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Evaluation of the IHS tribal management grant program.

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FINAL REPORT

Evaluation of the IHS Tribal Management Grant Program (TMGP)

Submitted to:

Office of Planning, Evaluation, and Legislation
and
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1.0 INTRODUCTION

There were three principal objectives of this study: 1) determine if the Tribal Management Grant Program (TMGP) is meeting its goals and objectives as stated in *The Indian Self-Determination and Education Assistance Act* [Public Law 93-638, Section 103(b)(2)], and by the Indian Health Service (IHS) in the TMGP program guidelines; 2) identify the problems and obstacles faced by the program; and 3) identify innovative approaches and techniques that will help to solve the problems that confront the program.

A. Background

The TMGP is administered under the authority of P.L. 93-638, Section 103(b)(2) as amended by P.L. 100-472, 25 U.S.C. 450h(b)(2). The purpose of Tribal Management (TM) grants is to improve the management capacity of tribes to enter into contracts under P.L. 93-638. The TM grants assist tribes in assuming operation of all or part of existing IHS health care programs by enabling the tribes to develop and enhance their management capabilities. TM grants are also available to tribal organizations under the authority of P.L. 93-638, Section 103(e) for obtaining technical assistance from providers designated by the tribal organization, including tribal organizations that operate mature "638" contracts.

The TMGP prioritizes the funding of projects in accordance with the following four priorities:

> Priority 1. An Indian tribe that has received federal recognition within the past 3 years (new, restored, unterminated, and which is in the process of establishing health care services).
>
> Priority 2. An Indian tribe or tribal organization stating an interest in establishing "638" contracts for IHS health programs for the first time.
>
> Priority 3. An Indian tribe or tribal organization planning to develop/update their health plan, develop a tribal health management structure, human resource development, and evaluation studies to expand their operation of health programs.

Priority 4. An Indian tribe or tribal organization currently operating all health programs previously operated by IHS.

There are five types of projects funded under the TMGP:

1. Feasibility Study: Includes 1) health needs and health services assessments, 2) analysis of existing or proposed management structure, implementation plans, and staffing requirements, and 3) financial and resource requirements analyses.

2. Planning Study: Includes development of 1) plan of action, 2) objectives for tribal assumption and operation of IHS programs, 3) strategies and methodology for operation of health programs, and 4) detailed plans for each program.

3. Development of Tribal Health Structure: Included in this category are 1) outline of specific purpose of program to redesign a management structure, 2) analysis of organization as it relates to performance of program, 3) analysis of impact on service population and communities, and 4) current, short- and long-range strategies for tribal operation of programs.

4. Human Resources Development: Includes: 1) assessment of proposed staff, 2) human resources analysis, and 3) short- and long-range management planning.

5. Evaluation Studies: Includes 1) analysis of effects of previous studies, and 2) data collection and analysis of the direct services, financial management, personnel, data collection and analysis, and third party billing of tribal program operations.

To be eligible for TMGP funding, projects must be directly related to the development or enhancement of management capabilities needed for tribal operation of health projects under P.L. 93-638 ("638" projects). Therefore, many health-related projects are ineligible for TMGP funding. Examples of projects ineligible for the TM grants include:

- Sanitation and waste management,
- Long term care,
- Tuition, fees, stipends for certification, and training of staff providing direct services,
- Design and planning of construction for facilities,
- Training and technical assistance authorized by Section 103(e) of P. L. 93-638 pending issuance of final agency 638 regulations.

B. Strengths/Limitations of the Study

The primary strengths of the study are 1) it was conducted by an independent contractor without a vested interest in a specific outcome, and 2) data were collected from a wide range of persons involved in the TMGP including elected tribal officials, tribal health program directors and managers, IHS Headquarters and Area Office staff. The major limitations of this study are associated with the narrow scope of the data collection. The 5-month period of performance of the evaluation was insufficient for the 6-9 months required for review by the Office of Management and Budget (OMB) of survey research involving more than nine respondents. Therefore, informal, unstructured interviews were used in the study rather than a formal survey.

2.0 METHODOLOGY

A. Design

The study was a qualitative evaluation using a case study approach involving unstructured, in-depth interviews of key informants: current, former and potential TM grantees, and staff in IHS Headquarters and Area Offices. The study sample was comprised of five IHS Areas: Albuquerque, Bemidji, Billings, Nashville, and Portland. These Areas were selected for inclusion in the study because they represent a broad geographic range and a broad range of TM grants. In addition, quarterly, final and special TMGP reports were reviewed. Study methods and progress were discussed in meetings with IHS and Public Health Service staff. All study data were reviewed with the objective of addressing, to the degree possible, the seven study questions in the Scope of Work for the evaluation.

B. Data Collection

Unstructured, in-depth interviews were conducted with the tribal representatives and with IHS Headquarters and Area Office staff who were working with, or had worked with, the TMGP. Tribal representatives were interviewed through regularly scheduled IHS tribal consultation meetings in the five Areas in the study. Generally, representatives of all the Indian tribes in each Area attend these consultation meetings. Over 100 tribal representatives (including tribal chairmen and tribal health program directors) participated in the study. However, the majority of the tribal representatives interviewed were directors or managers of the tribal health programs.

The tribal representatives were asked to describe their experiences with the TMGP, and their recommendations regarding ways to improve the program were solicited. In response to the issues raised in the Portland Area consultation meeting, informants in the Portland Area submitted an 11-page document addressing the evaluation of the TMGP. In addition, TM grantee progress reports and final project reports were reviewed at IHS Headquarters.

Unstructured interviews were conducted, both on-site and by telephone, with IHS Headquarters and Area Office staff who were working with, or had worked with, the TMGP.

3.0 Findings

The TMGP is meeting its objective of improving the management capacity of tribes to enter into 638 health contracts. Virtually all of the representatives of TM grantees stated that TM grants provided critical information needed to develop 638 contracts. Most representatives of tribes that had not received TM grants were aware of the program and expressed a desire to develop successful TM grant proposals. Specific findings include:

1. In the 3-year period 1989-1991, the TMGP awarded 161 grants totaling $9.2 million. Virtually all of the grantees interviewed indicated they had 638 contracts. Most of the TM grantees indicated that they had 638 contracts (for the operation of an alcoholism program and/or community health representative (CHR) program) prior to receiving a TM grant. While the exact number of new 638 contracts resulting from TM grants could not be determined, TM grantees stated that 638 contracts have been developed, based on TM grants, in such areas as health education, environmental health, alcohol and substance abuse treatment, community health nursing, dental care, and youth after care.

2. The TMGP has been especially effective in helping tribes to make informed decisions about entering into 638 contracts. Tribal representatives stated that TM grant projects were the primary source of information used by the tribal council in deciding if they should pursue a 638 health project. When the tribes decided to not pursue a potential 638 project, information provided by the TM grant helped the tribe to conserve scarce resources.

3. The most common reasons given for tribes not entering into 638 contracts were:

   - Changes in tribal leadership and associated changes in tribal health policies and programs,

   - Level of funding. Analyses reveal that the health services currently operated by IHS are under-funded — the tribe determines it cannot meet its health care needs with the level of funding currently available and, therefore, the tribe's contracting for operation of the program (or program component) would be doomed to fail.

   - Lack of resources. While a TM grant helps tribes to develop needed management capabilities, tribes often lack other resources needed to enter into 638 contracts.

4. Each of the five types of TM grants were valued by the grantees interviewed. Feasibility studies and human resource development projects were cited as the most valuable types of TM grants.

5. The four funding priorities were the most controversial aspect of the TMGP. About one-third of the respondents indicated that the priorities are fair and reasonable, however, the majority of the respondents were critical of the TMGP funding priorities. Much of the criticism of the funding priorities was contradictory. For example, some respondents argued that the priorities give too much consideration to newly recognized tribes and to tribes with few resources. Other respondents argued the opposite—that the priorities fail to give sufficient consideration to newly recognized tribes or tribes with few resources.

6. Sometimes there is poor communication and coordination among IHS Headquarters, Area Offices and TM grantees. According to the tribal representatives, the TM Project Officers in the Area Offices are often unaware of communication between the grantee and Headquarters staff, and vice versa. There seemed to be variation across the five IHS Areas with regard to this problems.

4.0 Recommendations

While most of the tribal representatives indicated that the TMGP is meeting its objectives, many expressed dissatisfaction with 1) the TMGP funding priority system, and 2) coordination and communication among grantees, IHS Headquarters, and Area Offices

relative to the TMGP. Based on the results of this evaluation, the following recommendations are made:

1. Enhance the IHS grant and contract information systems. These systems should be enhanced so that TM grants can be correlated with 638 contracts. The enhanced information systems should be able to show which TM grantees develop a new or enhanced 638 contract. To achieve this reporting capability, IHS should require, as part of the 638 contract award process, the contractor to provide information on any TM grants that helped them to obtain the 638 contract.

2. Modify the TMGP Funding Priority System. Specify target percentages of grants and/or grant dollars to be awarded in each priority category. Establishing such target percentages may not eliminate criticism of the priority system, but potential grantees in each priority category will not be eliminated from TMGP competition by the priority system. The dollar targets set for each priority category should be equal to the proportion of the estimated IHS service population of the tribes in each of the priority categories.

3. Improve Communication/Coordination among IHS Headquarters, Area Offices and TM Grantees. IHS Project Officers in the Area Offices should participate in both the technical assistance workshops conducted for potential grantees and in the post-award workshops conducted for TM grantees. Communication could be enhanced by establishing an electronic mail system (EMS) that interconnects local area networks in the Headquarters and Area Offices. Using this EMS, copies of documents and summaries of telephone communications can be efficiently shared by the IHS Area Project Officers, Headquarters, and other staff working with the TM grantees.

   Communication can also be improved by adding a regular TMGP section to the *OTA Bulletin*. This TMGP section should include information on the application process (e.g., deadlines, common errors and omissions), TM grant priorities, and profiles of successful TM grants.

   Finally, IHS should consider establishing a computer-based Electronic Bulletin Board System (EBBS) accessible by a toll-free "800" telephone number. This EBBS could contain information concerning the TMGP as well as other IHS programs. Potential grantees could make requests, ask questions, and receive prompt responses through the EBBS.

IHS should focus on those Areas manifesting a need for administrative or program improvements. Indicators of needed improvement include low numbers of TM grant applications, late or missing grantee reports, and failure of Area Office staff to conduct periodic consultation meetings with tribal officials. Working through the Area Director, Grants Managements Branch and OTA staff at IHS Headquarters should describe the problems(s), help identify the causes of the problems encountered and help forge solutions to the problems. In some cases it may be necessary to reassign TMGP responsibilities (e.g., Project Officer, CPLO) to different staff in the Area Office and/or reduce the competing responsibilities of the current staff.

4. Automate the TM Grantee Tracking System. Such a tracking system can be used to capture information on the receipt and evaluation of grantee progress reports. The automated tracking system should produce standard reports that identify grantees who have not submitted the required reports. In addition, the tracking system should produce standard letters alerting grantees of their failure to comply with TM grant reporting requirements.

5. Assist Tribes in Obtaining Local Sources of Training and Technical Assistance (T/TA). Potential grantees, especially those in funding priority categories 1 and 2, often need on-going, on-site (and, thus, local) T/TA to develop and execute TM grants. Tribal and community colleges have the resources and the mandate to promote community development. IHS should explore the possibility of developing Memoranda of Agreement (MOAs) with the American Indian Higher Education Consortium (AIHEC), and with the Association of Community and Junior Colleges (AACJC). These MOAs would define the roles and responsibilities of the AIHEC and AACJC (and their member institutions) in providing T/TA needed by TM grantees to develop successful TM grants and 638 contracts.

6. Several suggestions for improving administration of the TMGP were made by the study informants; these suggestions are summarized and discussed below:

   - Improve coordination and communication between IHS Headquarters and Area Offices relative to the TMGP. This suggestion is supported in recommendation number 3 above.

   - Sponsor periodic meetings of TM grantees to facilitate information sharing and problem solving. This suggestion is supported by the evaluation; such meetings could be open to current and potential TM grantees and coordinated with or incorporated into Area meetings of tribal health directors.

- Conduct on-site progress reviews that focus on technical assistance rather than evaluation of grantee performance. This suggestion is supported by the evaluation; however, IHS staff indicated that the objective of the progress reviews is to identify problems and to assist the grantee in developing solutions.

- Expedite the review/evaluation of TM grant proposals so that awards can be made earlier in the fiscal year. This suggestion is supported by the evaluation. IHS staff indicated that late TM grant awards and/or late notification of awards is generally due to unusual circumstances.

- Replace the competitive grant review process with direct funding of TM grants based on tribal population. This suggestion is not supported by the evaluation. Distribution of TM funds on this basis would result in very limited dollar allocations to most tribes and would not stimulate satisfactory proposals.

- Delegate all TMGP administration to Area Offices including proposal evaluation and project monitoring. This suggestion is not supported by the evaluation. Receipt of all TM grant proposals at IHS Headquarters in a nationwide competition is both efficient and increases the chances that the best proposals are funded.

- Terminate evaluation of IHS programs such as TMGP and re-direct the funding of evaluations to the programs. This suggestion is not supported by the evaluation. Objective evaluations are needed by IHS managers and by others making funding decisions to support decisions among competing alternatives.

- Include the executive summary of the evaluation of the TM grant application with the letters of approval/disapproval to the TM grant applicant. Applicants can use the information provided to improve future grant applications an to improve the management of funded projects.

  Staff at IHS Headquarters indicated that these summaries are currently being provided as recommended by the tribal representatives. It is likely that the summaries were provided to the tribes, but were not seen by the tribal representatives making this recommendation.

II. INTRODUCTION

1.0 Statement of the Problem

In 1989 the Indian Health Service (IHS) established the Tribal Management Grant Program (TMGP) to help tribes improve their ability to take control of all or a portion of their health care programs. Over the 3 fiscal years 1989-1991, IHS awarded 161 TMGP grants that totalled $9,215,390. The IHS initiated this evaluation in order to 1) determine if the TMGP is meeting its goals and objectives, 2) identify the problems and obstacles faced by the program, and 3) identify innovative approaches and techniques that will help solve the problems that confront the program.

2.0 Background

The TMGP is administered under the authority of the *Indian Self-Determination and Education Assistance Act* [Public Law (P.L.) 93-638, Section 103(b)(2)], as amended by the *Indian Self-Determination and Education Assistance Amendments of 1988* [(P.L. 100-472), 25 U.S.C. 450h(b)(2)]. The purpose of the Tribal Management (TM) grants is to improve the management capacity of tribes to enter into P.L. 93-638 contracts. The TM grants assist tribes that wish to assume the operation of all or part of existing IHS health care programs by enabling the grantee to develop and expand its management capabilities. TM grants are also available to tribal organizations under the authority of P.L. 93-638 Section 103(e) for obtaining technical assistance from health care providers, including other tribal organizations that operate mature contracts.

There are five types of projects funded under the TMGP:

1. Feasibility Study: Includes 1) health needs and health services assessments, 2) analysis of existing or proposed management structure, implementation plans, and staffing requirements, and 3) financial and resource requirements analyses.

2. Planning Study: Includes development of 1) plan of action, 2) objectives for tribal assumption and operation of IHS programs, 3) strategies and methodology for operation of health programs, and 4) detailed plans for each program.

3. Development of Tribal Health Structure: Includes 1) plans to redesign a management structure, 2) analysis of program organization as it relates to performance, 3) analysis of program impact on the service population and communities, and 4) current short- and long-range strategies for tribal operation of health programs.

4. Human Resources Development: Includes 1) assessment of proposed staff, 2) human resources analysis, and 3) short- and long-range management planning.

5. Evaluation Studies: Includes 1) analysis of effects of previous studies, and 2) data collection and analysis of the direct services, financial management, personnel, and third party billing of tribal program operations.

To be eligible for TMGP funding, projects must be directly related to the development or enhancement of management capabilities needed for tribal operation of health projects under P.L. 93-638 ("638" projects). Therefore, certain health-related projects are ineligible for TMGP funding. Examples of projects ineligible for the TM grants include:

- Sanitation and waste management,
- Long term care—the IHS does not fund long term care,
- Tuition, fees, stipends for certification, and training of staff providing direct services,
- Design and planning of construction for facilities—the IHS maintains a priority list of construction projects. Tribes that are not included on the priority list cannot receive TM grants for this purpose.
- Training and technical assistance authorized by Section 103(e) of P. L. 93-638 pending issuance of final agency 638 regulations.

The TMGP is administered by the IHS Headquarters Office of Tribal Activities (OTA) and the Grants Management Branch (GMB) of the Office of Administration and Management. These offices are responsible for the provision of technical assistance to potential applicants, conducting an objective review of TM grant applications, and administering and monitoring the TMGP.

Figure 1 illustrates the TMGP award process. TM grants are awarded by means of a nation-wide competition among federally recognized tribes, Alaska Native villages, and consortia of those tribes and villages. TM grant applications are submitted to IHS Headquarters where they are subjected to an initial screening for completeness and for the eligibility of the applicant—the applicant must be 1) a federally recognized tribe, 2) an Alaska Native village, or 3) a consortium of these tribes or villages. Any applications failing this initial

review are returned to the applicant with a letter explaining the reasons for ineligibility of their application.

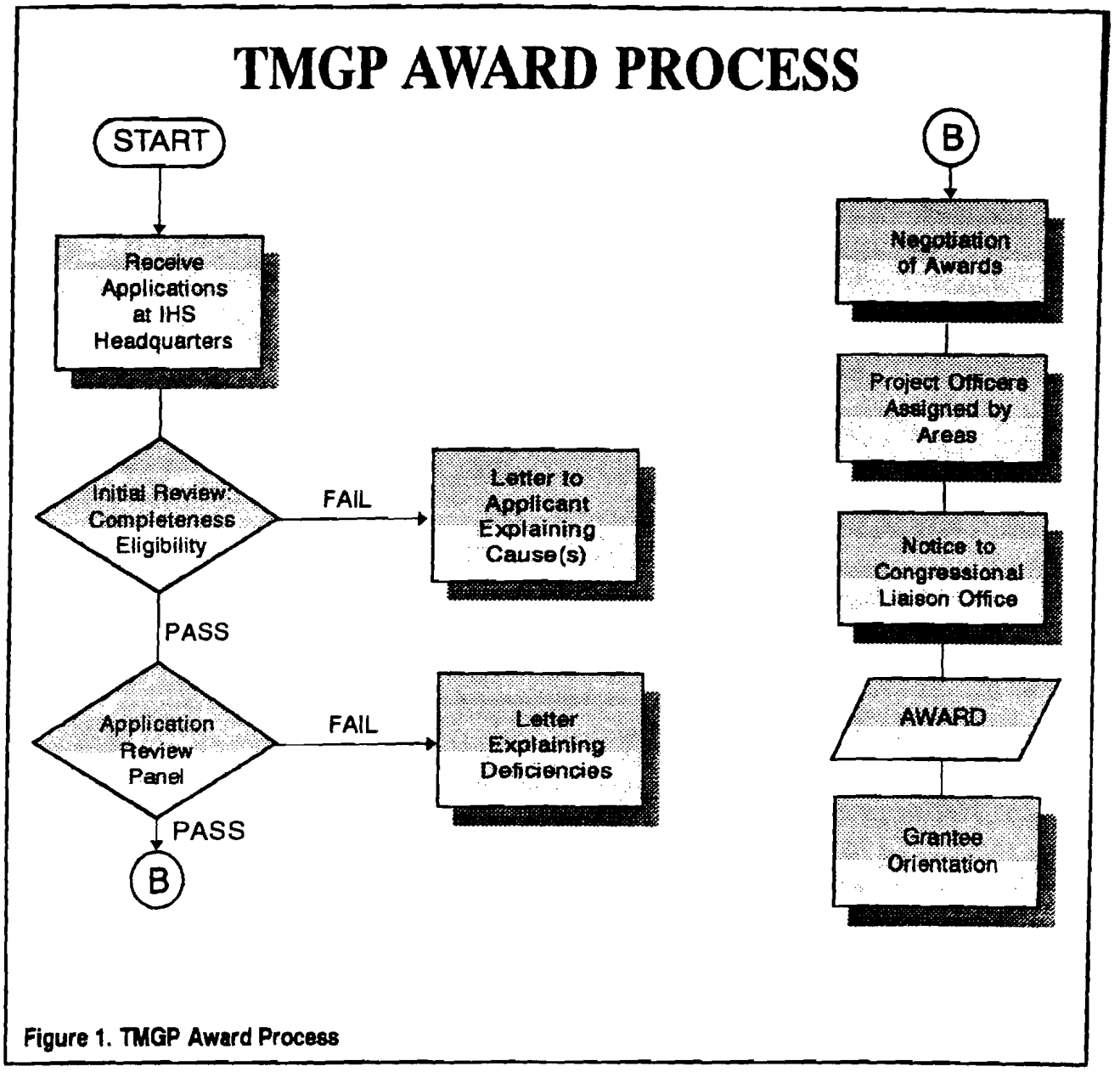


Figure 1. TMGP Award Process

TM applications passing the initial screening are subjected to a comprehensive review and evaluation by an objective review panel. Applicants failing this comprehensive review are informed of the decision, and are sent a letter explaining the specific deficiencies in their proposal.

All applications meeting the eligibility requirements are reviewed by an Ad Hoc Objective Review Committee (ORC) appointed by the IHS. In FY 1990, the grant proposal review process was transferred from the IHS Area Offices to Headquarters. This change in the proposal review process was designed to ensure nationwide competition for TM grants. The ORC is comprised of a maximum of 40 percent IHS officials and 60 percent or more of other federal employees or other persons with appropriate expertise. Applications are reviewed and assigned a numerical score which is used in making the final funding decisions.

Based on available funding, TM grant amounts are negotiated with applicants who are recommended for approval, by priority and ranked score, using cost analysis of the proposed project budget. Area Offices are informed of applications recommended for approval so that local Area Project Officers (POs) responsible for grant projects can be assigned. A PO must be assigned before the notice of award can be finalized for a grantee.

Letters communicating the results of the TM grant negotiations are submitted by IHS to the Congressional Liaison Office (CLO). The CLO notifies the public (including tribes), by congressional district, of all federal awards. The IHS Grants Management Branch (GMB) sends a Notice of Grant Award to the applicant communicating the specifics of award (i.e., amount, Area Project Officer assigned), and any special conditions to be met including participation in the Post-Award Grant Administration workshop. Following the Notice of Grant Award, and after the grant start date, the IHS GMB conducts Post-Award Grant Administration workshops to assist TM grantees in the administrative requirements to ensure compliance with federal regulations governing grants.

The award of TM grants is made in accordance with a set of four priorities (from highest to lowest):

Priority 1. Tribes recently receiving federal recognition,

Priority 2. First time 638 contractors,

Priority 3. Tribes enhancing or expanding 638 contracts,

Priority 4. A tribe currently operating health programs previously operated by IHS.

3.0 Study Questions

The study Scope of Work (SOW) specified seven questions to be addressed by the evaluation:

1. How many tribal management grants have resulted in new "638" contracts? How many grants have resulted in expanded "638" contracts?

2. Has the TMGP been successful in assisting tribes in making informed decisions?

3. Can the TMGP provide data as to the most common reasons why tribes have decided not to enter into "638" contracts (funding, lack of management expertise, political considerations, etc.)?

4. Which category of grants has most commonly resulted in "638" contracts?

5. Is there a need to reorder present TMGP funding priorities?

6. Is there a need to emphasize one type of grant over another? What types of grants have been most successful in helping tribes to obtain and sustain "638" health care projects?

7. What can IHS do to improve TMGP administration (different types of technical assistance, regular monitoring visits, unique program approaches, etc.)?

4.0 Strengths/Limitations of the Study

The primary strengths of the study are that 1) it was an objective evaluation conducted by an independent contractor without a vested interest in a particular result, and 2) input was obtained from a broad range of persons involved in the TMGP including:

- Health program directors of current and former TM grantees

- Health program directors of tribes that have not received a TM grant

- IHS Area Office staff
  - TMGP Project Officers
  - Contract Proposal Liaison Officers (CPLOs)
  - Office of Tribal Activities Staff

- IHS Headquarters Staff
  - Division of Community Services, Office of Tribal Activities
  - Division of Acquisition and Grants Operation, Office of Administration and Management.

The major limitations of the study were associated with the narrow scope of the data collection. The *Paperwork Reduction Act of 1980* (P.L. 96-511) requires that any study involving formal interviews of 10 or more individuals must be reviewed and approved by the Office of Management and Budget (OMB). Generally, the OMB review process requires 6-9 months. Since the 5-month period of performance for this study did not allow for OMB review, a case study methodology using informal, unstructured interviews was used rather than structured interviews in a sample survey.

III. METHODOLOGY

1.0 Design

The study was a qualitative evaluation using a case study approach involving unstructured, in-depth interviews of key informants: current, former, and potential TM grantees, and staff in IHS Headquarters and Area Offices. The study sample was comprised of five IHS Areas: Albuquerque, Bemidji, Billings, Nashville, and Portland (see Figure 2). These Areas were selected for inclusion in the study because they represented a broad geographic range and a broad range of TM grants. In addition, quarterly, annual and final TMGP reports were reviewed as well as an internal study of the TMGP conducted by the IHS Office of Tribal Activities (OTA). Study methods and progress were discussed in meetings with IHS and Public Health Service staff. All study data were reviewed with the objective of addressing, to the degree possible, the seven study questions in the Scope of Work for the evaluation.

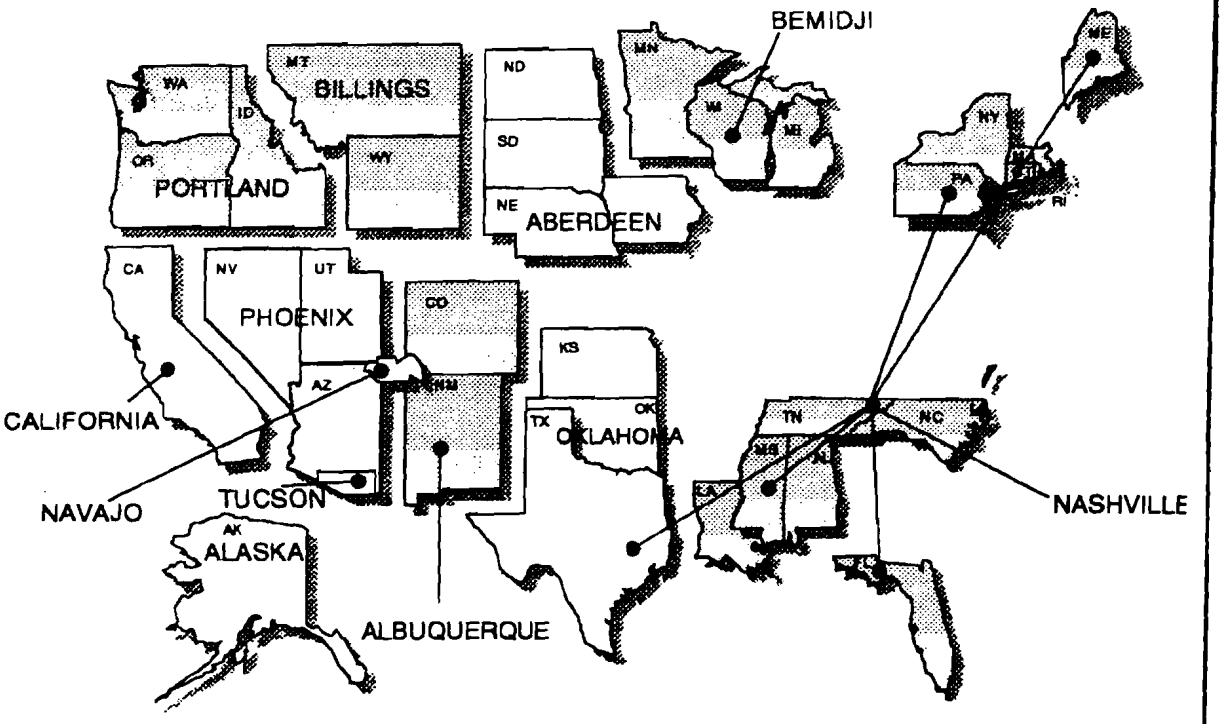


Figure 2. IHS Areas Included in the Study

2.0 Data Collection

Unstructured, in-depth interviews were conducted with the tribal representatives, and with IHS Headquarters and Area Office staff who were working with, or had worked with the TMGP. The tribal representatives were interviewed through regularly scheduled IHS tribal consultation meetings in the five Areas in the study. Generally, representatives of all the Indian tribes in each Area attend these consultation meetings. Over 100 tribal representatives (including tribal chairman and tribal health directors) participated in the study.

The tribal representatives were asked to describe their experiences with the TMGP, and their recommendations regarding ways to improve the program were solicited. Discussions with tribal representatives at the consultation conferences were conducted in accordance with a site visit protocol (see Appendix 1). Tribal representatives were asked if they were aware of the TMGP, if their tribe had applied for a TM grant and, if not, why. Discussions focused on the study questions presented in the next section.

In response to the issues raised in the Portland Area consultation meeting, informants in the Portland Area submitted an 11-page document addressing the evaluation of the TMGP (see Appendix 2). In addition, TM grantee progress reports and final project reports were reviewed at IHS Headquarters.

Other Data: All available program documents were reviewed including TM grantee monthly, quarterly, annual and special reports. In addition, TM grant applications and proposals were reviewed.

IV. FINDINGS

1.0 Evaluation Study Questions

The TMGP is meeting its objective of improving the management capacity of tribes to enter into 638 health contracts. Almost every tribal representative who participated in this study reported that their tribe has a 638 contract (e.g., a Community Health Representative Program and/or an Alcoholism/Substance Abuse Program). Virtually all of the representatives of TM grantees stated that TM grants provided critical information needed to develop 638 contracts. Most representatives of tribes that had not received TM grants were aware of the program and expressed a desire to develop successful TM grant proposals. The Scope of Work (SOW) for this project posed 7 questions to be addressed by the evaluation. Each of these questions is addressed in turn in the following section.

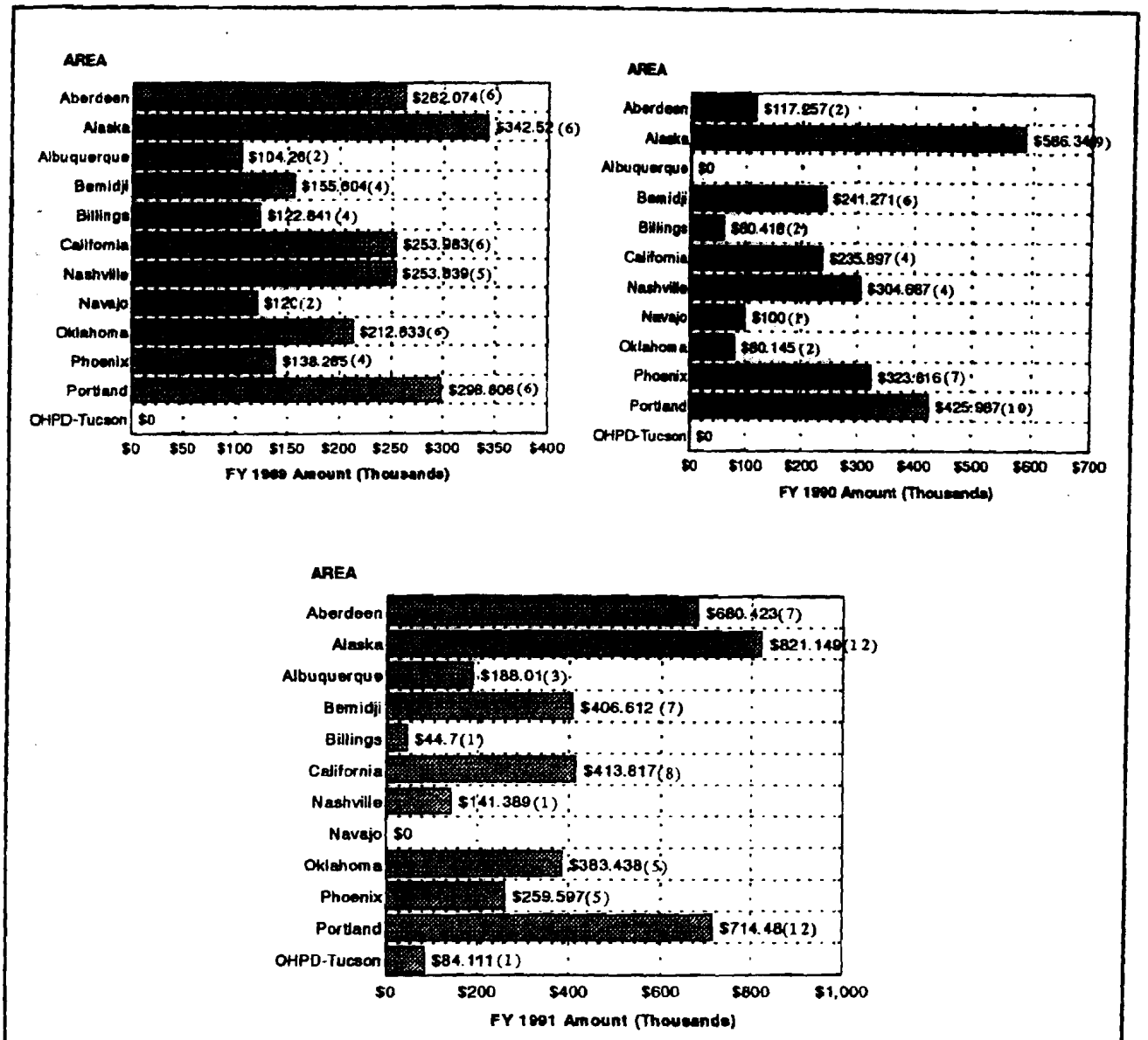
1. **How many tribal management grants have resulted in new "638" contracts? How many have resulted in expanded contracts?**

The IHS maintains a grants database that includes information on every grant awarded by the agency in the fiscal year. Each record in the database includes the amount of the award, the period of performance, the name and other information about the grantee. Unfortunately, the grants database is not associated with an information system that tracks and correlates TM grants and 638 contracts over time. Therefore, it was not possible to provide a definitive answer to this study question.

Table 1 shows that 161 TM grants were awarded in the 3 year period 1989-1991. Each year there was an increase in TMGP funding with a large increase in 1991. The total amount awarded over the 3 year period exceeded $9 million.

Table 1. TMGP Grants

Fiscal Year	Number	Amount
1989	51	2,264,845
1990	48	2,812,819
1991	62	4,137,726
TOTAL	161	$9,215,390



NOTE: Numbers in parentheses indicate the number of TM grants awarded.

Figure 3. TMGP Funding by Area (1989-1991)

As described in the Background section, TM grants are awarded to tribes on a competitive basis. Prior to FY 1990, the competition was conducted within each IHS Area. Subsequently, the competition has been on a nationwide basis. Figure 2 shows the distribution of TM grants across IHS Areas from 1989-1991. In some years, no tribe in a particular Area was funded—Tucson in 1989, Albuquerque in 1990, and Navajo in 1991.

Excluding the Tucson Area which has only three tribes, the Albuquerque and Billings Areas were among the lowest Areas in TMGP funding. One explanation for the relatively low level of funding in these Areas is that the potential grantees do not submit TM grant applications. IHS staff in both Headquarters and in the Area Offices stated that, each year, notice of the availability of TM grants are mailed to the tribal chairmen and health program directors of all federally recognized tribes. Nevertheless, many of the tribal representatives interviewed in the Albuquerque Area stated that they were unaware of the TMGP. The Contract Proposal Liaison Officer (CPLO) in the Billings Area stated that he could not facilitate interviews with tribal health officials because there are not regularly scheduled consultation meetings between tribal health officials and IHS staff in the Billings Area.

Over the 3-year period 1989-1991, Alaska Native villages and consortia and tribes in the Alaska Area received the largest amount of TMGP funds; during this same time period, tribes in the Portland Area were among the top three areas in TMGP funding. The study did not reveal unambiguous causes for the variation in the success of TM grant applications across Areas from 1989-1991. One plausible explanation for the relative success of tribes in the Alaska and Portland Areas was that more tribes in these Areas made use of consultants/ experts in preparing their TM grant proposals. The study informants suggested that the successful use of consultants requires close and on-going coordination between tribal officials and the consultant-expert.

Over 90 percent of the tribal representatives interviewed at the tribal consultation meetings stated that they believe the TMGP to be successful in meeting its goal of helping tribes to enter into or expand existing 638 contracts. According to these informants, P.L. 638 contracts developed with the help of TM grants include:

- Health education
- Environmental health
- Alcohol and substance abuse treatment
- Contract health service management
- Community health nursing
- Dental care
- Social services
- Youth after-care.

In response to the request for information made at the tribal consultation meetings in each Area, the Portland Area submitted an 11-page report (see Appendix 2). This report included valuable and detailed information about TM grants in the Portland Area.

Table 2. Results of the TM Grants in the Portland Area 1989-1992

Outcome of TM Grants	Number	Percent
New 638 Contract	11	48
Expanded 638 Contract	7	30
No New Contract	5	22
TOTAL	23	100

From 1989-1993, 23 tribes in the Portland Area reported receiving a total of 39 TM grants. Most (12) tribes received one TM grant, and one tribe has received four TM grants. Of the 23 tribes that received TM grants, 11 (48%) reported entering into new 638 contracts, and 7 (30%) reported expansion of existing 638 contracts (see Table 2). Thus, most (78%) of the tribes receiving TM grants in the Portland Area reported entering into new or expanded 638 health projects.

2. **Has the tribal management (TM) program been successful in assisting tribes in making informed decisions?**

The majority of tribal representatives interviewed stated that the TM grants had enabled them to collect and organize data needed to make informed decisions about 638 health initiatives. By their nature, feasibility, planning, and evaluation studies are designed to produce needed information. Tribal representatives stated that sometimes tribes decided to delay or abandon plans to develop a particular 638 program based on the information produced by the TM grant. In such cases, the information generated by the TM grant helped the tribe to avoid inefficient use of scarce resources. Both the experience of managing the TM grant, and the information produced by the grant were viewed as valuable aspects of the TMGP.

3. **Can the TM program provide data as to the most common reasons why tribes have decided not to enter into contracts (funding, lack of management expertise, political considerations, etc.)?**

Tribal representatives cited two principal factors that caused tribes to fail to enter into 638 contracts:

A. Lack of resources. Tribal representatives stated that while the TM grants are generally successful in helping the tribe to develop the management capabilities specified in the proposal, these capabilities are often insufficient to permit the tribe to implement the 638 program—additional resources are needed but are (or seem to be) unavailable to the tribe. Most tribes cannot achieve the needed capacities with a single TM grant. The capacity building needed to enable tribes to assume operation of their health (and other) programs has proven to be a step-by-step process measured in decades. Often tribes obtain (or need to obtain) a series of TM grants in the following order: 1) to conduct a feasibility study, 2) to conduct a planning study, 3)to develop management structure and/or human resources, and finally, 4) to conduct evaluation studies. Few tribes have proceeded to the final (evaluation) TM grant stage.

B. Changes in tribal leadership. Often changes in tribal leadership (e.g., election of a new tribal chairman, governor, and/or council) resulted in changes in the tribe's health policies, programs, and program staffing. Sometimes, a new tribal administration would decide to not implement the 638 program associated with the TM grant.

C. Inadequate Funding of the Program. A feasibility study or other analyses reveal that the current (and historical) levels of funding of the program or program component are not adequate to meet the basic health needs of the tribe. The tribal decides that its efforts to operate the health program would be doomed to fail.

4. **Which category of grants has most commonly resulted in 638 contracts?**

TM grants are awarded in five categories: 1) feasibility studies, 2) planning studies, 3) development activities, 4) training, and 5) evaluation. Figure 4 shows the TM grant funding across the five project categories for the years 1989-1991. In general, the category receiving the greatest funding was development—over $1.6 million was allocated to development projects in 1991. The training and evaluation categories received the lowest levels of funding. Slightly more than $150,000 was allocated to evaluation projects in 1991.

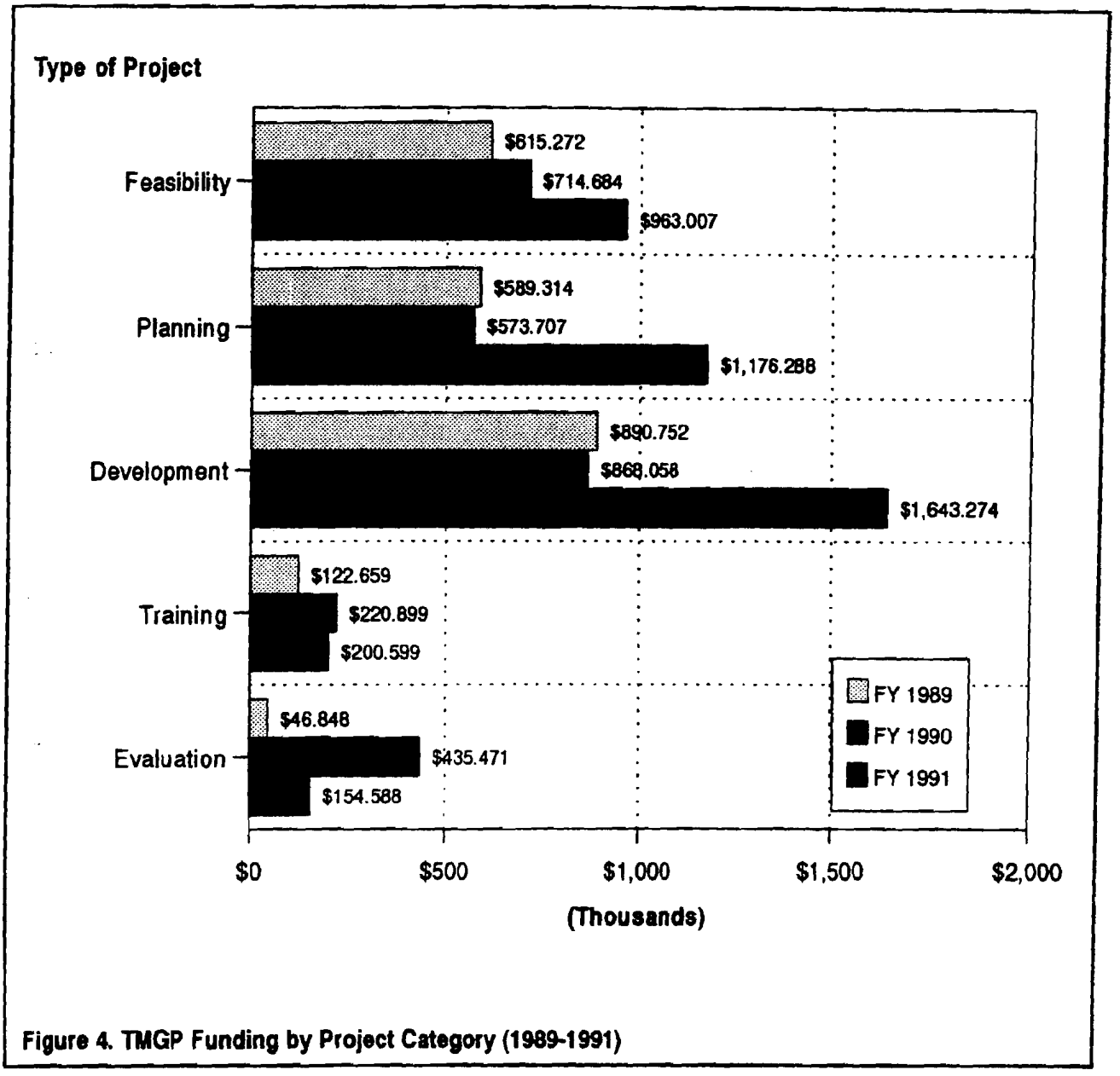


Figure 4. TMGP Funding by Project Category (1989-1991)

Because the IHS data systems do not provide for correlation of TM grants and 638 contracts, it was not possible to provide a definitive answer to this study question. Discussions with tribal representatives revealed a lack of consensus about the grant category that is most valuable in helping tribes to develop 638 contracts. Nevertheless, it seems like there is a natural progression to the types of TM grants needed. Overall, no particular type of grant is more effective than another in helping tribes to secure 638 contracts; rather each type of TM grant plays a critical role in the capacity building process. According to the tribal

representatives, this process tends to be composed of five components or stages (each funded by a TM grant):

1. The tribe conducts a feasibility study to determine if the tribe can assume the operation of a program or program component currently operated by IHS. The feasibility study reveals that the tribe must develop or enhance its organizational structure, human resources, administrative support, and other systems before the tribe can take over the health program (component).

2. The tribe develops a plan for building the capacities needed and for taking over operation of its health program.

3. The tribe initiates the enhancement of one or two of the needed support systems (e.g., the information systems including computer hardware and software). Needed staff training and/or recruitment are initiated. Despite the success of these capacity development efforts, the tribe still does not have in place all the systems needed to permit the tribe to successfully operate its health system. Thus, the tribe must continue this capacity development process over a number of years.

4. During the capacity building process described above, it is necessary for the tribe to update and revise the plan to take over operation of its health program as the tribe's demographics, health status and needs change.

5. Once the major systems and capacities have been established, the tribe begins the process leading to taking over its health program. Among the many components of this process is evaluation—initially process evaluation and subsequently outcome evaluations.

5. Is there a need to reorder present funding priorities?

The four funding priorities (see page 12) generated the most strongly felt responses from the tribal representatives in the study. Approximately one-third of the respondents found the priorities to be reasonable or fair; however, the majority of the respondents were highly critical of the priorities.

Often the critiques of the funding priorities were contradictory. For example, many tribal representatives stated that the small and least developed tribes are unable to develop TM (or almost any other) grant proposals. According to these respondents, the highest priority assigned to proposals from tribes recently having received federal recognition, is of no

benefit to such tribes because they often are unable to develop and submit a TM grant proposal.

A similar argument was advanced with respect to priority 2—tribes that have not yet received their first 638 contract. If the capabilities of such tribes are insufficient to permit them to develop a TM grant proposal, the relatively high priority assigned would be of no benefit. The tribal representatives who argued that the TM grant priority system is of no help to the least developed tribes also maintained that the "technical assistance" workshops conducted by IHS to assist tribes to develop TM grant proposals do not enable these tribes to develop successful proposals.

In short, many tribal representatives argued that the tribes with the greatest need for TM grants are unable to develop successful grant applications despite the best efforts of IHS.

Interestingly, many tribal representatives argued a position almost opposite to the one described above—these respondents argued that priorities 1 and 2 give unfair preference to small and underdeveloped tribes over tribes that have a level of development that is higher in a relative sense but, nevertheless, are unable to assume responsibility for the operation of their health programs without the assistance of a TM grant. These respondents argued that the priority system discourages tribes outside priorities 1 and 2 from applying for TM grants.

In summary, most tribal representatives stated, in strongly felt terms, that the TMGP priority system is ineffective, unfair, or both. The rationales presented for the indictments of the priority system were often contradictory. Similarly, the tribal representatives offered divergent solutions to the current TMGP grant priority system including:

- Abolition of the priority system—awarding TM grants solely based on the quality of the proposal,
- Combining priorities 1 and 2,
- Awarding equal numbers of TM grants in each priority category.

As discussions with the tribal representatives progressed, it became apparent that the tribe's critique of the priority system seemed to be associated with the tribe's relation to the system. Tribes with relatively low levels of development (e.g., newly recognized tribes or tribes that have never received a TM grant) argued that the system fails to give them enough support. Tribes with relatively high levels of development (e.g., tribes that have taken over all, or

large parts, of their health system) argued that increasing and expanding the management capacity of tribes is an ongoing effort.

6. **Is there a need to emphasize one type of grant over another. What types of grants have been most successful in obtaining 638 Contracts?**

About one half of the tribal representatives interviewed had an opinion on which type of TM grant contributes must toward a tribe's ability to develop a successful 638 health program; however, no consensus emerged on this issue. Four more or less contradictory positions were advanced by the TM grantees.

A. Development of health management structure. TM grants in this category, used to develop the infrastructure needed for 638 contracts, are most central to the objectives of the TMGP. With frequent changes and expansion of tribal systems, upgrading and expanding health management structures to reflect these changes is needed.

B. Coordinate feasibility and planning TM grants. If a feasibility study indicates that it is feasible for the tribe to develop a particular 638 contract, then a second TM grant should be awarded for the planning study.

C. Importance of feasibility studies. All other aspects of the 638 contract process are based on the feasibility of the contemplated 638 program; therefore, feasibility studies are the most valuable TM grant category.

D. Each type of TM grant is vital. Each type of TM grant is vital, and the type used should be determined by the tribe. This position was supported by the evaluation as discussed in response to study question number 4.

7. **What can IHS do to improve TMGP administration (different types of technical assistance, regular monitoring visits, unique program approaches, etc.)?**

The study informants made seven specific recommendations for improving administration of the TMGP. These recommendations and others based on the findings of the evaluation are presented and discussed in Section V of this report.

2.0 Other Findings

1. Adequate Support provided by IHS Grants Management Branch: The majority of tribal representatives interviewed stated that they were receiving satisfactory to excellent support from this branch. More technical workshops were suggested, and better coordination between the Area Office and Headquarters staff is needed.

2. Adequate Support provided by IHS Office of Tribal Activities: The majority of tribal representatives interviewed stated that they were receiving good support from this office; however, many representatives repeated the need for better communication and coordination among Headquarters, the Areas and the grantees.

3. Adequate Support provided by IHS Area Offices: The majority of tribal representatives indicated that they were receiving adequate support from the IHS Area Office; about one-third indicated that the Area Office was not providing adequate assistance. These respondents indicated that the Area Office could be more supportive in providing T/TA, specifically in the areas of grants preparation and management, and in actively promoting the TMGP by encouraging tribes in their Area to apply. Others felt that the Contract Proposal Liaison Officers (CPLO) should make periodic site visits to TM grantees.

4. Post-Award Conference beneficial. TM grantees are required to attend a post-award grant administration conference. Nevertheless, about one-quarter of the grantees claimed that they did not attend such a meeting. The majority of the grantees indicated they had attended a post-award conference, and that this conference was very helpful.

5. Technical Assistance (TA) Workshops Beneficial. Each year the Headquarters Office of Tribal Activities provides a TA workshop in each IHS Area designed to help tribes to develop successful TM grant proposals. The majority of the respondents indicated they had attended at least one of these TA workshops, and that the workshops were very helpful. It was suggested that the workshops could be improved by providing more "hands-on" activities during the training, expanding the evaluation components, and by providing funding to defray the travel costs associated with the workshops.

6. Communication Problems Exist among IHS Headquarters, Area Offices, and Grantees. Many of the TM grantees stated that the authority and responsibilities of the Contract Proposal Liaison Officers and Project Officers in the Area Offices are not clearly defined. Some of the tribes felt they did not receive adequate responses or that their calls were referred back and forth between Headquarters to Area Offices. The grantees stated that

Area Offices do not receive copies of all notices or actions regarding grantees, and, thus, are unable to assist the grantees. In addition, it was the general consensus that coordinated consultation should take place prior to any adjustments to grantees original budgets.

7. Quality of Records: The evaluation relied mostly on TM grantee comments, both oral and written, and on the quarterly and final reports from the grantees. Review of the TM reports revealed:

   - Frequency of Reporting: Overall, the TM grantees generally succeed in meeting their reporting requirements. Where records were available, consecutive quarterly and end-of-the year reporting were found.

   - Quality of Reporting: The format for the quarterly and final reports was unstructured and inconsistent across grantees and Areas; however, the majority of the reports did provide information on the status of the goals and objectives as proposed in the original grant application.

   - Supervision of Reporting: It is the responsibility of the Grants Management Specialist and the IHS Area Project Officers (POs) to monitor the TM grantee's progress. There are two problems associated with the TM grantee progress reports. First, the grantees do not use a standard report format. Consequently, it is difficult to evaluate a grantee's progress over time, and it is difficult to compare and assess the progress of different TMGP projects. Another problem associated with monitoring grantee performance is the absence of an automated system to support the IHS Grants Management Specialists in the Area Office. These individuals have numerous responsibilities in addition to monitoring the performance of TMGP grantees. Consequently, a grantee's failure to submit required reports may be undetected by the GMB and subsequently, the IHS Area POs. There is no automated system to support the specialist that will alert him or her of the missed deadline.

   - Maintenance of Reporting: Due to the transfer of the TMGP to Headquarters in 1990, the evaluation team was unable to gain access to records submitted prior to 1989. The Area Offices maintained they were not directly responsible for maintaining grantee reports (e.g., quarterly, final or evaluative); thus, the only reports available were those maintained at Headquarters.

V. RECOMMENDATIONS

While most of the tribal representatives indicated that the TMGP is meeting its objectives, many expressed dissatisfaction with 1) the TMGP funding priority system, and 2) coordination and communication among grantees, IHS Headquarters, and Area Offices relative to the TMGP. Based on the results of this evaluation, the following recommendations are made:

1. Enhance the IHS Grant and Contract Information Systems. These systems should be enhanced so that TM grants can be correlated with 638 contracts. The enhanced information systems should be able to show which TM grantees develop a new or enhanced 638 contract. To achieve this reporting capability, IHS should require, as part of the 638 contract award process, the contractor to provide information on any TM grants that helped them to obtain the 638 contract.

2. Modify the TMGP Funding Priority System. Specify target percentages of grants and/or grant dollars to be awarded in each priority category. Establishing such target percentages may not eliminate criticism of the priority system, but potential grantees in each priority category will not be eliminated from TMGP competition by the priority system. The dollar targets set for each priority category should be equal to the proportion of the estimated IHS service population of the tribes in each of the priority categories.

3. Improve Communication/Coordination among IHS Headquarters, Area Offices and TM Grantees. IHS Project Officers in the Area Offices should participate in both the technical assistance workshops conducted for potential grantees and in the post award workshops conducted for TM grantees. Communication could be enhanced by establishing an electronic mail system (EMS) that interconnects local area networks in the Headquarters and Area Offices. Using this EMS, copies of documents and summaries of telephone communications can be efficiently shared by the IHS Project Officers, Headquarters, and other staff working with the TM grantees.

   Communication can also be improved by adding a regular TMGP section to the *OTA Bulletin*. This TMGP section should include information on the application process (e.g., deadlines, common errors and omissions), TM grant priorities, and profiles of successful TM grants.

IHS should consider establishing a computer-based Electronic Bulletin Board System (EBBS) accessible by a toll-free "800" telephone number. This EBBS could contain information concerning the TMGP as well as other IHS programs. Potential grantees could make requests, ask questions, and receive prompt responses through the EBBS.

IHS should focus on those Areas manifesting a need for administrative or program improvements. Indicators of needed improvement include low numbers of TM grant applications, late or missing grantee reports, and failure to conduct periodic consultation meetings with tribal officials.

4. Automate the TM Grantee Tracking System. Such a tracking system can be used to capture information on the receipt and evaluation of grantee progress reports. The automated tracking system should produce standard reports that identify grantees who have not submitted the required reports. In addition, the tracking system should produce standard letters alerting grantees of their failure to comply with TM grant reporting requirements.

5. Assist Tribes in Obtaining Local Sources of Training and Technical Assistance (T/TA). Potential grantees, especially those in funding priority categories 1 and 2, often need on-going, on-site (and, thus, local) T/TA to develop and execute TM grants. Tribal and community colleges have the resources and the mandate to promote community development. IHS should explore the possibility of developing Memoranda of Agreement (MOAs) with the American Indian Higher Education Consortium (AIHEC), and with the Association of Community and Junior Colleges (AACJC). These MOAs would define the roles and responsibilities of the AIHEC and AACJC (and their member institutions) in providing T/TA needed by TM grantees to develop successful TM grants and 638 contracts.

6. Several suggestions for improving administration of the TMGP were made by the study informants; these suggestions are summarized and discussed below:

   - Improve coordination and communication between IHS Headquarters and Area Offices relative to the TMGP. This suggestion is supported in recommendation number 3 above.

   - Sponsor periodic meetings of TM grantees to facilitate information sharing and problem solving. This suggestion is supported by the evaluation; such meetings could be open to current and potential TM grantees and coordinated with or incorporated into Area meetings of tribal health directors.

- Conduct on-site progress reviews that focus on technical assistance rather than evaluation of grantee performance. This suggestion is supported by the evaluation; however, IHS staff indicated that the objective of the progress reviews is to identify problems and to assist the grantee in developing solutions.

- Expedite the review/evaluation of TM grant proposals so that awards can be made earlier in the fiscal year. This suggestion is supported by the evaluation. IHS staff indicated that late TM grant awards and/or late notification of awards is generally due to unusual circumstances.

- Replace the competitive grant review process with direct funding of TM grants based on tribal population. This suggestion is not supported by the evaluation. Distribution of TM funds on this basis would result in very limited dollar allocations to most tribes and would not stimulate satisfactory proposals.

- Delegate all TMGP administration to Area Offices including proposal evaluation and project monitoring. This suggestion is not supported by the evaluation. Receipt of all TM grant proposals at IHS Headquarters in a nationwide competition is both efficient and increases the chances that the best proposals are funded.

- Include the executive summary of the evaluation of the TM grant application with the letters of approval/disapproval to the TM grant applicant. Applicants can use the information provided to improve future grant applications and to improve the management of funded projects.

Staff at IHS Headquarters indicated that these summaries are currently being provided as recommended by the tribal representatives. It is likely that the summaries were provided to the tribes, but were not seen by the tribal representatives making this recommendation.

Appendix 1

Site Visit Protocol

SITE VISIT PROTOCOL

Evaluation of the IHS Tribal Management Grant Program (TMGP)

1.0 INTRODUCTION

The Indian Health Service (IHS) has with contracted Support Services, Inc. (SSI) to evaluate the operation and impact of the IHS Tribal Management Grant Program (TMGP). Under this contract, SSI will conduct an evaluation of the IHS TMGP. The evaluation will address the following issues:

- Is the program meeting its goals and objectives as stated by 1) Congress in Public Law 93-638 (Section 104(b)(2), and 2) by IHS in the program guidelines?
- Identify the problems faced by the program and the obstacles to the progress of implementation of the program.
- Identify innovative approaches and techniques that will help to solve the problems that confront the TMGP and the obstacles faced by the TMGP.

2.0 PURPOSE AND METHODOLOGY

The purpose of this protocol is to guide the evaluation data collection efforts. Data will be collected from grantees through site visits to five IHS Areas: Albuquerque, Bemidji, Billings, Nashville, and Portland. The information collected will be used to 1) evaluate the current and intended purposes of the TMGP, 2) identify existing problems/obstacles to the implementation of the TMGP, and 3) to develop a strategy document which identifies managerial innovations and/or techniques that will help solve problems and to guide the TM program.

Due to the limited period of performance for the evaluation, SSI will not seek OMB review and approval of a survey instrument. Consequently, data collection will rely on unstructured interviews of IHS Contract Proposal Liaison Officers (CPLOs), Grant Management Specialists, IHS Project Directors, TMGP grantees and health board members.

In November, each CPLO will be contacted to assist in the identification of existing data, and to devise ways to facilitate data collection. Based on the information obtained in these interviews, SSI will develop a data collection guide and a data collection and analysis plan. Data will be collected through site visits to the IHS Area Offices and the TMGP grantees during November and December, 1991. Site visits will be a minimum of two days each. Where possible, site visits will be coordinated with TM grantee meetings in each area.

3.0 PROTOCOL

Site visits will be scheduled in consultation with the IHS Project Officer (PO) and Co-Project Officer (Co-PO). Subsequently, each CPLO will be contacted by telephone to schedule site visits. A memo requesting assistance will be sent to each CPLO (see Appendix 1). This schedule will be confirmed by a memorandum (Appendix 2).

On arrival, the interviewer will make telephone contact with the CPLO to confirm the schedule and procedures. The interviewer will then proceed to interview the IHS TMGP Project Officers and Grants Management Specialists in each IHS Area and/or his designees in accordance with the site visit checklist (Appendix 3). The interviewer will make copies of existing secondary data (e.g., reports, evaluative reviews, relevant correspondence, etc.) as appropriate and practical.

During the initial contact with the CPLO, a meeting will be set up with the tribal TMGP grantees. Based on recommendations from the CPLO, arrangements will be made to meet with the FY 88 and FY 89 TMGP grantees in each IHS Area. Each grantee will be contacted by the CPLO or SSI by letter informing them of the evaluation and pending site visit (see Appendix 4). The TMGP grantees recommended and selected by the IHS Office of Tribal Activities (OTA) and included in this study (by IHS Area) are as follows:

Area	Type of Grant
Albuquerque	
Ramah Navajo School Board, Inc.	Feasibility Study
Taos Pueblo Indian Tribe	Feasibility Study
Bemidji	
Sault Ste. Marie Tribe of Chippewa Indians	Planning Category
Bay Mills Indian Community	Development Category
Stockbridge-Munsee Band of Mohican Indians	Development Category-2
White Earth Reservation Business Committee	Feasibility Study

Billings

Blackfeet Tribal Business Council	Feasibility Study
Ft. Belknap Indian Community	Feasibility Study
Northern Cheyenne Board of Health	Planning Category
Rocky Boy Health Board	Planning Category
Shoshone and Arapahoe Joint Business Committee	Feasibility Study

Portland

Coeur d'Alene Indian Tribe	Development Category
Klamath Tribe	Planning Category
Lower Elwha Klallam Tribe	Training Category
Nisqually Indian Tribe	Development Category
Confederated Tribe of Siletz Indians	Planning Category
Spokane Tribe of Indians	Planning Category
Nooksack Indian Tribe	Development Category
Tulalip Tribes	Feasibility Study
Confederated Tribes of Warm Springs	Planning Category
Puyallup Tribal Health Authority	Development Category

Nashville

Alabama-Coushatta Indian Tribe	Planning Category
Narragansett Indian Tribe	Training Category
Wampanoag Tribal Council of Gay Head, Inc.	Development Category
Poarch Band of Creek Indians	Development Category

A Guide for facilitating discussion with the tribal grantees has been drafted (see Appendix 5). The guide includes addresses the issues specified in the Statement of Work (SOW) regarding:

- The TMGP goals and objectives, guidelines,
- Problems faced by the program,
- Obstacles to the implementation of the program, and
- Recommendations for innovative approaches and techniques for solving these problems.

Other areas include administration of the TMGP, funding priorities, contracting issues of the program.

MEMORANDUM

October 31, 1991

TO: Contract Proposal Liaison Officers (CPLOs)
Albuquerque Area Office
Bemidji Area Office
Billings Area Office
Nashville Area Office
Portland Area Office

FROM: Athena Brown, Project Director, Support Services, Inc. (SSI)

SUBJECT: Site Visits for the Evaluation of the IHS Tribal Management Grant Program (TMGP), Contract No. 282-91-0053

Under contract with the Indian Health Service (IHS), Support Services, Inc. (SSI) is conducting an evaluation of the IHS Tribal Management Grant Program (TMGP). This contract requires site visits to five IHS Areas, and interviews with appropriate Area Office staff, TMGP grantees, tribal officials, and others.

I would like to request your assistance in setting up the site visits. As part of this evaluation, it is critical that we obtain input from TMGP grantees and other tribal officials (if possible). It would be especially helpful if we could schedule our site visits in coordination with a pre-scheduled TMGP grantee meeting in the Area Office or other location (possibly in coordination with some other group meeting where more than one grantee is in attendance). In addition to TMGP project directors and other representatives of TMGP grantees, we would like to interview representatives from several tribes that 1) have submitted unsuccessful TMGP applications and 2) have not yet submitted TMGP applications.

The site visits will be scheduled for a minimum of two days during the months of November and December. I will be contacting you the week of October 14th to discuss the location and arrangements for the site visits.

MEMORANDUM

October 31, 1991

TO: Contract Proposal Liaison Officers (CPLOs)
Albuquerque Area Office
Bemidji Area Office
Billings Area Office
Nashville Area Office
Portland Area Office

FROM: Athena Brown, Project Director

SUBJECT: Site Visits for the Evaluation of the IHS Tribal Management Grant Program (TMGP), Contract No. 282-91-0053

This is to confirm our site visit scheduled for [insert date] for the above referenced evaluation. We would like to meet with you, Grantee Project Officers, tribal officials (grantees), and others to obtain input for the evaluation. We would like to obtain your views on the operation and impact of the TMGP. We will be asking for your recommendations, and for any relevant data you may have or are aware of.

Your input on the TMGP evaluation is critical. Given the time constraints, we need you to make a special effort to provide the information requested.

If you have any questions or comments please do not hesitate to call me at (301) 587-9000.

INITIAL SITE VISIT CHECKLIST

A. Confirmation of Meeting with CPLO _____ Obtained on _____

B. Travel Materials

___1. Airline Tickets and Itinerary (includes lodging reservation)

___2. Ground Transportation

___3. Letters of Introduction (from IHS, and SSI)

C. Arrival on Site

___1. Call or meet with CPLO or designee to check in and confirm scheduled interview (check for messages and leave your schedule to facilitate contact).

D. Objectives/Tasks

___1. Review SOW/Requirements

___2. Identify CPLO's concerns, information needs, and recommendations

___3. Identify/Review Existing Data
   a. Grantee records
   b. Quarterly, Final Reports, or other evaluative reports
   c. TMGP staffing information (time schedules, training)
   d. Grantee funding information
   e. Internal evaluation data
   f. Grantee goals and/or objectives
   g. brochures, reports, announcements, etc.

___4. Review Draft Guide for Collecting Data

___5. Discuss timeframe and issues
   a. IHS and grantee Project Directors
   b. subcontractors
   c. grantee staff
   d. Tribal leaders
   e. Area Office staff

___6. Other Issues

E.	Respondents*	Interviews Completed	QA Review Completed
	1. IHS Area Director	_____	_____
	2. Assistant Director	_____	_____
	3. CPLO	_____	_____
	4. Grants Management Specialist	_____	_____
	5. IHS TMGP Project Directors	_____	_____
	6. TMGP Grantee (Director)	_____	_____
	5. TMGP Grantee (Chairman)	_____	_____
	6. Other staff	_____	_____

F.	Interviewers	Sites	Dates	Telephone
	Athena R. Brown	Lafayette, LA	Nov. 12-13, 1991	
	"	Albuquerque, NM	Dec. 10-11, 1991	
	"	Seattle, WA	Jan. 13-14, 1992	
	Walter Hillabrant	Bemidji, MN	TBA	
	Athena R. Brown	Billings, MT	TBA	

G. Status Reporting: Call Technical Advisor (Walter Hillabrant) at SSI to report progress and to discuss problems encountered. Check with Walter or designee to report progress and discuss problems if necessary.

___1. Day 1:

___2. Day 2:

*List of respondents, addresses, telephone numbers, will be named at a later date.

MEMORANDUM

April 14, 1992

TO: TMGP Grantees

FROM: Contract Proposal Liaison Officer (CPLO)

SUBJECT: Evaluation of the Tribal Management Grant Program (TMGP)

This is to advise you of the referenced evaluation, and to enlist your advice and assistance. The evaluation is being conducted in order to obtain information to guide IHS in the implementation of the Tribal Management Grant Program (TMGP) administered under the P.L. 93-638, Section 104(b)(2).

IHS has contracted with Support Services, Inc. (SSI) to conduct the evaluation. SSI will be working directly with tribes, IHS officials, and other individuals involved with or affected by the TMGP. We would like to obtain your input, especially in the areas of program management and implementation as well as any suggestions you may have on improving the various components of the TMGP. I have enclosed a one-page Project Description and a description of the Contractor (SSI).

It will be especially valuable to receive guidance and direction from TMGP grantees who have experience in working with this program. Your willingness to provide input is appreciated. There will be no identifying information associated with the data provided by the grantees. Information/data you provide will be help confidential.

Thank you for your interest and participation in this evaluation. The information and recommendations you provide will help improve the TMGP.

Evaluation of the Tribal Management Grant Program (TMGP)

During this evaluation, information will be obtained to guide the IHS in the implementation of the TMGP administered under P.L. 93-638, Section 104(b)(2). Your anonymity will be maintained; your name or other identifying information will not appear on the questionnaire or on any documents discussing the findings from the study. Your responses will be kept confidential. Thank you for helping us conduct this evaluation by participating in this study.

Name of Tribe: _____

Do you have a direct management or oversight role in the operation of the TMGP?

☐ Yes ☐ No

1. Is the TMGP meeting its goals and objectives as stated by 1) Congress in P.L. 93-638, Section 104(b)(2) and 2) the IHS program guidelines?

   ☐ Yes ☐ No

   1a. Comments, if any: _____

2. How do you rate the overall success of the IHS Tribal Management Grant Program (TMGP)?

   Excellent 1 2 3 4 5 Inadequate

3. How can the TMGP be improved? _____

4. How has your tribe benefitted from the TMGP? _____

5. Has your tribe entered into a 638 contract with IHS?

   ☐ Yes ☐ No

   5a. What role did the TMGP play in the 638 contracting process?

6. In which Fiscal Years was the tribe awarded a TMG? (*Please check appropriate years.*)

☐ FY 88 ☐ FY 89 ☐ FY 90 ☐ FY 91

7. Did completion of the grant(s) result in a new contract?

☐ Yes ☐ No

8. Did completion of the grant(s) result in an expanded contract?

☐ Yes ☐ No

9. Has the operation and outcome of the TMG assisted the tribe in making informed decisions?

☐ Yes ☐ No

9a. If yes, please explain: _____

_____

_____

_____

10. If after completion of the work outlined in the grant, the tribe did not enter into or expand a contract, what were the reasons for not doing so? _____

_____

_____

_____

11. What changes, if any, should be made in the TMGP application process?

_____

_____

_____

_____

12. How good a job has your IHS Area Office Contract Proposal Liaison Officer (CPLO) or Grants Management Specialist done in supporting the TMGP?

Excellent 1 2 3 4 5 Inadequate

13. What, if anything, should the CPLO do to improve his/her TMGP role?

_____

_____

_____

_____

14. How good a job has the Office of Tribal Activities (OTA) at IHS Headquarters done in supporting the TMGP?

Excellent 1 2 3 4 5 Inadequate

15. What, if anything, should OTA do to improve its support of the TMGP?

_____

_____

_____

_____

16. What obstacles has your tribe encountered in implementing the TMGP?

17. What do you think can be done to overcome these obstacles?

18. Is there a need to re-order present funding priorities?

☐ Yes ☐ No

19. If yes, please describe recommended changes in priorities?

20. Is there a need to prioritize one type of grant (feasibility, planning, development of tribal health management structure, training and staff development, evaluation studies) over another?

☐ Yes ☐ No

21. If yes, please describe recommended changes?

22. Do you have any other comments/suggestions regarding the TMGP?

Appendix 2

Comments Submitted by the IHS Portland Area

During the data collection process, the Office of Tribal Activities of the IHS Portland Area submitted This document. The inclusion of these comments in the Final Report does not imply their endorsement, in whole or in part, by the contractor or by other IHS offices.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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Tribal Management Grant Evaluation Responses
Portland Area
January, 1992

A questionnaire developed from the study questions submitted by the Contractor (Support Services, Inc.) was sent to twenty three (23) tribes. Eighteen (18) responses were received. The twenty-three grantee tribes have received a total of thirty-nine (39) grant awards since the inception of the Tribal Management Grant Program. Of these thirty-nine awards, one tribe has received four, three tribes have received three, seven tribes have received two and twelve tribes have received one award. As a result of these TMG awards, eleven tribes have entered into new contracts and seven tribes have expanded existing contracts. Contracts have resulted from the following project types: feasibility, planning, development of tribal health management structure and human resources development. Of the personnel who completed the questionnaire sixteen individuals have/had a direct management and/or oversight role in the operation of the Tribal Management Grant program.

1. Is the program meeting its goals and objectives as stated by 1) Congress in Public Law 93-638 (Section 104(B)(2) and 2) by IHS in the program guidelines?

There is general agreement that the program is meeting its goals, however specific barriers exist such as an inability of some tribes to submit a competitive proposal. Assistance from IHS to overcome this barrier is in part inadequate because of the lack of clear explanation as to why a proposal is not funded. A need for more on-site technical assistance from the Area Project Officer was cited by two tribes. The majority of tribes believe that the program is responsive to tribal needs and sufficiently flexible to permit the tribes the latitude to accomplish their proposed goals.

It was also pointed out that an award implies that a tribally-operated health care program will result, but that this is not a requirement. It is recommended that a mechanism be developed to determine a tribe's likelihood to contract as a result of a TMG award. The respondent proposed that 1) a tribe should not receive several TMGs if prior awards did not result in a contract; and 2) a tribe already heavily involved in complex 638 programs, which are functioning at or above IHS standards probably would not benefit as much from a TMG as a lesser involved tribe would. The opposite position was also presented which proposes that tribes who have contracted the majority of IHS services have complex developmental needs which require more diverse and sophisticated assistance than those tribes whose capacity to takeover responsibilities is limited. These responses raise the issue of definition of development.

The TMG program has provided an introduction to the health care delivery system for new tribes and made possible the development of management capability necessary to building a tribal health care system.

2. Identify the problems your tribe has faced regarding the program and obstacles encountered related to the progress or implementation of the program.

   A. There is concern that the Service Unit staffs are not being adequately prepared for tribal takeovers of programs which results in the absence of their participation and the creation of a threatening atmosphere for the agency employees.

   B. Failure of IHS to prepare for opportunity of tribes to contract for programs by 1) neglecting to submit tribes' names to Headquarters for ISD funds, 2) failure of IHS to ask Congress for adequate ISD funds which contributes to delays of tribal takeovers.

   C. Lack of expertise among tribal staff to write adequate proposals and broad responsibilities of staff that do not allow time for additional proposal writing tasks.

   D. Length of time for feasibility study should be extended (18 to 24 months) to provide adequate time to do a thorough job. Many tribes have to hire outside consultants to assist them with the work. The hiring process can be extensive, then the consultant needs time to become acquainted with the tribe's needs. the review of the effort by the tribal council and public is critical but a twelve (12) month time span really does not provide sufficient time.

   E. The priorities and project types reflect beginning or basic efforts and needs for development. Many tribes have developed to a sophisticated level but the

complexities of their operations are not recognized. The descriptive language of the priorities and project types gives the impression that the above cited tribes are not eligible to apply for the resource because they have already accomplished what is described. As mentioned earlier this calls attention to a more informed definition of development. As was stated by respondent the need to improve one's efforts is always present.

F. Communication from Headquarters is lax, phone calls go unreturned for too long and letters are not answered. Information received from Area and Headquarters varies. Headquarters staff seem to lack knowledge regarding financial pay system for grants. Dictatorial approach of Headquarters' staff limits their ability to provide real assistance.

G. Failure of Headquarters to maintain designated schedule regarding notice to tribes of awards. Insufficient information provided regarding basis of disapproval of application. Information regarding disapproval not shared with field staff who could provide technical assistance to tribe.

H. Lack of knowledge of grants and contracts procedures and internal organization structure contributed to lack of focus on aspects of TMG administration and management in the early months of the award. The tribe was recently restored and was in infancy of development of management structure.

3. Identify innovative or non-innovative approaches and techniques that will help to remove the obstacles and solve the problems listed.

A. Recognize the integrated nature of the Tribal Management Grant program with the overall 638 effort. Develop joint meeting between IHS Tribal Operations, tribal contractors and SU administration/ staff to encourage more cooperation regarding take-overs and to educate staff to process. There is a need to ease the impact of implementation of 638 for the IHS staff.

B. IHS needs to be responsive to tribal requests but also to acknowledge when the agency is over committed so that a tribal program will not rely on an empty promise.

C. Provide extra assistance to tribes that need help to develop proposal and sort out needs. Create incentive for Area Office to assist previously "unfunded" tribes to receive awards. Allocate funds for priorities to ensure that an organization at any level of management would have the opportunity to receive an award.

D. Designate one person (and a designee during absences) to keep communication straight at Headquarters when technical assistance is needed.

E. If the primary decision-point remains in Headquarters, A Tribal Management Grant program representative should visit each Area during the year to response to grantee questions and concerns. If the Headquarters offices cannot be sufficiently responsive then more responsibility should be given to the Area Project officers to make decisions locally, i.e., budget change requests.

F. Improved communication by Headquarters throughout the grant application and award process.

G. Establish on-site quarterly progress reviews by Project Officer.

H. Develop and provide directory of resources for tribes such as consultants based on the success of funded program efforts.

I. It would be helpful if a tribe that is really new to the process could ask for an IHS resource person to be closely involved. It would be necessary for the tribe to feel they could work closely with this individual without fear that the tribe's admission of not knowing what it needs to do at any point in grant administration, management and the conduct of work plan activities would be in any way penalized. The PAO of IHS provided whatever support the tribe requested. Early on, however, the tribe did not know what it needed (it just knew the work plan was not moving along as it should) and, therefore, did not know how to request support. Again, should a tribe desire it this way the use of an IHS facilitator, or the use of a consulting facilitator, (experience in the IHS Grants and Contracts arena) would greatly enhance the effectiveness of new tribe or tribes that are contracting for the first time.

4. Has the operation and outcome of the TMG awarded assisted the tribe to make informed decisions? If yes, list or describe the decisions that were made.

A. The awards resulted in the contracting of many programs by tribes, including Health Education, Environmental Health, Mental Health, Alcohol and Substance Abuse, Contract Health Service, Community Health Nursing, Dental Care and Dental Facility, Social Services and Youth After Care.

B. Resources of TMG program allowed for
   a) critical analysis of health care management by Tribal Council
   b) development of administrative policies and operations goals
   c) restructuring of Health and Family Services Department and the hiring of an administrator
   d) redevelopment of billing procedures and the hiring of Billing Clerk
   e) redevelopment of policies and procedures
   f) building of new facilities for Family Services including a recovery home
   g) hiring of additional health care and administrative staff
   h) design and implementation of a consolidated billing system
   i) development of long range health and social services plan
   j) expansion of elders' nutrition programs
   k) increased understanding of the 638 process which lead to contracting of programs
   l) development of broad-based community planning document
   m) FY 88/89 grants gave tribe opportunity to visit other tribal clinics and a good database to develop FY 90 638 proposal. The tribe is negotiating Phase I of the proposal to 638 part of the IHS services.

5. Is there a need to reorder or redesign present funding priorities? If yes, please describe recommended changes in priorities.

   A. Priority I - Develop a combination of the current II and III. This would allow new and continuing allocations. It would seem that a tribe's long term existence would hold some weight in relation to "new" tribes. Depending on the intent and process a tribe follows it is possible that once a TMG is awarded it should be awarded in relation to the scope and the time realistically involved to complete a study or development. There is a dilemma in that the law does not designate any stature to long existing tribes and each tribe has equal status.

   B. New Priority I - Tribes that are guaranteed health care by treaty, statute, or Executive Order. Priority II - Restored or new tribes.

   C. Since every tribal organization is at a different level of management capability, it is too arbitrary to say that one priority represents a greater need.

   D. Combine Priority I & II as "either for".
   Priority II - Current Priority III
   Priority III - Current Priority IV

Priority IV - Tribe or tribal organization currently operating all health programs previously provided by IHS, which plans to expand current services to meet a special health need, conduct needs assessments, facilitate human resources development and conduct evaluation studies.

E. Priority I should be considered in a different funding grant process or legislative recourse.

F. Fund an applicant through entire TMG process, e.g., feasibility study phase evaluation.

G. Priority III should rank as high as I and II.

H. Development of tribal health management structure should be first priority. All else will benefit from sound management structure. I believe that feasibility and planning should be combined priority; I.e., if it is feasible to contract and if it is proved in year one, then a year two planning grant should be automatic and result in contract application.

6. Is there a need to emphasize one type of grant (feasibility, planning, development of tribal health management structure, human resources development) over another?

What emphasis would you recommend?

A. Health management structure. In this light it would involve the entirety and direct relationship between 638 and 437. Currently 437 (training and recruitment) reflects the needs of the IHS not the tribes. The development of infra-structure capabilities are very important.

B. Recommend that all types of grants be emphasized, giving tribes latitude to determine what is not needed for them at that time.

C. All areas are important. However, the feasibility study is probably the most important section since the other areas rely on the findings of the study and community needs survey.

D. All are vital.

E. Tribes can place their priority needs under one of the above categories; it might be unfair to prioritized them.

F. Each tribe is different and has to make their own decision.

G. Feasibility would be in a lower priority because PL93-638 provides technical assistance for this type of grant.

H. All tribes are at different levels of expertise, yet all need tribal management grants in order to accomplish their goals.

I. Yes, based on some of the comments made earlier, tribes should first have an established and functional management structure in place before meaningful 638 contracting occurs. Most often, having this management structure will depend on the adequate development of human resources within the tribal organization. Thus, it would make sense to assess the adequacy of management structures and human resources prior to making awards for planning and feasibility studies. A tribal organization cannot adequately plan or conduct., feasibility studies if it lacks an infrastructure or qualified personnel. This is true even if a tribe uses consultants what it wants if it lacks qualified human resources to direct the consultant or has no management structure to control them. The TMG should have a developmental and sequential quality to it. TMG funds should be directed toward:

1) developing key human resources.

2) using those key human resources to develop essential management systems

3) conducting comprehensive health care program and organizational development planning within the management structure, and

4) conducting feasibility studies on tribal acquisition of program and resources under 638 contracts.

7. What can IHS do to improve TMG administration?

A. Establish quarterly meetings between IHS and TMG grantees that focus on information sharing and problem solving.

8. What have been your technical assistance needs during the implementation of the grant?

A. Grant reporting

B. Developing understanding and rapport with the local IHS.

C. Contract negotiations with providers/vendors

D. Policies and procedures development

E. Position description development

F. Communications with providers/vendors and the Indian community members regarding CHS takeover.

G. Evaluation design and calcification about position appropriate to accomplish program goals.

H. Guidance on allowable costs/expenditures.

I. Budget modifications/extensions/carry-over.

J. obtain information/suggestions from other tribal TMG project about hading similar difficult situations with tribal governments/public.

K. Specific expertise in specialized areas on a more intense level that can be provided by area staff.

L. Gathering of comprehensive data and specific programmatic data from Service Unit and Area Office.

M. Expertise in health care delivery structures. Lack of knowledge regarding health management, i.e., billing systems, regulatory requirements, clinic management.

N. Orientation and support for SU staff who feel threatened by tribal takeover of services.

O. The PAO has provided, upon request, excellent TA. The issue has really been the level of understanding and expertise, specific to IHS grants and contracts, within the tribal organization. It is one thing to have TA available. It is quite another to know one has a need to ask for it. One can only ask the question if one has the knowledge to formulate it.

9. From who did you get assistance to respond to these needs?

A. Subcontractors/consultants to grant.

B. Tribal staff and staff from other tribes.

C. Service Unit staff.

D. Area Office staff.

E. Headquarters staff.

F. State/County health department staff.

G. Community members.

H. Tribal health committee.

I. Former Service Unit Director.

10. What recommendation would you make to IHS to improve service to assist you implement the project?

Headquarters:

A. Grant award notifications need to be mailed as specified in the announcement. Waiting until September 9-10 is not sufficient notice, particularly when the grant award cycle began 9/1/91.

B. Simplify application kit. Consider dividing health management grant dollars among tribes according to population. Tribes could submit scopes of work to project officer. Considerable saving in federal administration costs could be saved and benefit tribal people more directly. This would assist tribes who don't have the ability to prepare complex grant applications, share the funds and be in the interest of self-determination.

C. The communication from Headquarters at times is lax - phone calls go unreturned for too long and letters not answered. Coordination between field office and Headquarters may be at odds at various information. The financial pay system for grants is an entity all its own- Headquarters staff seem unknowledgeable in this area.

D. Work closer with Area, agency and tribe; assist tribes and attempt to work through all workable solutions.

E. This program is specifically for tribal 638 activities in that process, tribes need only area-level contact. Area offices should receive full Headquarters support including delegation of authority to lowest possible level to achieve maximum tribal 638 contracting.

F. Include grantees on more mailing lists to keep them informed about current happenings in IHS.

G. Improve communications on IHS activities and share studies and surveys with the tribes.

Area:

A. Meet with other TMG projects, share information, ideas, problems, frustrations. We can learn form each other, what worked in what didn't. A successful project can be used to present "what they did" to improve the quality of health care through this process for their tribe. Allowing cross-fertilization between tribes and service units without additional expense to the grantee would be helpful.

B. Increased technical assistance to grantees and closer monitoring of programmatic needs, of the grantees.

C. More personalized assistance to tribes, increase man power and expertise at Area level.

D. Make greater resources available to assist tribes with individualized training and technical assistance needs,work cooperatively with the tribe in oversight of program activities.

E. For each IHS contractable program package of documents and information should be provided to the tribe early in the process, i.e., IHS standards, CFR, transmitted notices, sample forms, sample SOW, financial codes, etc.

Service Unit.

A. Have local IHS staff be directly responsible for carrying out feasibility in terms of operations overviews, involvement of tribal health staffs on board meetings.

B. When we requested a list of providers from the Service Unit, we did not expect to have to sift through a stack of computer printouts two feet thick to pick out those providers in the tribal service delivery area we needed to contact. A long tedious task.

C. These staff are the ones currently affected if a tribe chooses 638. We have experienced hostility, resentment, and violence in seeking service unit staff assistance in the 638 process. These staff need to be trained in and understand reasoning for passage and implementation of P.L. 93-638.

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