

AmeriCorps Tribal Programs: Program Quality Indicators

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Introduction

Purpose: The purpose of this document is to assist AmeriCorps Tribal programs and the Corporation for National Service (CNS) in identifying factors that influence overall program quality for AmeriCorps Tribal programs.

Background: Before receiving this fellowship I was the program director for the Blackfeet Health & Safety Corps (BHSC), an AmeriCorps program located on the Blackfeet Indian Reservation in Browning, Montana. I am also an enrolled member of the Blackfeet Tribe.

During my three and a half-year tenure with the BHSC, on occasion I was able to meet individually with other tribal program directors that were administering tribal programs at various locations around the country. During the course of my discussions it soon became apparent that many AmeriCorps tribal program directors worked hard to overcome unique challenges in implementing AmeriCorps grants in their own reservation settings. Issues of sovereignty, tribal governments, federal governments, bureaucracy, administration and various other issues all appeared to influence the overall ability of tribal programs to achieve or maintain program quality. In addition, it also became apparent in my interactions with CNS staff, that often a lack of understanding and knowledge of how to deal with tribal issues often lead to difficulties between tribes and CNS when faced with various unique issues.

As a result, I proposed in my fellowship project to attempt to identify specific factors that influence program quality for the purpose of identifying concrete challenges that exist for tribal programs. In addition I have provided discussion and suggestions for CNS staff and tribal programs to assist in the evolving relationship between tribal programs and CNS.

History: Historically Native American communities have practiced the concept of community service for centuries. The concept of community service remains intact and an integral part of Native American communities today. More recently the concept of community service has gained increased support throughout the United States, with the creation of AmeriCorps. Each year 1% of AmeriCorps funds are set aside to fund AmeriCorps projects in Native American communities. In the relatively short existence of AmeriCorps, various tribal programs have implemented community service based programs with AmeriCorps funding. Some tribal programs have been successful in implementing quality programs, while others have had less success. Various unique factors may influence the success of each tribal program. For example, the U.S. government has

federally recognized tribal governments as sovereign nations. This unique standing with the federal government recognizes the right of each federally recognized tribe to establish and maintain their own form of self-governance. Although sovereignty is a right that each tribe enjoys, this unique status can be the source of a complex challenging relationship when each nation is interacting with other governing entities such as federal and state governments.

In addition, tribal governments can be complex entities in themselves. Both of these factors may influence the success and failure of tribal programs. A large federally funded initiative such as AmeriCorps, is not immune to the complex challenges involved when interacting with tribal governments. In addition, tribal program directors have the challenge of implementing a federally funded program in their own tribal governing structure, as well as facilitating interactions between CNS and their tribal governments. Although diversity between each tribal community is considerable, many program directors of tribal AmeriCorps programs face similar obstacles when implementing AmeriCorps programs. An analysis of various independent factors that exists for each tribal program, and an analysis of program quality, may reveal various factors that exists for tribal programs that may predict overall program quality.

Once the factors that influence program quality are identified, these factors can help CNS and tribal programs to address some of the unique challenges encountered. In addition, as part of program quality, each tribal program is required to develop an evaluation component for their programs. During the course of this fellowship I have also spent the last year implementing a complex evaluation component for a tribal program. The process to implement this evaluation component has been documented and will be described for other tribal programs and CNS staff as a resource for other programs that may be attempting to implement evaluation projects of their own.

This document is the presentation of each of these two projects. First presented will be the results of an analysis of factors contributing to program quality, followed by a descriptive process of the evaluation project.

Program Quality Factors

Goal: Identify Program Quality Indicators

Purpose: In order to know the programmatic areas a program needs to address in order to improve program quality, first it is necessary to know what specific factors influence program quality. Rather than estimating or assuming (i.e. intuition) what factors influence program quality, this aspect of the project will take advantage of specific methodology that will statistically determine which factors play a direct role in influencing program quality for tribal programs. In order to achieve this goal, a hypothesis was developed to statistically analyze factors that may or may not influence overall program quality.

Hypothesis: A relationship exists between specific factors present in each tribal program and overall program quality.

Methods: In order to test our hypothesis we developed a set of measuring tools and established a procedure for testing the hypothesis. These steps are detailed and outlined below.

Step 1: (*Program Factors*) A list of 21 independent factors that may contribute to individual program success was developed. In order to achieve an acceptable level of content validity, feedback was gathered from AmeriCorps Tribal Program Directors, CNS Program Officers, CNS Financial Officers, CNS Evaluation Officers, Content Advisors, and Statisticians. This process occurred over the course of several months in order to achieve consensus. As a result, a 21-point list of independent factors was developed to assess each tribal program.

Step 2: A 20 point quality index tool was then developed in order to rate the overall quality of each tribal program. In order to achieve content validity and maintain objectivity, the same consensus building process that included, AmeriCorps Tribal Program Directors, CNS Program Officers, CNS Financial Officers, CNS Evaluation Officers, Content Advisors, and Statisticians was utilized. Over the course of several months, the development of a 20-point assessment tool to objectively assess the overall quality of each AmeriCorps tribal program was developed.

Step 3: (*Program Assessment*): Utilizing the tools developed in steps one and two, we collected data on all of the currently funded and previously funded AmeriCorps tribal programs. Specifically, we interviewed each program director in order to collect data on the various factors present in each program. We then proceeded to rate the overall quality of each program. Ratings included input from key CNS staff and myself as an independent evaluator. This concluded the data gathering and assessment stage of this project.

Step 4: (*Statistical Analysis*): Once all the data and assessments had been conducted we performed a statistical test of multiple regression between individual factors and the quality scores of each program. We utilized a social sciences statistical computer software program

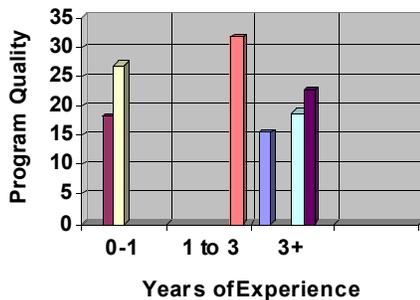
to analyze the results. We also were aided by the expertise of a local statistician to help process data and interpret results.

I.

Step 5: (Findings are reported and discussed). What will be presented in the next section is first a graph of each specific factor analyzed, illustrating the results that were found. Below each graph we will report the results of the data. In addition, we have offered a brief discussion on the results of each factor analyzed and proposed recommendations for tribal programs and CNS staff. The recommendations are based on the data. The results of this study are not stated as the final word on each factor, rather they are meant to be useful as a basis for attempting to address some of the complex challenges involved in implementing quality programs in tribal communities.

Significant Results

1. Previous Administrative Work Experience of Director



1. Previous Administrative/Programmatic Work Experience of Director

Results: Higher quality programs employed directors who had a previous 3 years or less of programmatic/administrative/grant related experience before assuming the director

position. Lower quality programs employed directors who had 3 or more years of programmatic/administrative/grant related experience.

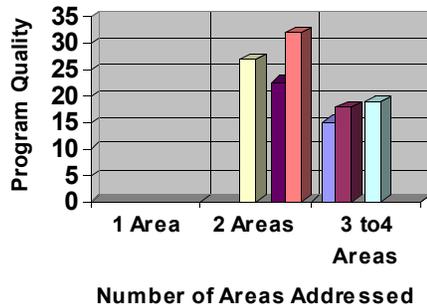
I.

Discussion: If a program director has a lot of previous related work experience before assuming the director position, it does not necessarily translate into a higher quality program. In fact, directors with less related previous experience have higher rated quality programs than those with more experience. This may be due to the uniqueness of AmeriCorps grants when compared to other perhaps more traditional federal grants. In the course of interviewing various directors, it was commented on several occasions that AmeriCorps grants, provisions and financial tracking requirements are often more stringent and involved than other type of federal grants that directors may have been used to administering. It may be that those directors who have lots of experience working with less stringent federal grants have more difficulty adapting and implementing a quality program when they manage an AmeriCorps grant. In contrast, the less experienced director having less experience administering federal grants, perhaps adapts more quickly to the administrative requirements of implementing an AmeriCorps grant. This quicker adapting could possibly be due to the fact that the director does not have to relearn how to manage a new grant and unlearn previous federal grant administering techniques.

Recommendations: Based on these results I would recommend to CNS staff not to be overly concerned with programs who may employ program directors with less than several years of previous related experience. In addition, program directors who have a lot of previous grant related experience may need to be informed of how AmeriCorps grants vary from other federal grants. Tribal programs also should not be overly concerned about hiring a director with minimal experience. However, they should make sure that experienced directors are aware of the difference between AmeriCorps grants and previous federal grants they may have had experience administering, and they need to be willing to

adapt to these differences. This may include informing finance departments, tribal councils, and other agencies on differences between AmeriCorps and other federal grants.

2. Number of Critical Needs Addressed by Grant



2. Number of Critical Needs Addressed by Grant

Results: Programs that focused on two areas of critical need were of higher quality than those programs that focused on three or four areas.

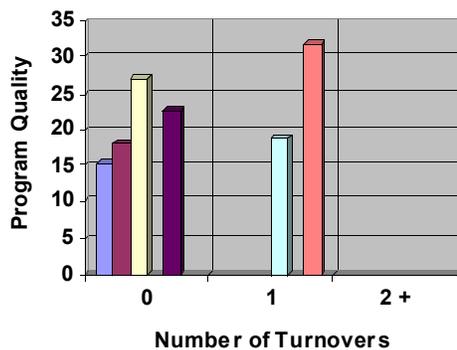
Discussion: With the variety of programmatic tasks involved in administering an AmeriCorps grant, programs that limit their activities to addressing two critical need areas, achieve higher levels of program quality. Programs that address three or four critical need areas have lower levels of program quality. This may be due to the high number of programmatic tasks involved, such as addressing each objective, monitoring and measuring progress and keeping a sense of purpose in the program by maintaining focus. In many Indian communities, there are often many pressing needs that could be addressed. As a director it is sometimes difficult to maintain focus due to the temptation to want to address as many community needs as possible. It is also difficult to turn people away who may be

requesting help, especially if those requests come from official agencies such as a tribal council. That is why it is not surprising that some programs may have difficulty limiting the focus of their program to one or two areas of critical need.

I.

Recommendations: CNS should encourage programs to limit program objectives to only one or two critical need areas. Program directors should strive to maintain program focus on only 1 or 2 critical need areas. Directors may benefit from arranging meetings with key tribal agencies, such as tribal councils, in order to educate them on the purpose and focus of their program objectives. In addition, directors could also inform community members via public forums (i.e. local public television channels, radio stations, articles in newspapers, etc.) for the purpose of educating community members about the objectives and focus of the program. This may lessen the demands placed on the program from other tribal agencies and community members, and allow the program to maintain focus.

3. Director Turnover



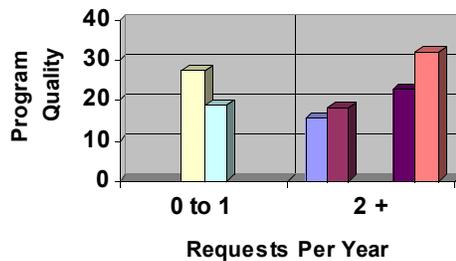
3. Director Turnover (highest turnover reported in any given year of program operation)

Results: Programs that had experienced one turnover at the director position were of slightly higher quality than those programs who had zero turnover.

Discussion: As a group, all programs had a very low director turnover rate of one or zero. What these results demonstrate is that programs can absorb at least one turnover at the director position without sacrificing program quality. Because no program had 2 or more turnovers at the director position in any given year, we don't know how program quality would be effected at higher director turnover rates.

Recommendations: Programs should attempt to continue to maintain low turnover rates at the director position. However, both CNS and Tribal programs can be confident that programs can handle the turnover of at least one director in any given year. CNS and programs can assist in the transition of training a new director if turnover should occur.

4. Training & Technical Assistance Request Per Year



4. Average Number of Training and Technical Assistance Requests (T&TA) Requests Per Year

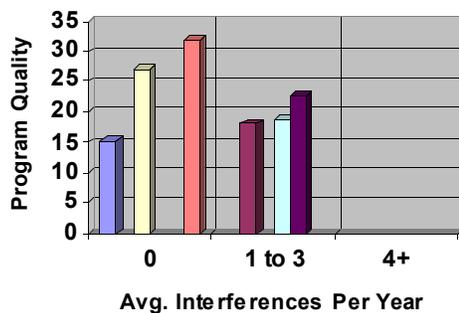
Results: Programs that requested T&TA from CNS on average of two or more times per year were of higher quality than programs that requested T&TA less than one time per year.

Discussion: The use of T&TA does appear to be useful in improving program quality if used several times a year. However, when discussing T&TA with program directors, many directors stated that not all of the T&TA received were effectively useful in the cultural

environment that their program operated in. In spite of the cultural challenges reported, most programs did mention that they were able to adapt the results of their T&TA training to their needs 75% of the time.

Recommendations: It may be in the best interest of CNS to find more culturally relevant T&TA providers, and encourage Tribal program directors to utilize T&TA a minimum of two times per year. In the meantime, CNS staff should be aware of the cultural gap that exists between tribal programs and T&TA providers. Extra efforts will currently have to be made by programs and providers in order to adjust their T&TA to meet the cultural needs of the community that the program is operating in. In spite of the differences, it appears that T&TA has the potential to increase the overall quality of tribal programs, even when utilized only a couple of times each year.

5. Tribal Government Interference



5) Average Number of Times Per Year Tribal Government Interfered with Programs Operation (Defined as delaying or suspending work on primary program objectives for 3 days or more per episode throughout year)

Results: Programs of higher quality reported no tribal government interference, whereas lower quality programs reported tribal government interference with progress on their primary objective activity between one and three times per year.

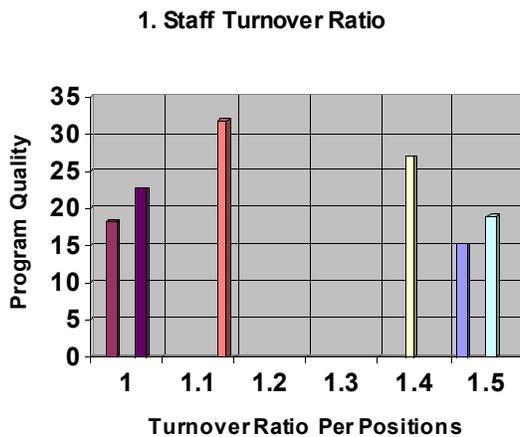
Discussion: The programs that reported tribal government interference relayed that their tribal council would order their program to perform activities outside the scope of their normal activities for an average length of 3 days per episode. This may be due to the fact that the most tribal councils vote on whether or not to approve the matching of funds for AmeriCorps grants. Because of the match requirements, and other sovereignty issues involved, some tribal councils may assume that it is within their rights to require assistance from various funded programs, including AmeriCorps programs. Although the actual total amount of time delayed may not have prevented the programs from achieving their program objectives, the relationship between the programs and tribal councils is one predictor of low program quality. This factor may be more indicative of a tribal councils low level of support of the program which may effect program quality.

Recommendations: Program directors could inform tribal council members early on in the grant award process, exactly what is involved in administering an AmeriCorps grant. CNS may even consider sending a program officer on sight to address the council and explain the requirements that go along with administering an AmeriCorps grant. Tribal councils need to be informed that all AmeriCorps programs submit objectives and need to complete those program objectives in an efficient manner free from interference, delay or suspension of activities. In addition, councils need to be aware of what type of activities may be inappropriate for programs to engage in. The ideal time to address these issues would be early in the grant award process. Once grant negotiations begin, it would also be appropriate for CNS to relay this message to program directors and encourage the directors to meet with their council to explain the programmatic requirements of the grant. On the other side of this issue, tribal councils can be a tremendous source of support for tribal AmeriCorps programs. This support can be in the form of financial support, in-kind contributions, acknowledgement of program success and assistance in helping programs

meet objectives. In addition, there are some instances when it is appropriate for programs to assist their council in times of community needs, such as emergency situations. Establishing an informed relationship between the program and their council is necessary to avoid situations that may jeopardize overall program quality. These results further demonstrate the need for a high level of support from tribal councils.

Results: Trends

Note: This section will briefly mention several trends that were identified in the data, that did not reach significance, but may be indicative of program quality as more programs are evaluated in the future. They are worth mentioning in the fact that they could eventually become significant factors in predicting program quality.



1. Staff Turnover Ratio Per Number of Funded Positions

Results: It appears that as programs approach a staff turnover ratio of 1.5 per position, which amounts to approximately 50% turnover of staff, that program quality decreases.

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Discussion: Overall it appears that programs can tolerate some staff turnover, but when you get closer to turnover rates that approach replacing half your staff, program quality may

decrease. Most programs are required to hire staff utilizing a personnel department. Some personnel departments can be challenging to work with. Often delays in hiring can occur, and sometimes the program does not always have a lot of input on who is hired.

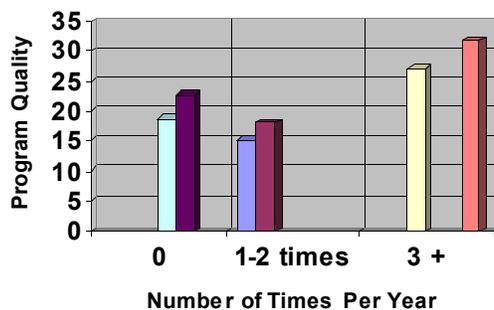
Therefore, programs who experience a high staff turnover rate may have to deal with their personnel departments often, which could lead to a delay in hiring, or hiring staff that may not always be ideal for the positions they are assigned to.

Recommendations: Programs need to attempt to work with their personnel departments as much as possible to influence the timeliness and selection of qualified applicants.

Programs who were proactive in their approach with their personnel departments had more success in filling positions quicker and with staff that fit well with the organization.

However, providing training and a good working atmosphere in order to keep from having a high staff turnover ratio, can prevent having to address replacing staff members which may lead to achieving and maintaining program quality.

2. Use of a Program Consultant



2. Average Number of Times Per Year a Program Utilized a Program Consultant

I.

Results: It appears those programs that utilized the services of a program consultant three or more times per year may benefit in increased program quality.

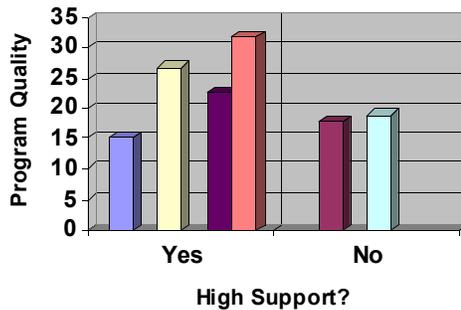
Discussion: Programs who utilize a program consultant three times a year or more, to address organizational issues such as strategic planning, goal setting, defining objectives and staff training, may increase their overall program quality.

Recommendations: Programs may benefit from working with a program consultant who can become familiar with their programs challenges, and work with the program staff to improve overall program quality. As part of addressing program needs utilizing a T&TA network, perhaps each program can be matched up with a consultant who can work individually with program staff to help address issues related to program quality.

I.

II.

3. Support of Tribal Government



3. Level of Support that Programs Report They Receive From Their Tribal Government

Results: Programs that appeared to be of higher quality reported a high level of support from their tribal council (defined as firm matching commitments and lack of interference).

Discussion: These results further indicate that programs need to work towards ensuring a high level of support from their tribal council in order to achieve high levels of program quality.

Results: Insignificant

Note: The following factors were analyzed and were not found to be significant factors or trends indicative of program quality. This does not mean that they do not influence overall program quality. It means that the methodology and statistical tests that were used, at the time of this study, did not reveal these factors to be a major influence on predicting overall program quality.

1. Primary Source of Match
2. Number of Reporting Requirements
3. Educational Level of Director
4. Average Educational Level of Staff
5. Previous Administrative Experience of Staff
6. Previous Years of Experience Program Director Has Working for Tribe
7. Percentage of Time Results of T&TA was Used by Program
8. Average Number of Times Programs Collaborated with State Commissions
9. Average Number of Staff Training's Per Year

Comments: Several of these insignificant findings are interesting to note. For example, it doesn't appear that the experience of the staff, or educational level of the staff or director were significant. In addition, collaboration with state commissions, source of match, and

number of reporting requirements also does not appear to influence program quality. Based on the previous results mentioned, it appears that other issues such as the number of critical needs addressed by grant and the requesting of T&TA, are issues that are more salient in predicting overall program quality. This may be due to the fact that the later issues mentioned relate directly to the overall focus and mission of the program. They are factors that are directly aimed at influencing the overall quality of the program whereas the issues that were not significant related to factors that are more peripheral to the primary focus of the program.

Summary

To summarize based on the results of the significant findings we can state that programs should not be overly concerned with the hiring of an inexperienced program director. In fact this may benefit the program in some regards. In addition, programs need to limit the number of critical need areas they address to one or two in order to maintain program focus and increase program quality. Programs can survive the turnover of one director without suffering in quality. In addition, programs should request T&TA from the corporations T&TA providers a minimum of two times per year to influence overall program quality. Furthermore, CNS should work with tribes to establish a T&TA network that utilizes providers who are familiar with working in tribal settings. The support of tribal councils may be critical in the overall success of the program. Specifically, councils who understand the programs mission and objectives and don't interfere with the programs progress, can help the program succeed.

Trends in the data indicate that a high rate of staff turnover may decrease program quality. In addition, gaining the support of the tribal council and the use of a program consultant three or more times a year may assist in increasing the overall quality of tribal programs.

In the future, continued assessment and evaluation of tribal programs may strengthen these findings or reveal new trends or factors that influence overall program quality. For now, the results of these findings can help tribal programs and CNS in addressing the significant factors that influence overall program quality.

Program Evaluation

Purpose: In this section I will be describing the process that was involved in implementing an evaluation tool for the Blackfeet Health & Safety Corps in Browning, Montana. Before receiving this fellowship, I had been working on finding a method to evaluate the overall efforts of BHSC. At the time I received this fellowship I was ready to attempt to implement an evaluation tool for our program. Although this evaluation component is specific for BHSC, I thought that CNS and other tribal programs might be interested in the process that we went through to implement our evaluation component. Most likely other tribal programs that may attempt to implement large evaluation components may experience some of the similar unique challenges or gain insight from our efforts.

Brief History: The primary focus of the Blackfeet Health & Safety Corps is to reduce the high rate of injury that occurs on the Blackfeet Nation. Native American's in Montana die from injury at twice the rate as rest of Montana residence. BHSC has been pro-active in attempting to reduce these high rates of injury for several years. Unfortunately it is difficult to assess our success. The reason assessment is difficult is because there is not a systematic method of collecting reliable data on injury rates. The limited data that is currently being collected by our local Indian Health Services (IHS) medical facility is forwarded onto an "area office" in Billings, Montana and from there onto a headquarters office in Maryland. Most local data is not requested or produced for community programs such as BHSC.

The small amount of data that is currently available does not collect enough detail on injuries to identify trends, causal relationships, and account for missing data. After collaborating with various agencies and programs we came to the conclusion that if we wanted to get a detailed picture of what type of injuries are occurring and at what rate in our community, we would need to implement an injury surveillance system to collect local data. A local data collection system would also provide data for the community and help evaluate the efforts of BHSC. Future injury prevention initiatives could also be based on concrete data.

Evaluation Tool: The evaluation tool we choose to implement, was an electronic injury surveillance system. Basically this system consisted of three computer software systems that were implemented in three locations of our local medical facility. There was a program installed in our local Emergency Medical Services department (EMS) where ambulance personnel could collect data on recent activities and transfer this data from their activity logs into a computer. There was also a software program installed in the emergency room department of the local hospital to collect injury data on emergency room cases. In addition, there was also a software system installed in the hospital's trauma unit department to collect further data. All three of the software systems were linked together, which eliminated duplicate entry and ensured a comprehensive gathering of injury data.

In addition to the hospital surveillance system, a global positioning system (GPS) component was included as part of this project. GPS data would reveal motor vehicle locations on the reservation in order to locate and identify problem areas on local roads. Corpsmembers working for BHSC assisted in collecting GPS data as well as ensuring that each medical department had adequate personnel to input data. When needed corpsmembers would assist departments with data entry to ensure no data was lost. This effort would produce the most detailed picture of injury that our community has ever had. In addition, this system would provide more local data than most communities around the country have

access to. It would also assist the future efforts of BHSC in attempting to evaluate the results of our efforts to reduce the high rates of injury.

Methods: In order to achieve implementation we needed to accomplish two major steps. The first step was to gain approval from all parties to implement this system. The second step was to install the system and train personnel to use the new system.

Step 1: Gaining Approval

Gaining approval to install this system was the most difficult and time-consuming activity of the process. We started out by attempting to gain local community support from our tribal council and community members. This included presenting our project at a community health fair and before various interested agencies. Some of the key agencies we worked with to solicit approval included: EMS, Blackfeet Community College, Global Information Systems Department, Tribal Health Department, Local Law Enforcement, Highway Patrol Units, Law Enforcement Committees, Health Education and Social Services Committee, Concerned Community Members and the Blackfeet Tribal Business Council. After numerous meetings over several months we had established community interest and support in our project. This support included the passing of a resolution by our tribal council to support the implementation of our system. This resolution gave us the support we needed to implement this system in our local Indian Health Services (IHS) medical facility.

Gaining approval with our local medical facility was just as time consuming and often more difficult than trying to get local community support. Working with our local trauma unit, emergency room unit, the hospital executive committee, staff from the area office located in Billings, data management personnel and an injury prevention specialist we were finally after many months given approval to implement our system. The primary difficulty in receiving final approval was knowing who had the final authority to say “yes”

or “no” to our project. Local staff was unsure if they had the authority to say yes, whereas headquarters staff approved but were not sure if it was their authority to approve the project. In addition, some personnel in the “area office” and “headquarters office” did not identify the same need for local data as our local hospital and community members did. In spite of the difficulties we were able to gain final approval for installation, although approval was granted months later than we had anticipated. For an overview of some of the key agencies that we approached for their involvement, approval and support, please see the hierarchy diagram (attachment 1).

Implementation and Training: Once we had received approval, implementation and training occurred quickly and smoothly. Over the course of several months computer personnel installed the software systems and successfully trained personnel to input data.

Corpsmembers volunteering for BHSC were also trained in data entry. Corpsmembers also received extensive training in the area of GPS and data collection.

Discussion of Results: Over the course of nine months we held over 40 meetings with key agencies to gain approval. In addition to the meetings over 15 conference calls and 85 hours of training was performed. After successfully completing this project we have learned several things that may benefit others. Approval at multiple levels was essential for the success of this project. In order to gain approval, a high level of communication was established by conducting many meetings in order to generate and maintain a high level of support. In addition, this project ended up including a very long process of gaining multiple approvals from multiple departments within Indian Health Services. It was also apparent that a clear chain of authority did not always exist in IHS which made it difficult when attempting to gain final approval.

In the end, we achieved our objectives of implementing this system. In the next several months baseline data will continue to be collected and BHSC will be able to begin

evaluating their efforts. In addition, the community will soon be more informed about the specific type of injuries, and injury trends that are occurring at the local level. This will help drive future efforts by other agencies and programs that choose to address the high rates of injuries in our community.

Recommendations: This was a very valuable process for our program and our community that will have benefits for years to come. I would recommend that other programs that attempt to implement a complex evaluation component keep in mind the amount of time and effort that is required. In addition, anyone who is familiar with tribal governments and agencies will recognize the multiple levels of administration and bureaucracy that was encountered during the process of gaining community support and agency approval. In addition, CNS may also gain insight into exactly what is involved in implementing a complex evaluation component. Although this project and the program quality factors project were virtually two separate endeavors, one can observe the complex administration and bureaucracy that exists for tribal programs. They can be challenging at times and sometimes overwhelming. However, knowing the process that is involved and how it effects program quality may allow us to continue to implement quality programs in reservation settings. The benefits for tribal programs and their communities are worthy of the efforts involved in navigating some of the complex landscape that exists for tribal programs.

Conclusion

Both components of this project have been performed and documented in an attempt to assist in the overall quality development of tribal programs. This does not assume that most programs are not of high quality. In fact, of the programs I had the opportunity to meet and discuss the activities their programs were performing indicated that all of them were performing exceptional work in the communities they were serving. In addition, it

should be noted that the measure of program quality that was utilized in this project was primarily from the perspective of how CNS defines program quality. In contrast, many activities that programs perform may not always be best captured or measured by the measuring tools currently employed to assess overall program quality. However, some standard of quality needs to be defined at this time. In the future, as tribal programs continue to implement quality programs, they may wish to assist CNS in defining program quality.

In my discussion with tribal program directors I was fortunate to receive further input that illuminates some of the challenges that programs experience and also alludes to what can be done to address some of these challenges. For example, many tribal program directors stated they perceived that CNS has not always understood the challenging environment that programs operate in. In addition, some program directors mentioned that in spite of the challenges that exist, many tribal programs are performing exceptional services for their communities. Work that can greatly contribute to the fabric of community service that CNS aspires too. However, it was also expressed that CNS may not always acknowledge some of the current success that tribal programs have achieved. Basically, program directors felt that CNS may be underestimating the value of tribal programs and their ability to contribute to the field of community service.

Furthermore, most tribal programs mentioned that they were operating in an environment that is very unique, politically and culturally, when compared to other non-tribal programs. This unique environment can create difficulties when CNS applies general rules and guidelines that may not always be appropriate for tribal programs. All programs stated that they thought it would benefit tribal programs and CNS if specific written policy was developed that takes into account the unique cultural and political environment that tribal programs operate in. Part of this unique environment involves acknowledging the unique relationship that exists between tribes and the federal government. Specifically, the issues of sovereignty need to be concretely addressed at the CNS level.

It is my hope that this document will provide concrete factors that can be addressed to deal with some of the issues involved. By identifying these factors, tribal programs and CNS can target specific issues, such as educating tribal councils on the intricacies of administering an AmeriCorps grant. In addition, CNS can assist in the development of tribal programs by educating CNS staff about the unique issues involved in implementing and developing quality programs. This document was not created to cause further barriers between CNS and tribal programs, but to assist in pinpointing some of the unique factors that exist for tribal programs. In order to address these issues, first the issues need to be identified so strategies can be developed to navigate the complicated issues involved. There are no easy answers and most tribal programs will have to learn on their own how to deal with the unique issues that they face on a daily basis. However, having identified some of the similar challenges that tribal programs' endure, make it possible to identify some common solutions to these challenges. Furthermore, being informed of the factors that exist, CNS can work with tribal programs to address these issues in order to address program quality and maintain some of the current success that has been achieved. It should be noted that in the last year or so CNS has begun to take some of the initial steps to addressing some of these unique issues. However, much more can be accomplished at all levels of CNS.

Throughout the last ten months, it has been my privilege to work with various tribal program directors and CNS staff throughout the year to identify these factors. I am hopeful that the relationship between tribal programs and CNS will further evolve in a manner that continues to unite tribal programs and CNS. Both entities share a common goal of performing community service in order to solve some of the serious issues that are present in our communities. In order to achieve that goal, basic issues and factors that contribute to program success will need to continually be defined and solutions proposed. The benefits that will ensue will be immeasurable.

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Attachments

Attachment 1: Hierarchy

