compared to the impacts and outcomes that would have occurred in the absence of the new program. Design of appropriate comparison groups is a critical evaluation feasibility issue.

Two types of comparison groups are generally used in a rigorous evaluation methodology: 1) pre-post comparisons to examine how the new program differs and what impacts it had, compared to the situation prior to the new program; and 2) external comparisons to control for underlying trends and changes that may affect the program being evaluated and the results produced by the evaluation.

For the evaluation of DHHS programs that may be authorized by Congress for Tribal management under a demonstration, there may be problems associated with constructing a pre-post comparison methodology if some participating Tribes did not manage the program under contract prior to the demonstration. In this case, there may be no "pre-" data for comparison at all or the "pre-" data may be only available for State-managed programs that may be more generously funded or otherwise inappropriate as a baseline for evaluating the program under Tribal management. Feasible evaluation strategies, in this case, might limit the participating Tribes for specific programs being evaluated to those that previously managed the program under contract arrangements.

Appropriate external comparison groups may also be difficult to define for similar reasons, but could be constructed based on adjustment algorithms that account for differences in funding levels and program objectives. A more important external comparison group issue was raised by Tribal representatives who provided input to the study: there is considerable concern that an evaluation of DHHS health programs operated under self-governance could result in findings that are divisive and politically problematic, if compacted programs were compared with direct service programs.

Data Availability. Evaluation research requires that data be available for the pre-intervention period, for the post-intervention period, and for appropriate comparison groups. Based on findings from the site visits and the discussion groups, it is likely that pre-intervention data would be available for new DHHS programs that might be authorized by Congress for inclusion in a demonstration, for Tribes that currently manage those programs under contracts. For Tribes that would choose to participate in the potential demonstration and did not previously

manage specific programs under contract, it would be necessary to create a pre-demonstration baseline that could be used to evaluate the new DHHS programs managed under self-governance.

For DHHS health programs currently managed through compacts with Tribes, Indian Health Service data could likely be sufficient to establish a pre-compact baseline for use in evaluating these programs. Similarly, IHS data would be available for the evaluation period and for external comparison direct service Tribes.

In general, it would be possible to develop data collection protocols and strategies to obtain the data necessary for evaluation of DHHS programs managed under Tribal self-governance. The complexity and costs of such data collection would vary depending on the specific evaluation issues that were of interest, the unit of observation for which data were desired, and comparison groups that were used to evaluate the programs.

Costs to DHHS and to the Participating Tribes. While it would be possible to design an evaluation of DHHS programs managed by Tribes, and to collect necessary data, the costs of the evaluation and data collection activities could be so high as to render the evaluation infeasible. DHHS has limited funds available for research and evaluation and, if the costs of an evaluation were very large, that would render the evaluation infeasible. In addition, if a particular evaluation strategy imposed significant costs and data reporting burden on Tribes, it is likely that few Tribes would agree to participate. Alternatively, if DHHS assumed full responsibility for data collection and reporting costs incurred by Tribes, this would increase the cost of the evaluation to DHHS.

Trade-offs Between Costs and Usefulness of an Evaluation. With any evaluation, the comprehensiveness, number of sites, types of comparisons, and amount of primary data collection affect costs. A comprehensive evaluation, with a wide range of issues, a large number of sites, both pre-post and external comparisons, and extensive primary data collection would likely be costly, but also produce reliable and defensible results. A very limited evaluation, with a few priority issues, a limited number of sites, pre-post comparisons, and minimal primary data collection, would be significantly less costly, but might result in findings that are of limited value.

6.2 Tribal Consultation in Development of Any Future Evaluation

In the sections below, four illustrative evaluation models are presented and used to assess and discuss the feasibility of an evaluation of DHHS programs managed by Tribes under self-governance. It is important to note, again, that this project was intended to provide information helpful to the design of an evaluation. The Evaluation Feasibility study was not designed to produce a definitive evaluation design and methodology. Any evaluation that might be

considered, at some future time, would be developed with a consultation process between DHHS and the Tribes. Results of this Study are intended only to provide information on feasible options for an evaluation and considerations that can be used by DHHS and the Tribes as part of their consultation about the type of evaluation that could be conducted and the range of issues that could be addressed.

6.3 Description of Four Illustrative Evaluation Models for Assessment of Feasibility

Four illustrative evaluation models were developed to provide a structure for assessing the feasibility of conducting an evaluation of DHHS programs managed under self-governance. These illustrative models range from comprehensive examination of a wide range of issues to a limited examination of targeted priority issues to very limited examination of issues using aggregate reporting data. In addition, the illustrative evaluation models for a new DHHS demonstration program are presented separately from the illustrative evaluation model for existing DHHS health programs that are currently compacted by Tribes.

Each of the four illustrative evaluation models are described in detail in Appendix D to this report, with respect to underlying assumptions, research questions to be examined, comparison group strategies, and data necessary for the evaluation approach. Below, each of these models is briefly described and feasibility considerations are discussed.

6.4 Comprehensive Evaluation Model – Non-Health DHHS Programs

The Illustrative Comprehensive Evaluation Model for new DHHS programs operated by Tribes under self-governance, if such a demonstration were to be authorized by Congress, is designed to be comparable to comprehensive evaluations that have been conducted of other new DHHS programs and initiatives. It would examine the implementation of the demonstration program, operational characteristics and experiences of the program over several years, and would collect data to permit quantitative measurement of processes and outcomes associated with the demonstration. Both pre-post and external comparison groups would be structured to permit assessment of the impacts of the demonstration, relative to what would have occurred in the absence of the demonstration. Data necessary for the comprehensive evaluation would be extensive and primary data collection would be necessary to address some of issues of interest.

In addition to the illustrative model assumptions in Appendix D, an additional assumption was made that is likely to affect the feasibility of this evaluation model: For each

DHHS program managed by a specific Tribe, the Tribe would set two priority goals/objectives. The evaluation of outcomes would examine whether the Tribe was able to achieve its self-determined goals/objectives, rather than Federally-determined standard sets of objectives being measured across all participating Tribes.

Feasibility considerations with respect to the Illustrative Comprehensive Evaluation Model for a new DHHS demonstration include:

- Willingness of Tribes to Participate. It is likely that some – or most – Tribes would be willing to participate in the comprehensive evaluation, if the outcome measures were uniquely set by each Tribe and if costs of participation were low. On the other hand, if the Tribes were required to bear a significant cost for data collection and reporting and/or if Tribes were to be evaluated based on a standard set of Federally-determined outcomes, there would likely be very few Tribes that would agree to participate.
- Availability of Appropriate Comparisons. Pre-post comparisons would be possible, for those Tribes that managed the relevant DHHS programs under contract prior to the demonstration. However, it would be difficult to construct a reliable pre-demonstration baseline for Tribes that did not manage the relevant programs prior to the demonstration. Primary data collection would likely be necessary to obtain baseline (pre-) information on eligible persons and services needed and obtained prior to the demonstration, for each relevant program. Appropriate and reliable external comparisons would need to be carefully designed to address issues such as greater funding available to State-managed programs, but likely could be constructed.
- Data availability. The comprehensive evaluation would require extensive data collection during the demonstration period that is considerably beyond the current data reporting required of Tribes that operate the relevant DHHS programs under contracts.
- Costs. The costs associated with a comprehensive evaluation of the potential new DHHS programs demonstration, including primary data collection to establish baselines, primary data collection through at least three years of the demonstration, and analysis and reporting would likely range from $3 million to $5 million and could possibly be higher.

- Trade-offs Between Costs and Comprehensiveness. It would be possible to reduce the costs of a comprehensive evaluation by limiting the evaluation to include only Tribes that were managing the new DHHS programs under contracts prior to the demonstration. This would avoid the necessity of primary data collection to establish a baseline for the evaluation for those Tribes that were not previously managing the new programs. Similarly, the costs could be less if a decision was made to select a subset of Tribes participating in the demonstration –e.g. only evaluate the new DHHS programs for a sample of 10 Tribes, rather than the assumed 25. These two changes might reduce the cost of the evaluation to between $2 million and $4 million.

In summary, it would be technically feasible to conduct a comprehensive evaluation of DHHS programs operated under a self-governance demonstration. However, the associated costs of a comprehensive evaluation would be very high – even if it were conducted only for a representative sample of participating demonstration Tribes.

6.5 Comprehensive Evaluation Model – Health Programs

A comprehensive evaluation of DHHS health programs managed by Tribes under compacts would involve examination of implementation and operational experiences and analysis of the impact of Tribal management on process and outcomes. As with the illustrative comprehensive evaluation of non-health DHHS programs, Tribes would identify unique program objectives and evaluation of outcomes would examine these unique objectives for each Tribe.

The comprehensive evaluation of DHHS health programs managed under compacts could be conducted as a separate evaluation, as described in Appendix D, or could be conducted as part of a comprehensive evaluation of all DHHS programs managed by Tribes under self-governance. In the latter case, a subset of Tribes that participate in the new demonstration program and that currently compact for health could be used to evaluate DHHS health programs managed under compacts.

Tribes have been managing their health systems under compacts for a decade, so an evaluation of implementation of these programs and operational experiences would necessarily be retrospective in nature. The retrospective nature of the evaluation might introduce some biases in the findings, but could provide useful information and insights for DHHS and Tribes. Because nearly all Tribes and Tribal organizations that compact for health services report data to the IHS Resource and Patient Management System and these data are available for the pre-compact and post-compact period, little primary data collection would be necessary.

However, there are sensitive political issues that would likely affect the feasibility of conducting an evaluation of DHHS health programs operated by Tribes under compacts – particularly if the design involved comparison of compacted health programs with IHS direct service programs. Even if an alternative comparison strategy was used, that did not compare compacted health programs with direct service programs, it is likely that a prolonged and extensive consultation process between DHHS and the Tribes would be necessary to discuss all aspects of an evaluation of DHHS health programs operated under compacts and it is not certain that any agreement would be reached.

With respect to the feasibility issues of interest:

- Willingness of Tribes to Participate. Tribes that manage health programs under compacts are likely to be reluctant to participate in a comprehensive evaluation of these programs, because they have been managing them for a number of years and because there appear to be political concerns about any potential evaluation of these programs. This is particularly the case, if the evaluation included

examination of financial resources and performance. Even if the evaluation was limited only to implementation and operational experiences and an evaluation of the extent to which Tribes achieved specific Tribally-set objectives, it is uncertain whether a sufficient number of Tribes would agree to participate. If only a few Tribes agreed to participate, then the issues of representativeness and usefulness of the evaluation findings would be a concern.

- Availability of Appropriate Comparisons. Assuming that the IHS RPMS data are available for participating Tribes and for the past 10 years, pre-post comparisons would be possible. External comparisons could be based on a selected sample of IHS direct service Tribes or on aggregate IHS data that includes both compact and direct service Tribes. However, either of those alternative external comparison groups is likely to render the evaluation infeasible due to the political sensitivity of this issue.
- Data Availability. The availability of the RPMS and other IHS data would make it feasible to conduct the comprehensive evaluation of DHHS health programs and little primary data collection would be required. Some people with whom the project team discussed the study expressed concerns, however, about the quality and completeness of the RPMS data. It is possible that substantial work would be required to create the evaluation data base to ensure that the quality of the data were sufficient to produce reliable evaluation results.
- Costs. Assuming that the only primary data collection was to obtain information on satisfaction and experiences of patients using Tribally-managed and direct service facilities and site visits to 15-25 Tribes, and that the RPMS and other IHS data were available and usable, the evaluation of DHHS health programs managed under compacts could be conducted at a cost of approximately $750,000 to $1,500,000.
- Trade-offs Between Comprehensiveness and Costs. The costs of a comprehensive evaluation of DHHS health programs could be less if a decision was made not to collect primary data on patient satisfaction and experiences. It also could be reduced if a smaller sample was examined for the evaluation (e.g. 10 Tribes rather than 15-25). If both of these changes were made, the evaluation costs might be reduced to $500,000 to $1,000,000.

In summary, an evaluation of DHHS health programs operated by Tribes under compacts is technically feasible and the cost of such an evaluation would be moderate. However, there are political considerations that might affect the willingness of Tribes to agree to participate and, thus, might render the evaluation infeasible from a practical standpoint.

6.6 Limited Evaluation Model

The Limited Evaluation Model would focus only on evaluation of new DHHS programs that would be managed by Tribes under a demonstration, if such a demonstration were authorized by Congress. The Limited Evaluation Model would include qualitative evaluation of implementation and operational experiences of participating Tribes and would attempt to identify effective management strategies and "best practices' that would be useful to DHHS and to Tribes that are managing or considering managing programs under self-governance. Two outcome measures for each program would be identified by each Tribe, based on its priorities, and data collection and reporting would be limited to the data necessary to assess the extent to which each Tribe achieved its objectives for the selected outcome measures. Additional data would be drawn from quarterly or annual Federal reporting requirements for the programs that each Tribe manages. Comparison strategies would rely on pre-post comparisons and on national program benchmark data.

Feasibility considerations for the Limited Evaluation Model include:

- Willingness of Tribes to Participate. It is likely that many or most Tribes would be willing to participate in the Limited Evaluation, particularly if data collection was limited to only a few variables for each program and client and if DHHS provided training, software, and technical assistance to the Tribes for data collection.
- Availability of Appropriate Comparisons. Pre-post comparisons would be possible, for those Tribes that managed the relevant DHHS programs under contract prior to the demonstration. However, it would be difficult to construct a reliable pre-demonstration baseline for Tribes that did not manage the relevant programs prior to the demonstration. Primary data collection would likely be necessary to obtain baseline (pre-) information on eligible persons and services needed and obtained prior to the demonstration, for each relevant program. Appropriate and reliable external comparisons would need to be carefully

designed to address issues such as greater funding available to State-managed programs, but likely could be constructed using aggregate national or federal program data.

- Data Availability. Primary data collection would be necessary to establish baseline information for Tribes that did not previously manage the relevant DHHS programs under contracts. In addition, data collection on two performance indicators/outcomes selected by each Tribe, for each program managed, would be necessary and one round of site visits would be conducted to each of 15-25 Tribes to collect qualitative information on implementation and operational experiences and innovative programs and "best practices."
- Costs. The range of estimated costs for the Limited Evaluation Model is from $1 million to $2 million, assuming 15-25 Tribes would be involved in the evaluation.
- Trade-offs Between Comprehensiveness and Costs. The potential costs of the Limited Evaluation Model could be reduced if the participating Tribes were limited to those that had managed the relevant DHHS programs under contracts prior to the new demonstration. Costs could also be reduced if the sample of Tribes to be studied was reduced to 10, rather than 15-25. If both of these changes were made, then the range of estimated costs for the Limited Evaluation Model might be reduced to $750,000 to $1,500,000.

In summary, the Limited Evaluation Model is technically feasible and would involve moderate costs to carry out.

6.7 Evaluation Model Using Aggregate Monitoring and Reporting Data

The Evaluation Model Using Aggregate Monitoring and Reporting Data is more limited in scope than the Limited Evaluation Model described above. It would focus only on the new DHHS programs that would be included in a demonstration and relies primarily on data assembled for aggregate periodic reports submitted by Tribes participating in the demonstration. Tribes would submit periodic reports that would be developed through a negotiated process between DHHS and the Tribes, prior to the demonstration was implemented. No primary data collection would be required for this approach. The model was designed to manage costs, provide ongoing reporting of program services, and would require limited effort on the part of the Tribes

participating in the evaluation. The comparison strategy would simply be examination of changes in program operations and achievements for each Tribe over the demonstration period.

Assessing its feasibility of this Evaluation Model based on aggregate reporting data, we find:

- Willingness of Tribes to Participate: Based on the site visits and the willingness of site visit participants to provide data and reports for our review similar to that which would be used by this model, it seems likely that many or most Tribes would be willing to participate. Willingness to participate would likely be increased, if the aggregate reporting by program that is necessary for the evaluation was clearly indicated as limited to the evaluation study and would be eliminated at the end of the evaluation.
- Availability of Appropriate Comparisons. Comparisons would be conducted of individual Tribes' operations and aggregate outcomes over time, based on the aggregate report data, for each relevant program.
- Data Availability. Tribes would submit, on a periodic basis, all the aggregate program data necessary for the evaluation. Tribes that are currently operating these DHHS programs under contract arrangements would have systems and experience with the data reporting formats and would continue to submit these reports, for relevant programs, throughout the evaluation period. Tribes that are not currently managing relevant programs under contracts would be provided training and technical assistance in compiling necessary data and completing the reporting formats.
- Costs. Costs of this Evaluation Model using aggregate reporting data would be relatively low – around $500,000 to $750,000 for a three-year evaluation timeframe. Costs would be primarily for preparing data collection protocols that concatenate the selected items currently being collected, technical assistance to Tribes for data collection, data entry, and analysis and reporting.
- Trade-offs Between Comprehensiveness and Costs. While the estimated costs of this evaluation approach are relatively low, the results of the evaluation would be limited in detail and in usefulness. Results would primarily be limited to reporting on current program services and clients served, and probably could provide some information on maintenance of effort and different Tribal priorities.

This model is technically feasible and less costly than the other illustrative evaluation models discussed above. It would provide some useful information, but would not produce results that would be as rigorous or valuable as the comprehensive evaluation or the limited evaluation models. However, it would be least burdensome to Tribes in terms of data collection and reporting, particularly for participating Tribes that were previously managing the relevant programs under contracts.

6.8 Comparison of Feasibility of the Three Illustrative Models

Table 2: Matrix of Feasibility Issues

	Comprehensive Evaluation Model		**Limited Evaluation Model**	**Evaluation Using Aggregate Monitoring and Reporting Data**
	New DHHS	**DHHS Health**		
Obtaining Agreements to Participate	Difficult	Very Difficult	Possible	Possible
Availability of Comparison Groups	Possible but difficulties	Possible but difficulties	Possible	Patterns over time
Data Availability	Would require substantial new data requirements and primary data collection	Most data required are available, some primary data collection necessary	Would require some new data reporting	Data are all currently being reported. No new data requirements
Costs	Highest	Moderate to high	Moderate	Moderate to modest
Trade-off between comprehensiveness and usefulness of results and costs	Would produce reliable findings on a range of useful issues, but at high cost	Could produce findings on a range of issues, at moderate cost	Useful findings for a limited set of issues at moderate cost	Limited findings at modest cost

7. SUMMARY AND DISCUSSION

TO BE COMPLETED AFTER TWG MEETING

APPENDIX A: TECHNICAL WORKING GROUP MEMBERS

TO BE ADDED

APPENDIX B: SITE VISIT DATA COLLECTION FORMS

QUALITATIVE DATA COLLECTION FORM

A. History of Tribal Self-Governance/Tribal Management of Federal Programs

1. Are there individuals in the Tribe who have been involved in self-governance/Tribal management of federal programs since these programs were first considered? YES ☐ NO ☐

   - IF YES, who are they?

   - Are these individuals willing to and available to be interviewed, if an evaluation were to be conducted? YES ☐ NO ☐

2. Are there written documentation and reports that chronicle the initial steps that were taken when the Tribe first considered self-governance/management of federal programs? YES ☐ NO ☐

   - IF YES, would these documents and reports be available to be reviewed, if an evaluation were to be conducted? YES ☐ NO ☐

3. For each Tribally-managed program, are there individuals who have knowledge and information on the goals/objectives of the Tribe for the program, the extent to which those goals/objectives have been met, and how those goals/objectives have changed over time?

   TTANF YES ☐ NO ☐ N/A ☐ IF YES, who are they?

   HEAD START YES ☐ NO ☐ N/A ☐ IF YES, who are they?

   LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
   YES ☐ NO ☐ N/A ☐ IF YES, who are they?

   COMMUNITY SERVICE BLOCK GRANT
   YES ☐ NO ☐ N/A ☐ IF YES, who are they?

   NATIVE EMPLOYMENT WORKS
   YES ☐ NO ☐ N/A ☐ IF YES, who are they?

   CHILD CARE AND DEVELOPMENT FUND
   YES ☐ NO ☐ N/A ☐ IF YES, who are they?

   CHILD WELFARE PROGRAMS
   YES ☐ NO ☐ N/A ☐ IF YES, who are they?

   PROMOTING SAFE AND STABLE FAMILIES
   YES ☐ NO ☐ N/A ☐ IF YES, who are they?

   FAMILY VIOLENCE PREVENTION AND SERVICES GRANTS FOR BATTERED WOMEN'S SHELTERS
   YES ☐ NO ☐ N/A ☐ IF YES, who are they?

ADMINISTRATION ON AGING: GRANTS TO NATIVE AMERICANS

YES ☐ NO ☐ N/A ☐ IF YES, who are they?

SAMHSA TARGETED CAPACITY EXPANSION GRANTS

YES ☐ NO ☐ N/A ☐ IF YES, who are they?

HEALTH SERVICES

YES ☐ NO ☐ N/A ☐ IF YES, who are they?

4. For each Tribally-managed program, is there written documentation and reports that reflect the issues that were considered before the application for management of the program and the key factors that were considered?

5. For each program, are there periodic written reports and documents that describe the implementation of the program, operational structure and changes over time, and services provided?

TTANF

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

HEAD START

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

COMMUNITY SERVICE BLOCK GRANT

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

NATIVE EMPLOYMENT WORKS

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

CHILD CARE AND DEVELOPMENT FUND

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

CHILD WELFARE PROGRAMS

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

PROMOTING SAFE AND STABLE FAMILIES

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

FAMILY VIOLENCE PREVENTION AND SERVICES GRANTS FOR BATTERED WOMEN'S SHELTERS

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

ADMINISTRATION ON AGING: GRANTS TO NATIVE AMERICANS

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

SAMHSA TARGETED CAPACITY EXPANSION GRANTS

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

HEALTH SERVICES

Documentation of issues at application: YES ☐ NO ☐ N/A ☐

Documentation of implementation, operational structure, changes over time, and services provided YES ☐ NO ☐ N/A ☐

B. Effects of Tribal Self-Governance/Tribal Management of Federal Programs on Tribal Government and Management Processes

1. Are there individuals in the Tribe who have been involved in Tribal governance and management for a sufficiently long period that they can describe the changes in Tribal governance and management that occurred as a result or in association with the Tribe's undertaking management of federal programs?
   YES ☐ NO ☐
   - IF YES, who are they?

2. Are there written sources of information that describe the structure and operations of Tribal government prior to Tribal self-governance/management of federal programs and the changes that have occurred over time? YES ☐ NO ☐

3. What would you suggest as a strategy for assessing the effects of Tribal self-governance/management of federal programs on Tribal government, management, and on community involvement?

QUANTITATIVE DATA COLLECTION FORM

1. What kinds of information are you collecting?

COMMENTS ATTACHMENT

Do you collect detailed information on your clients/beneficiaries (number served, characteristics)?	YES ☐ NO ☐	YES ☐
Do you collect information about the services provided to each client/beneficiary?	YES ☐ NO ☐	YES ☐
Do you collect information about outcomes for each beneficiary?	YES ☐ NO ☐	YES ☐
Do you have data on number of full-time and part-time personnel and on personnel 'turnover'?	YES ☐ NO ☐	YES ☐
Do you have cost information by cost component (administrative costs, personnel costs, other costs, by type)?	YES ☐ NO ☐	YES ☐
Do you have records of funding allocations over time?	YES ☐ NO ☐	YES ☐
Do you have records of funding allocations over time?	YES ☐ NO ☐	YES ☐

2. How long have you been collecting this information?

Are these data available for each year since the Tribe began managing program?

YES ☐ NO ☐

3. How and where is the information stored?

4. If electronic storage (as opposed to paper files), how is it entered?

   How frequently is it entered?

5. If electronic, what kinds of formatting information and documentation do you have?

   Are file specifications available? YES ☐ NO ☐

6. How could these data be provided for an evaluation (e.g., data file of XXX type, generated reports, hard copy for review)?

7. What would be involved in getting permission to access these data?

8. What kinds of problems exist in these data (e.g., missing data, miscoded data, long time lag between collection and entering)?

APPENDIX C: MATRIX OF ISSUES AND CONCERNS RAISED AT DISCUSSION GROUPS AT NIHB AND DHHS/DOI SELF-GOVERNANCE CONFERENCES

Discussion Guide Matrix
Do the Draft Findings and Conclusions Ring True in Your Experience?

Financial Issues	Political Issues	Employment	Data/Measures	Systematic Problems
Opposition to looking at "total tribal revenues", look at program expenditures.	Comparing SG with non-SG programs may trigger other issues, ie direct services vs. Title I contract tribes.	What does 'turn-over' measure? Why the focus?	Possible measures include: tribal codes and levels of community participation.	Many tribes are members of consortia and data/finances are mixed.
Look at program revenues not tribe total	Evaluation should provide forum for showing SG works	See if tribal employment increased.	Look at 'new services' added to programs since SG.	Many tribes lack infrastructure prior to take-over
Gaming tribes will resist gov't examination of total revenues	Fear that pressure on data will move tribes toward regionalization.	Look at 'institutional history' through interviews, not turnover	Pre/Post not fair, as tribes not receiving same level of funds as states (TANF, Child Support) upon contract	Draft Findings document assumes there will be a standard for uniform reporting across sites. This is not realistic.
	Tribal priorities drive SG, and can prioritize 'quality' over 'quantity'.	Draft Findings document suggests tribes do not have salary data by position, but most tribes do have this in budgets.	Draft Findings document suggests a standard of an "integrated system" which tribes lack. Note that neither states nor feds have this either.	
			The responsibility to secure baseline data from states/feds prior to SG must rest with Feds.	

Discussion Matrix
What Omissions Do You See?

Stories	Purpose for Evaluation	Assumption of Trust	Cost Implications	
We want to see success stories	Better description of evaluation processes applied in this study	You need to convey trust is there. Trust of tribes will reduce skepticism.	The cost of moving toward an "integrated MIS" must be born by the feds, if it will be used as a standard for evaluation. It is a tribal decision to move toward integrated MIS.	
	Address issues of evaluating small populations, numbers.	Tribal Self-Governance already assumes a level of competence.	No across the board measures. The cost of doing these measures must be covered.	
	Important to communicate that this study looks at feasibility of evaluating federal PROGRAMS operated under SG and not the concept of SG itself.	Tribes have to determine and define their own outcomes.	Tribes should have same access to resources as states to do this work.	

Discussion Matrix
What Are Best Outcomes of This Feasibility Study?

Success Stories/Lessons	Terminology	Tribal Base	Better Focus	Know Limits
Document tribal innovations, collaborations and creativity	Move away from terms like "failure" and use terms like "challenges"	Tribes starting from level of inadequate funding and lack of infrastructure	You cannot evaluate Self Governance, but you can evaluate federal programs operated under SG mechanism.	You cannot do an across the board evaluation design with SG, because SG allows for tribal innovation and priorities.
Communicate the service 'values' from the community perspective, ie increased control, increased participation, cultural appropriateness	Find another word for "evaluation", it has negative connotation	Tribes already have program specific reporting requirements with 11 DHHS programs.	If tribes perform poorly in an evaluation will the feds take-away funding? Tribes want to know.	Self Governance was intended to allow tribes flexibility to do the most with limited resources.
	Program evaluations under SG, not evaluation of SG.	Statistical data is already available and should be used.	Begin with minimum standards not maximum standards as base.	Understand challenges to measuring small populations, small data.
		Look at services provided not money spent	More complex than counting users, also look at intangibles like 'ownership' building a base, hiring tribal members..	

APPENDIX D: DESCRIPTION OF ILLUSTRATIVE EVALUATION MODELS

NOTE: These Models are presented only to illustrate possible approaches to evaluation of DHHS programs managed by Tribes under self-governance and to provide a framework for the discussion of evaluation feasibility. If a future evaluation of DHHS programs operated under self-governance would be developed, there would be extensive consultation with Tribes to develop the specific evaluation approach.

I. Comprehensive Evaluation Model: DHHS Non-Health Programs

A. Objectives

1. Conduct a comprehensive evaluation of the implementation, process, and outcomes associated with a demonstration of DHHS non-health programs operated by Tribes under self-governance.

B. Assumptions

1. Comprehensive Evaluation of Demonstration Programs

    a. 50 demonstration Tribes for DHHS non-health programs
    b. Demonstration Tribes may have contracted the non-health programs they are managing under the demonstration prior to the demonstration, or they may elect to manage programs they have not previously contracted.
    c. An Annual Report format would be developed in consultation with Tribes participating in the demonstration and would be submitted by all participating Tribes.
    d. An Evaluation Data Set would be developed in consultation with Tribes. This Evaluation Data Set would include data on characteristics of individual clients/beneficiaries served by each program, services provided/received, and observed process and outcome measures at the individual client/beneficiary level.

e. A subset of 15-25 Tribes would agree to voluntarily submit the Evaluation Data Set annually, as well as the Annual Report., for each program and for each year of the demonstration

f. Two rounds of site visits would be conducted to 15-25 Tribes for in-depth evaluation, once during the initial six months of implementation and again approximately 18 months after initiation of the demonstration.

g. DHHS program offices would provide baseline reports for demonstration programs managed by the Tribes and national benchmark data for all years required.

h. All participating Tribes would be provided uniform financial reporting formats and Evaluation Data Set reporting formats and would be provided training and technical assistance to ensure comparable and consistent data.

C. Research Questions to be Examined

<u>Note:</u> Specific research questions would be developed in consultation with the Tribes. Based on discussions conducted during the current study, the general research questions that are likely to be identified might include:

1. Implementation Issues (first 6 months)—Demonstration Programs

   a. What are the characteristics of Tribes that apply to participate in the demonstration for non-health programs? That are selected to participate in the demonstration? Are these characteristics different from those of Tribes that do not apply?

   b. What factors are reported by demonstration Tribes as influential in their decision to participate? What was the most important factor in their decision? What concerns were identified during the decision process?

   c. Was the community involved in the decision to participate in the demonstration? How was this accomplished?

   d. How was the planning for the demonstration program organized? Where was responsibility for planning placed organizationally? Who was involved?

   e. What changes in organization and staffing of each program occurred as a result of the demonstration planning?

f. What goals/objectives were established for each program during planning? Were these goals/objectives different from the goals/objectives that had been in place when the programs were contracted? If so, what are the reasons?

g. Was there community involvement in setting goals/objectives for each program?

h. Were changes made in the funding available to each program under the demonstration? If so, what were the reasons for the changes?

i. Were changes made that resulted in cost-savings or more efficient use of resources?

j. What problems were identified during implementation and how were they resolved?

k. Was the implementation successful? Why or why not?

2. Process Questions (six months and throughout the demonstration period)—Demonstration Programs

a. What changes in programs, staffing, and organization occurred after the initial implementation period? For each program, what were the reasons for these changes?

b. Did the demonstration affect overall Tribal management structure and staffing? Why or why not?

c. Were there changes in the goals/objectives for each program after the initial implementation period? If so, what were the reasons for the changes?

d. How does the Tribe provide oversight and monitoring of each program? What is the process for addressing problems or issues that are identified through monitoring?

e. Was there ongoing community involvement in oversight and monitoring of each program? If so, how was this achieved?

f. Are goals/objectives for each program met, on a continuing basis? What factors are important in achieving these goals? If the goals/objectives are not met, what were the reasons? What changes were made in response to identifying barriers to meeting goals/objectives?

g. What are the perceptions of Tribal leaders and program managers of the benefits of self-governance, generally, and as a result of the

demonstration? Are there perceived disadvantages of self-governance, generally, and for this specific demonstration?

h. What are the perceptions of Tribal members who receive services from the programs of the benefits and disadvantages of the changes in management and operation of each program?

i. Were any program changes made to achieve cost-savings and increase efficiency?

j. Were some program funds re-allocated to other priorities within the Tribe, after the initial implementation period? How was the decision made?

3. Quantitative Measures of Process and Outcomes Questions (to be addressed after two years of operation)—Demonstration Programs

a. Was maintenance of effort achieved? That is, did each program serve as many people and provide at least the same quantity of services as were available prior to self-governance? If not, what were the reasons?

b. Did the mix of services provided change under the demonstration, for each program?

c. For each program, was the Tribe able to achieve at least two quantifiable goals that were established at the initiation of the demonstration program?

d. For each program, were any changes made in staff levels or types of staff employed? Was there any change in staff retention and turnover under the demonstration program than under the previous contracted program? Are professional personnel more/less likely to have appropriate credentials?

e. Were there changes in the allocation of program funds to personnel, space, materials, administrative costs under the demonstration, compared to the previous contracted program (if the Tribe previously operated the program under contract)?

f. Did program costs per person receiving services change under the demonstration programs?

g. Are program users more/less satisfied with services provided under the demonstration program than they were before implementation? (Non-health programs)

D. Comparison Groups for Quantitative Measures Questions

1. Demonstration for DHHS Non-Health Programs
    a. Pre-Post comparisons
    b. Across-site comparisons
    c. National benchmark comparisons

E. Data Necessary for the Evaluation

<u>Note:</u> Specific data needed would depend on the set of evaluation issues and research questions developed in consultation with Tribes. Likely data needed would include:

1. DHHS Non-Health Demonstration Programs
    a. Annual Report data for all Tribes participating in the demonstration.
    b. Evaluation Data Set on persons served, age-gender mix, services provided, outcome measures for each year of the demonstration, for each program, for 15-25 participating Tribes
    c. Detailed financial data for demonstration Tribes, baseline through evaluation period, for each program
    d. Detailed data on staffing, staff-mix, salaries, credentials, and turnover of personnel, for each program
    e. Consumer satisfaction survey of Tribal members receiving services from each program, baseline and second year of demonstration
    f. Two rounds of site visits to 15-25 Tribes to collect qualitative data on implementation process during first six months and again at 18 months to collect information on operational experiences

    Other Data Needed

    a. Socio-economic and demographic data for each Tribe (2000 Census)

II. COMPREHENSIVE EVALUATION MODEL: DHHS HEALTH PROGRAMS

A. Objectives

1. Conduct a comprehensive evaluation of the operations and outcomes of health programs managed by Tribes under self-governance compacts.

B. Assumptions

1. Tribes to be included in the evaluation of health programs would be limited to those that have submitted data to RPMS.
2. Participation of both compact and direct service Tribes in the evaluation would be voluntary.
3. IHS would provide RPMS data for participating compact and direct service Tribes, for all years required.
4. Site visits would be conducted to 15-25 compact and direct service Tribes that volunteer to participate in the in-depth evaluation.

C. Research Questions to be Examined

<u>Note:</u> Specific research questions would be developed in consultation with the Tribes. Based on discussions conducted during the current study, the general research questions that are likely to be identified might include:

1. Background Issues (retrospectively)—Health Programs

    a. What are the characteristics of Tribes that compact for health programs? Are these characteristics different from those of Tribes that do not compact?
    b. What factors are reported by Tribes as influential in their decision to manage their health programs? What was the most important factor in their decision? What concerns were identified during the decision process?

c. Was the community involved in the decision to manage health programs? How was this accomplished?

2. Process Issues (retrospectively)

a. What changes in programs, staffing and organization have occurred since the Tribe began managing the health program? What were the reasons for these changes?
b. Were there changes in the goals/objectives for the health program/system after the initial implementation year?
c. What oversight and monitoring of the health system is conducted by the Tribe? What is the process for addressing problems or issues that are identified?
d. Is the community involved in decisions made about the health system? How?
e. Have the goals/objectives for the health system been met on an ongoing basis?
f. Have program changes been made to achieve cost-savings and/or increase efficiencies?
g. Have any health program funds been re-allocated to other priorities within the Tribe? How was the decision made and who were the decision makers?
h. What are the perceptions of Tribal leaders and others about the benefits of Tribal management of health programs? Are there any perceived disadvantages?

3. Quantitative Measures of Process and Outcome Issues – Health

a. Do health programs managed by Tribes provide the same level and mix of services as would be available if the Tribes did not manage these programs? If not, what are the reasons?
b. Did the health program achieve at least two quantifiable goals, established by the Tribe, during the past three years?
c. Does the Tribe employ directly all health providers that work at the health unit? If so, has this been the case since the Tribe began managing the health program?

d. Has there been little or much staff turnover since the Tribe began managing the health program?

e. Have there been changes in the allocation of program funds to personnel, space, materials, contract health services, administrative costs since the Tribe began managing the health program?

f. Have program costs per person receiving services changed more/less than would be expected based on IHS funding levels?

g. Are health program users more/less satisfied with services provided by the health program under Tribal management than are users who receive services through IHS direct service arrangements?

D. Comparison Groups for Quantitative Measures

a. Pre-post comparisons

b. Self-governance versus direct service comparisons

c. National benchmark comparisons

E. Data Necessary for the Evaluation

<u>Note:</u> Specific data needed would depend on the set of evaluation issues and research questions that would be developed through DHHS consultation with the Tribes. A set of possible data needs is described here.

a. RPMS data for pre-post compact period, for participating Tribes

b. RPMS data for pre-post compact period, for participating direct service Tribes

c. Detailed financial data on health programs managed by participating Tribes, baseline through evaluation year.

d. Detailed data on staffing, staff-mix, salaries, credentials, and turnover of personnel for participating compact and direct service Tribes, since the beginning of health self-governance.

e. Health care satisfaction survey of Tribal members (on/near Reservation), for participating Tribes managing health programs and for a sample of participating direct service Tribes.

g. One round of site visits to participating Tribes managing health programs and participating direct service Tribes/IHS service units to collect qualitative data on operations, processes, goals/objectives, perceptions of advantages/disadvantages of Tribal management of health programs.

h. Socioeconomic and demographic data for all health compact and direct service Tribes

III. LIMITED EVALUATION MODEL

A. Objectives

1. To design and conduct an evaluation that addresses a limited set of evaluation issues that are identified by the Tribes and DHHS as high priority and valuable to understanding and assessing DHHS programs operated by Tribes under a demonstration.
2. Evaluation would be limited to new DHHS programs and would not include DHHS health.

B. Assumptions

1. 50 Tribes participating in new demonstration of DHHS non-health programs managed by Tribes
2. Demonstration Tribes may have contracted the non-health programs they are managing under the demonstration prior to the demonstration or they may elect to manage programs they have not contracted.
3. Site visits would be conducted to 15-25 Tribes for in-depth evaluation
4. A Minimum Data Set (MDS) would be developed in consultation with Tribes.
5. All voluntarily participating Tribes would agree to submit this MDS for the baseline (pre-implementation) period and for each year of the demonstration
6. Additional data collection would be conducted only for the 15-25 Tribes selected for in-depth evaluation
7. DHHS program offices would provide baseline reports for demonstration programs managed by Tribes and national benchmark data for all years required
8. All participating Tribes would be provided uniform financial reporting formats and Minimum Data Set reporting formats and would be provided training and technical assistance to ensure comparable and consistent data.

C. Research Questions

Specific research questions would be developed in consultation with the Tribes. Based on discussions conducted during the current study, the general research questions that are likely to be identified would include:

1. What are the overall benefits to Tribes of participating in self-governance of Federal programs?
2. Do the Tribes use the flexibility of self-governance to make changes to programs?
3. How are decisions made about goals of programs and changes that are made to achieve those goals? To what extent is the community involved in those decisions?
4. Do the Tribes meet the specific goals that are established for each program?
5. Are there innovative approaches that are developed by the Tribes that contribute to effective and efficient management of programs and resources?
6. What problems are encountered? How are those problems resolved?

D. Comparison Groups for Quantitative Measures

1. Pre-post comparisons
2. National benchmark comparisons

E. Data Necessary for the Evaluation

<u>Note:</u> Specific data needed would depend on the set of evaluation issues and research questions developed through DHHS consultation with Tribes. Likely data needed would include:

1. Baseline data on persons served, age-gender mix, services provided, outcome measures, for each program
2. Minimum Data Set on persons served, age-gender mix, services provided, outcome measures for each year of the demonstration, for each program
3. Detailed financial data on programs operated by demonstration Tribes, baseline through evaluation period, for each program
4. Detailed data on staffing, staff-mix, salaries, credentials, and turnover of personnel, for each program

5. Two rounds of site visits to 15-25 Tribes to collect qualitative data on implementation process during first six months and again at 18 months to collect information on operational experiences
6. Socio-economic and demographic data for each Tribe (2000 Census)

IV. EVALUATION MODEL USING ONLY MONITORING AND REPORTING DATA

A. Objectives

1. To conduct a limited evaluation that relies on aggregate periodic reports on programs managed by Tribes under the DHHS demonstration program.

B. Assumptions

1. 50 demonstration Tribes for DHHS non-health programs
2. A set of Annual Report Requirements, including Financial Reporting Requirements, would be developed, in consultation with Tribes.
3. Participating Tribes would agree to submit these reports for each year of the demonstration
4. DHHS demonstration program officers would provide additional qualitative information to the evaluation team on implementation and process for demonstration Tribes, based on their ongoing interactions with the demonstration Tribes.
5. Agencies responsible for programs included in the demonstration would provide national benchmark data for baseline and for all years of the demonstration.
6. All participating Tribes would be provided uniform reporting formats and training and technical assistance to ensure comparable and consistent data.
7. No individual-level analyses would be conducted of program clients/beneficiaries. All evaluation analyses and program descriptions would be conducted at the aggregate level.

C. Research Questions to be Examined

<u>Note:</u> Specific research questions would be developed in consultation with the Tribes. Based on discussions conducted during the current study, the general research questions that are likely to be identified might include:

1. Implementation Issues (first 6 months)

a. What are the characteristics of Tribes that apply to participate in the demonstration for non-health programs? Those that are selected to participate in the demonstration? Are these characteristics different from those of Tribes that do not apply?

b. What changes in organization and staffing of each program occurred as a result of the demonstration planning?

c. What goals/objectives were established for each program during planning? Were these goals/objectives different from the goals/objectives that had been in place when the programs were contracted? If so, what are the reasons?

d. Were changes made in the funding made available to each program under the demonstration? If so, what were the reasons for the changes?

e. Were changes made that resulted in cost-savings or more efficient use of resources?

f. What problems were identified during implementation and how were they resolved?

g. Was the implementation successful? Why or why not?

4. Process Questions (six months and throughout the demonstration period)

a. What changes in programs, staffing, and organization occurred after the initial implementation period? For each program, what were the reasons for these changes?

b. Were there changes in the goals/objectives for each program after the initial implementation period? If so, what were the reasons for the changes?

c. Are goals/objectives for each program met, on a continuing basis

d. How does the Tribe provide oversight and monitoring of each program? What is the process for addressing problems or issues that are identified through monitoring?

e. Were any program changes made to achieve cost-savings and increase efficiency?

f. Were some program funds re-allocated to other priorities within the Tribe, after the initial implementation period?

5. Quantitative Measures of Process and Outcome Issues

   a. Was maintenance of effort achieved? That is, did each program serve as many people and provide at least the same quantity of services as were available prior to self-governance?

   b. Did the mix of services provided change under the demonstration, for each program?

   c. For each program, were any changes made in staff levels or types of staff employed? Was there any change in staff retention and turnover under the demonstration program than under the previous contracted program? Are professional personnel more/less likely to have appropriate credentials?

   d. Were there changes in the allocation of program funds to personnel, space, materials, contracted services, administrative costs under the demonstration, compared to the previous contracted program and/or national benchmark data?

   e. Did program costs per person receiving services change under the demonstration?

D. Comparison Groups for Quantitative Measures

1. Pre-Post comparisons/Patterns over time
2. National benchmark comparisons

E. Data Necessary for the Evaluation

<u>Note:</u> Specific data needed would depend on the set of evaluation issues and research questions developed by the Tribal Working Group. Likely data needed would include:

1. Baseline data on persons served, age-gender mix, services provided, outcome measures, for each program
2. Annual Report data on persons served, services provided, outcome measures for each year of the demonstration, for each program
3. Annual Report financial data for programs managed by Tribes under the demonstration, baseline through evaluation period, for each program

4. Annual Report data on staffing, staff-mix, salaries, credentials, and turnover of personnel, for each program
5. Annual Report narrative information on goals/objectives, program changes, problems encountered, and how problems were resolved.
6. Other Data Needed
    a. Socio-economic and demographic data for each Tribe (2000 Census)