THE CIRCLES OF CARE EVALUATION: DOING PARTICIPATORY EVALUATION WITH AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES

Pamela Jumper Thurman, Ph.D., James Allen, Ph.D., and
Pamela B. Deters, Ph.D.

Abstract: Little information exists regarding mental health and special needs related to American Indian and Alaska Native (AI/AN) families. In this article we emphasize the use of oral tradition during the Circles of Care initiative, which was essential in understanding cultural history and historical trauma of AI/ANs while giving a greater understanding of an AI/AN-based definition of serious emotional disturbance. The success of these methods serves as a template for improving systems of care and may be useful in evaluation among a wide range of ethnic communities.

> You have noticed that everything an Indian does is in a circle, and that is because the Power of the World always works in circles, and everything tries to be round.... The Sky is round, and I have heard that the earth is round like a ball, and so are all the stars. The wind, in its greatest power, whirls. Birds make their nest in circles, for theirs is the same religion as ours... Even the seasons form a great circle in their changing, and always come back again to where they were. The life of a man is a circle from childhood to childhood, and so it is in everything where power moves. – Black Elk, Oglala Sioux Holy Man

Clearly there is great diversity among American Indian and Alaska Native (AI/AN) communities in both pre-colonial and postcolonial contexts, and this diversity was evident in the broad range of cultural, organizational, and geographic settings of the Circles of Care (CoC) grantee communities. How mental health and other special needs are understood and have impacted

AI/AN families is an area of limited literature. Historically, diagnosis and treatment of AI/AN people has been influenced by the interpretations of non-AI/AN peoples. The CoC initiative represented one of the first opportunities for AI/AN families and their communities to have substantial input into the design of services to address the needs of their children, from their own understandings of these needs. This fact alone makes the contributions of this special issue invaluable.

In addition to presenting an overview of the evaluation research findings, this special issue describes the CoC evaluation process, and presents practical planning ideas for groups considering evaluation of similar projects that are culturally based and culturally driven. The diversity of tribes and the community milieu that AI/AN families live in today must be viewed within each unique and local tribal community context. Often, there is the tendency to look for and to pose solutions that apply across tribes and regions. In the CoC experience, understanding and working within the community context, it became apparent through both the evaluation findings and the diversity of planning effort solutions (documented in the monograph produced by the National Indian Child Welfare Association which was still in preparation at the time this paper was written) that solutions to challenges in AI/AN communities must be specific to local needs and service system ecologies and be culturally relevant.

In the understanding and search for community-based solutions to any issue in AI/AN communities, a discussion of history and trauma is important. Historically, one very important factor that must be considered is the legacy of mistrust that AI/AN people have for government, public health officials, and the intentions of Western health and mental health providers. Sadly, this mistrust is well founded and examples can be found in each of the tribal histories, from the “gifts” of blankets infected with smallpox to the sterilization abuses of the seventies (Jennings & Asetoyer, 1996; Talvi, 1997). This mistrust extends to health and mental health services, where issues of confidentiality have been questioned, quality of care has been debated, discrimination found, and depersonalization issues prominent. These are particularly important factors to consider for providers in tight-knit communities, where rumors and innuendo are common. Clearly, this history of distrust prevents many AI/AN families from seeking diagnosis, assistance, and mental health services.

Certainly, AI/AN communities have experienced a wide variety of community problems and challenges, including the impact of intergenerational trauma. Although the construct of intergenerational trauma has long been known to healers and Elders in AI/AN communities, and has been reported in clinical studies of Jewish Holocaust survivors (Yehuda, Schmeidler, Giller, Siever, & Binder-Brynes, 1998; Yehuda, Schmeidler, Wainberg, Binder-Brynes, & Duvdevani, 1998), it is new to many disciplines and should therefore be discussed briefly.

Historical trauma is recognized in AI/AN circles as a result of colonization that brought oppressive federal policy, forced change, and disparate treatment of AI/ANs. Historical trauma or intergenerational trauma, then, is offered as a paradigm to explain, in part, many of the contemporary social issues that have plagued AI/AN communities (Brave Heart & DeBruyn, 1998; Weaver & Brave Heart, 1999). These historical factors must be considered when planning services for AI/AN communities. Indeed, these factors were a major consideration throughout the CoC initiative.

Similarly, these factors were incorporated into the content of this Special Issue, which has sought to provide an in-depth description of the program evaluation component of the CoC initiative. For example, the Special Issue's second paper introduces the concept of the life cycle of the evaluation process (Bess & Allen, 2004). Certainly evaluation is not new to AI/AN people. Rather, evaluation is simply the accurate telling of a very important story. AI/AN groups have relied on the oral tradition of story telling for centuries. The stories were used to teach, to provide guidance and direction to tribal members, to maintain and perpetuate tribal stories, legends, customs and values, to keep an accurate accounting of the tribe's life cycle and history, and to shape the future of the tribe. In 1964, Helen Cordero of the Cochiti Pueblo created the first contemporary storyteller clay figure in honor of her grandfather, Santiago Quintana, a storyteller and one of the first people from the Pueblo to work extensively with both researchers and ethnographers. Thus evaluation, like storytelling, is used to teach, to provide guidance and direction to key stakeholders, to maintain and perpetuate program stories, customs and values, and to keep an accurate accounting of the program's life cycle, history, and to shape its future.

It was the hope of the numerous authors of this Special Issue to accurately tell the story of the life cycle of the CoC evaluation, beginning with the recognition that planning was necessary, through the process of the needs assessment, service system description, outcome assessment, and feasibility assessment process. The outcomes realized through this process were very rich and led some tribal groups to pursue the SAMHSA Comprehensive Community Mental Health Services for Children and their Families grant, as well as other grant mechanisms. This funding enabled CoC grantees to implement a system of care that came out of their carefully developed planning process, or to pursue the new beginnings of separate service components.

It was also important, and specific to this initiative, to recognize tribal needs for more culturally grounded definitions for the label of serious emotional disturbance (SED). While both federal and state governments have specific defining terminology to describe SED, there was some difficulty in accepting the terminology on the part of AI/AN communities in the CoC initiative. Out of this discomfort, some grantee communities created their own definitions that reflected higher levels of cultural congruence.

> Vignette: An emotional disturbance is a temporary disharmony, often involving the family, school, and community, which may affect the mental, physical, spiritual, and/or emotional well-being of its members. Healing the disharmony returns us to the basic belief that... "VLLA VLTHLEHA VT HOLITOPA" Children are Precious. – Choctaw Nation of Oklahoma's definition for children with serious emotional disturbances.

Throughout this paper as well as this Special Issue, we have focused on the common experiences reflected in all of the grantee sites, rather than individual grantee stories. In keeping with this spirit, we offer conclusions and recommendations that arise from the collective CoC experience in the hope that telling this story will be useful in the evaluation of similar projects in AI/AN communities. We believe that the participatory approach chosen by those who administered the CoC initiative allowed grantees to learn from their communities of concern, from one another, and to gain support both from their communities and their shared experiences. Recommendations will be offered that we hope will be practical to use in evaluation work with other ethnic minority communities. In order to provide a clear context for understanding the recommendations offered, it would be helpful to first review the original goals of the CoC initiative.

The Goals of the Circles of Care Initiative

The CoC initiative offered funding to *plan, design, and assess* the feasibility of implementing a culturally appropriate mental health service model for AI/AN children with SED and their families. The four goals of the CoC Guidance for Applicants (GFA) were to:

1. Support the development of mental health service delivery models that are designed by AI/AN communities to achieve outcomes for their children that they choose for themselves;

2. Position tribes, tribal groups, or villages advantageously for future service system implementation and development;

3. Strengthen tribes', tribal groups, or villages capacity to evaluate their own service system's effectiveness, and

4. Develop a body of knowledge to assist tribal, tribal group, village, and other policy-makers and program planners for all child-serving systems in improving systems of care for the AI/AN population overall (CoC GFA, p.9).

By way of summary, we discuss below how the evaluation effort contributed to each of these goals.

Support the Development of Mental Health Service Delivery

This concept, which provided for the creation of this initiative, was really quite innovative in its approach. Generally, GFAs are by nature quite specific in structuring what is appropriate for funding and exactly what types of activities are allowable. However, this GFA allowed tribes to actively identify a definition for SED, to develop the strategic planning approach as locally appropriate in the development of a practical system of care model and to examine the feasibility of this model; all conducted within the context of the culture of the participating tribes. It allowed latitude in selecting the types of outcome that AI/AN families and providers wanted for their children. It called for community involvement and included families and important AI/AN community and tribal leaders in the planning, as well as in grantee workshops and conferences. Although the GFA provided a specific structure for applicants, many of the decisions for the content and context of a service model were in the hands of each tribal grantee.

Position Grantees Advantageously for Future Service System Implementation

In implementing CoC, the Substance Abuse and Mental Health Services Administration and its partner agencies (the Indian Health Service, the Department of Justice, and the National Institute of Mental Health) were invested in the success of both the initiative and in the tribal grantees. Thus, a key factor in the success of CoC was the administration of the overall initiative. The partner agencies experienced challenges in pulling such diverse tribal groups together, and yet the leadership was strong and the direction clear. For example, the National contractual evaluation requirements were substantive and difficult for tribes to implement initially. Understanding on the part of the contractor was helpful in overcoming this situation. Many tribes were not aware of the types of technical assistance that were available by the technicial assistance contractor and it was the second or third year before this information was utilized by many tribes. However, the one on one assignment of a technical assistance specialist for each tribe met this challenge very well. Both contractors worked diligently to make this partnership a success. These funding agencies, their representatives, and the leadership of the initiative demonstrated a great deal of support and involvement throughout the life of the initiative.

Grantee meetings were held two to four times a year. These periodic meetings provided a strong networking environment wherein grantees could share experiences and ideas, learn from one another, and gather strength not only from the leadership of the initiative, but from other grantees as well. This communication and support generated like behavior for grantees and their individual sties. Results of the planning process included requirements for community involvement, evaluation methods for gathering

data (including the use of focus groups, surveys and interviews), community dissemination of data, and often, community and consumer involvement in the interpretation and reporting of the evaluation data. Tribes were then allowed to place these results into more culturally relevant contexts. For example, some tribes gathered information during GONA's (Gathering of Native Americans), allowing them to develop strategies consistent with each tribal culture. In addition, Healing Circles, rather than focus groups, allowed community members a safe environment for discussion of frustrations with the current system and needs for a future system. Finally, dissemination of evaluation data often occurred through cultural venues, such as tribal newspapers, tribal radio stations, tribal councils, and community-wide meetings.

These types of culturally-based activities fostered high levels of communication and information exchange within many of the grantee sites, resulting in strong community investment in the planning process and the eventual outcome of services to families. Moreover, the evaluation gathered significant amounts of information on need, service disparity, feasibility of their strategic plan, and locally defined outcomes. This information gave grantees many important tools, for use in developing competitive grant proposals for service system implementation. It also ensured that strategies were based on local needs, and community involvement was a key factor in development and ownership of the strategies. The combination of data, community involvement, and local investment in the strategic plan positioned many of the CoC grantees quite advantageously for the development of competitive grant proposals for future service system implementation and development. Even more importantly, these factors contributed to the development of strategic plans that actually fit the needs of the AI/AN communities, and were acceptable because they were grounded in the local contexts and culture of the participating tribes and urban communities.

Strengthen Tribal Capacity for Evaluation of Service Systems

A decision was made prior to release of the GFA to provide funding for two technical assistance teams to be utilized by the CoC grantees. This proved to be a wise decision because these technical assistance teams provided an informed and valuable body of information to the grantees. Technical assistance for the evaluation process was provided by the CoC Evaluation Technical Assistance Center (CoCETAC), National Center for American Indian and Alaska Native Mental Health Research, University of Colorado Health Sciences Center. Although at times this was a challenging process, grantee groups were provided training opportunities at each conference and in addition, met with experienced consultants who advised and taught methods of evaluation. Most importantly, these consultants, who truly served as partners in the evaluation process, provided grantees with a model for evaluation that was practical, useful, and culturally appropriate.

The technical assistance partners emphasized frequently that they were learning from the grantees, just as the grantees were learning from them. Their peer review of efforts and products set standards for quality control that greatly benefited the grantees. While reviewing work, CoCETAC staff were timely in offering support, feedback, and vital information to grantees. Importantly, they listened thoughtfully to grantee comments and concerns about evaluation. This reciprocity resulted in a rich transfer of contextually relevant skills that strengthened tribal capacity to evaluate their own service systems in a culturally congruent manner.

Development of Knowledge to Improve Tribal Systems of Care

The sustained efforts of the evaluation process developed extensive data sets, and subsequently a significant body of knowledge within each grantee community on children's services. Overviews of these resulting data have appeared in this Special Issue. Perhaps unique to CoC was the extent of the sharing of knowledge between multiple grantee sites, administrative leadership and grantees, and technical assistance teams and grantees. This information sharing provided an even broader and stronger knowledge base from which to build systems of care within the context of each tribal community. The emerging knowledge base that resulted from the evaluation work was crucial to the planning process and provided a model of supportive advocacy for future efforts.

The outcomes from these four goals culminated in the overall goal of CoC: to plan, design, and assess the feasibility of implementing a culturally appropriate mental health service model for AI/AN children with SED and their families. The planning effort, informed by the evaluation process, resulted in the development of a very unique, culturally grounded, and extensive body of knowledge within each community and across tribal entities. This body of knowledge will continue to assist tribes, villages, and other policy-makers and program planners of child-serving systems in improving systems of care for AI/AN populations. Moreover, these tribal communities now possess an evaluative product and accompanying knowledge base from which they can draw in the exercise of self-determination. Tribal communities who participated in CoC can respond to new competitive initiatives with comprehensive data sets to support their vision, and conversely, can respond to inappropriately posed solutions, models of services, and outcomes with quite sophisticated data to the contrary.

Rural/Urban Differences

It seems imperative to make certain that the recommendations generated differentiate between rural/reservation, village, and urban tribal communities. Strategies, methodologies and levels of resources varied considerably within these groups. Three and possibly four separate systems

exist within tribal systems of care, based upon geography, population dispersion, and political organization (urban, village, rural and reservation). Though they shared a similar goal within CoC for using evaluation data as part of the planning process, the evaluation and planning processes functioned quite differently across these different types of settings.

As described in Allen and LeMaster (2004) of this special issue, urban and rural settings often had different levels of professional and traditional resources. We wish to emphasize here that we are not implying that one is better than another, rather that there are important differences in the nature and access to resources between settings.

Finally, rural and urban planning and evaluation also organized in relation to government entities, as outlined below:

1. Urban programs had to recognize spheres of influence of various state, county, city, and nonprofit programs that served AI/AN children and families both the planning process and the evaluation process.

2. Rural programs had fewer programmatic resources; however rural government is smaller and closer to home, and therefore potentially more responsive to local community planning and evaluation processes.

3. Though reservations are generally sovereign, they are compelled to collaborate with the state and county governments; however, federally recognized tribes seem to have more control over resources.

4. The element of self-determination reverberates throughout both rural and urban settings.

Rural and urban differences also directly impacted the process of evaluation. Almost all of the urban, rural, reservation, and village areas utilized evaluation teams generally associated with university systems, increasing the number and type of resources available to them. However, the planning process for collection of data varied immensely. Travel between villages in roadless rural Alaska is costly and time consuming, and thus, attending a tribal or village community meeting was typically a two- or three-day process. Under these circumstances, conference calls, electronic mail, and planning for visits became a key factor in the planning process. Travel in rural and reservation areas was a similar challenge for many of the grantees. For example, it sometimes took an entire day to travel to a focus group or healing circle, conduct the circle and return to home base. Urban areas may not have faced the same challenges, but mobility of families and transitional relationships increased the challenge of planning for consistent services to families in different ways across urban settings.

Importance of the Three-Year Grant Process

There have been past and current attempts by the Substance Abuse and Mental Health Services Administration and the Indian Health Service to conduct this type of planning process within two years or even one, yet considering all of the elements, politics, and collaboration that must occur, a three-year time frame appears more appropriate. Looking back, a full three years was required for the planning and evaluation process to occur and in some cases agencies requested a fourth year through no-cost extensions. The time allotted in this GFA allowed for building of trust and collaboration, as well as for consideration of the complexity of the relationships between agencies and governments in the system of care within AI/AN communities. A three-year time frame also allowed for sharing data, community involvement, and the extensive data collection required by the evaluation. These were all necessary elements for program success. As noted in the previous chapter this special issue on outcomes, there was a rippling effect found in the overall outcome review (i.e., one outcome leading to another), and the element of time was essential to this process. When one looks back over the accomplishments of this initiative (see Table 2, p. 124 in Duclos, Phillips, & LeMaster, 2004), it becomes clearer why three full years were needed to achieve this degree of success. The primary goal of the CoC planning process was to develop or change a system of care to make it more culturally competent and culturally responsive, and to build enduring collaborations within the service system. To accomplish this feat, even within a three-year time frame, was a formidable task.

Participatory Process and Group Cohesion

A key factor contributing to the success of this initiative was its participatory process. Evaluators, program directors, and community stakeholders typically found themselves working together as a close-knit team. Much of the planning process was integrated with evaluation, to the extent that often one could not really tell which issues were specific to planning and which were specific to evaluation. This integration of tasks contributed to an open style of communication that in turn enhanced the collaboration of evaluation and program staff, consumers, families, and communities in the design of the evaluation, data collection activities, and interpretation of evaluation results. In many of the settings, there existed an environment of sharing and listening; the willingness to listen and hear was evident, even though at times the stories may have been heartbreaking or even invoked anger. Often asking the questions was a difficult process because the answers were hard to hear. They outlined our failures as a system and were presented with a great deal of emotion, since they involved the families' frustration with the system and its failure to provide access to needed services.

The level of communication and sharing that permeated the CoC initiative, from beginning to end, resulted in a group cohesion rarely seen in other initiatives: from the funders and administrators to the key stakeholders and tribal members in the communities. Participants in many of the sites found themselves bound by a single goal - to improve services and ultimately the welfare of AI/AN children and families. Evaluators were most successful when they were not only open and willing to listen, but more importantly, were able to engage communities of concern as co-investigators and allow the community planning process to lead in the interpretation and understanding of the information collected throughout the initiative.

Conclusions and Recommendations

A set of basic strategic planning beliefs and recommendations evolved naturally over the course of the CoC initiative. These were not explicitly stated to the grantees, but over the course of the evaluation technical assistance workshops and site visits, the following strategic planning/ evaluation principles became evident:[1]

1. Effective evaluation requires the direct participation of key stakeholders.

As part of the Government Performance and Results Act of 1993, federal agencies are required to consult with stakeholders during strategic plan development. In the context of governmental agencies, this requirement might be thought of as a control mechanism to assure that governmental agencies are responsive to public interest, rather than to self-interest (Aimee, 2001). For systems of care planning, the value of stakeholder consultation is even more prominent, not as a control mechanism, but as a means of integrating one of the basic principals of systems of care—that community input is crucial to effective service—into the strategic planning process. Strategic planning for the CoC project was designed to reflect the voices of youth, Elders, and families as the driving force.

2. In effective evaluation, the unique characteristics and needs of different tribal entities are recognized, including recognizing tensions between traditions, culture, and rural-urban-reservation factors.

In light of self-determination, stereotypes about AI/ANs, and the exclusion of the unique viewpoints and different tribal cultures in written historic accounts, AI/AN communities are particularly oriented toward understanding that a one-size-fits-all approach to strategic planning or to evaluation is inappropriate. The recognition of the tension between the general and the specific was best exemplified by the sometimes painful process of determining cross-site evaluation domains in CoC that honored the commonalities of the grantees, while acknowledging the uniqueness of individual tribes. This important consideration will surface in the evaluation of any large project across multiple tribal settings.

3. Effective evaluation contributions to strategic planning encompass an outcome-oriented approach, with outcomes determined by culturally appropriate and participatory action research methods.

Outcomes accountability in mental health strategic planning is not a new concept, having been required by PL 94-63 for Community Mental Health Centers in 1975. Yet the shift from funding based upon intrinsic good of the services toward a results-based accountability has been slow in becoming a reality (Hernandez & Hodges, 1998). Within AI/AN communities, top-down outcomes, particularly when they originate outside of tribal settings, may be thought of as a source of tension, perhaps due to the history of the misuse of AI/AN communities for research and the lack of recognition of self-determination policies. Yet, over the three years of the CoC process, the value of participatory development of outcomes and community-based outcomes emerged as a cornerstone of the planning process. This process showed how locally developed outcomes could allow for the inclusion of culturally appropriate strategies and assist in the development of culturally congruent models of care.

4. Strategic planning processes need to be documented through process evaluation.

Descriptive methodology that fostered the telling of stories of the process of community involvement, the empowerment of parents, and the struggles to involve key stakeholders emerged as an important effort in the task of producing the model, and as a valuable effort in its own right.

5. Successful evaluation requires the development of evaluator credibility.

Credibility is earned. It requires the collaborative efforts of staff and evaluators to be consistent in their behavior, respectful of communities, and to follow through on tasks in predictable ways over time. Predictability assured others of the trustworthiness of the staff and evaluators, and by association, the trustworthiness of the project. Credibility was also earned by allowing others to create expectations of evaluators that evaluators would then seek to fulfill.

6. Effective evaluation of strategic planning includes a central belief in change and change processes.

Although no change theory or logic model was imposed upon the planning process, grantees were encouraged to plan from the standpoint of understanding change processes. Community Readiness Assessment (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000) was one model that was a successful tool in several CoC programs. Community Readiness and methods employed by other grantees provided important baseline information and measures of change. Equally important, these processes fostered community involvement, provided valuable qualitative information for development of the model, and facilitated the development of a structure for intervention and development of action plans. At a primary

level, four understandings of change were implicit in the CoC evaluation *process:*

(a) Change is possible.

(b) It is important to identify the potential endpoints of the change process.

(c) There are multiple paths leading to each identified endpoint.

(d) Different programs and agencies move at various paces along these paths, and this *is a part of the natural process of change.*

7. Effective evaluation in AI/AN communities recognizes that cultural competence is not only a desired product of the planning effort, but is also a crucial element of the evaluation process itself.

Cultural competence as a product has long been expected, but the understanding and implementation of cultural competence in the evaluation process was not only complex but also crucial to successful works with AI/AN communities. Working within the culture of the community, respecting the community's readiness for change, promoting tribal self-determination in evaluation practice, and enacting the formal and informal protocols in relationships with groups, families and community members exemplified culturally competent evaluation practices.

8. In effective strategic planning processes, evaluation and project development must integrate, though each has a distinct set of responsibilities.

The symbiotic relationship between evaluation and planning that occurred to great benefit within CoC was facilitated, in part, when evaluators became not only observers, but also active participants in the process. This required flexibility among evaluators, close attention to evaluation ethics, and careful and ongoing examination and self-scrutiny regarding roles within the project. Evaluation assisted the planning process to the extent that it included and valued multiple perspectives through participatory methodologies and a commitment to valuing multiple perspectives. Evaluation was successful in CoC to the extent that it provided the information the project staff needed to plan effectively; and this was facilitated by the extent to which it trained key stakeholders in the evaluation process and involved them as co-investigators in the design, execution, and data interpretation of the evaluation

The planning effort informed evaluation by establishing relationships with key stakeholders who collaborated in the evaluation process and provided information on culturally appropriate methods of approaching evaluation within the community context. At its best, evaluation in turn challenged the planning process to create a broader, more comprehensive vision of their system of care. The planning effort then rendered that vision practical. In a symbiotic way, vision stretched practice, even as practice rooted vision.

The evaluation model suggested by the integration of project and evaluation, and community as co-researcher is a participatory action research

approach (Reason & Bradbury, 2001), wherein the evaluator is not simply in the auditor or observational role. Particularly for AI/AN communities, the potential tensions between the evaluation and project staff are part of a mosaic of top-down relationships with government projects and a history of negativity associated with agents representing governmental organizations such as the Bureau of Indian Affairs. Referring to systems of care evaluators, Hernandez and Hodges (1998) cite several pitfalls of the traditional separation of evaluation and project development, including adversarial relationships, long-terms outcomes with little connection to actual practice, lack of communication between the project staff and the evaluator, detachment in measurement stemming from a position of scientific objectivity, and a lack of useful feedback from evaluation processes. Due to the careful design of CoC, these pitfalls were less problematic across the three years of this initiative.

9. *In the reporting of evaluation results, consensus or recognition of differences may be valued more than compromise in many AI/AN communities.*

Given the historical issues related to tribes, it is important to note that in the context of strategic planning with AI/AN communities, artificially homogenizing opposing viewpoints of key stakeholders may not be culturally appropriate, and could in fact be viewed as an oppression strategy, given that consensus or recognition of differences is often valued more than compromise. This is an important overarching recommendation for both evaluators and planners to bear in mind in their work.

10. *Evaluation occurs within a wider socio-political context in AI/AN communities.*

Evaluators will be most successful to the degree that their work fosters, rather than hinders tribal self-determination and sovereignty. Evaluators need to recognize they work within the context of a history of research that has not served AI/AN communities well; hence, credibility must be earned.

11. *The process of engagement for the evaluation is defined by a common set of AI/AN values that include the establishment of trust, flexibility, reciprocity, suspending judgment, inclusion, and bravery.*

The process of engagement for evaluation first required the establishment of trusting relationships between evaluators and participants, and could not successfully proceed until this occurred. The process required flexibility on the part of evaluators in their approach, methods, and ability to adapt to changing circumstances through things learned, including approaches that did not work. Reciprocity or the giving back to the community was an important requirement for evaluators. They could not be seen as taking information from the community without giving back to it. Successful evaluation also required suspending judgment and inclusion, which required the

acceptance of multiple perspectives. Finally, the process of engagement in AI/AN communities included bravery. Bravery surfaced in a willingness and trust on the part of consumers to tell their story at no small risk or pain to themselves, a willingness of evaluators to do things in a different way and to acknowledge publicly their limitations, as well as a willingness on the part of policy makers to take on an enormous risk for thinking outside the box, in hopes it would better serve AI/AN children and families.

12. *As in other aspects of AI/AN life, spiritual values become an important part of the evaluation process and how the evaluation is conducted.*

The spirituality of AI/AN people surfaced in specific ways in the evaluation process, through the commitment to a superordinate goal. Most concretely, this meant that people involved could have lower levels of disagreement on specific issues, yet they remained focused and committed to the larger task embodied in CoC. Meetings and gatherings began and ended with prayer, singing with the drum, circle dancing and asking the Creator for guidance. Finally, the presence of family members at the grantee meetings, talking about the pain in their hearts, brought spirituality to the forefront as well.

Conclusion

To its credit, in keeping with the self-determination philosophy of CoC, the initiative did not impose a rigid national evaluation plan. Holden, Friedman, and Santiago (2001) note that when a national evaluation plan exists, a degree of tension and resistance are natural by-products of its top-down nature. However, in the absence of a national evaluation or an imposed specific strategic planning model, the CoC initiative at times experienced a natural void and a sense of ambiguity. This led to some frustration on the part of grantees, yet this is to be expected when self-determination is implemented. This void was eventually filled by nine unique and varied local solutions to the evaluation and the strategic planning process, with the additional benefit of increased community and family involvement, and enhanced cultural competence in the approaches.

The CoC initiative resulted in nine community-specific systems of care models for AI/AN children, as evidence of the initiative's strong support of grantees in their development of culturally driven service delivery systems. Several of the CoC grantees went on to successfully apply for implementation of their strategic plans through various grant mechanisms, including the SAMHSA Comprehensive Community Mental Health Services for Children and their Families initiative that were previously out of reach of the planning infrastructures of their communities.

The process of these major accomplishments positioned each tribe or urban agency advantageously for future implementation and development through other funding sources as well. Each grantee's existing service system reported being strengthened by the planning process. It is our hope that the

CoC evaluation process and resulting products described in this publication can now be used to assist other tribes and urban AI/AN organizations in improving their own systems of care and further, that its methods and approaches may be of use in evaluation among other ethnic minority communities.

> In our every deliberation we must consider the impact of our decision on the next seven generations – Great Law of the Six Nations Iroquois Confederacy.

Pamela Jumper Thurman, Ph.D.
Senior Research Scientist
Tri Ethnic Center for Prevention Research
Colorado State University
Sage Hall
Ft. Collins, Colorado 80523
Phone: 800 835-8091
Email: pjthurman@aol.com

References

Aimee, L. F. (2001). Serving the public interest? Federal experiences with participation in strategic planning. *American Review of Public Administration, 31,* 126-138.

Allen, J., LeMaster, P., & Deters, P. B. (2004). Mapping pathways to services: Description of local services for American Indian and Alaska Native children by Circles of Care. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3), 65-87. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(3).pdf

Bess, G., Allen, J., & Deters, P. B. (2004). The evaluation lifecycle: A retrospective assessment of stages and phases of the Circles of Care initiative. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3), 30-41. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(3).pdf

Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center,* 8, 60-82.

Duclos, C., Phillips, M., & LeMaster, P. L. (2004). Outcomes and accomplishments of the Circles of Care planning efforts. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 11*(3), 121-138. Available at: http://www.uchsc.edu/ai/ncaianmhr/journal/11(3).pdf

Edwards, R. W., Jumper-Thurman, P. Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community readiness: Research to practice. *Journal of Community Psychology,* 28, 291-307.

Hernandez, M., & Hodges, S. (1998). The ecology of outcomes: System accountability in children's mental health. *Journal of Behavioral Health Services & Research, 25*, 136-151.

Holden, W., Friedman, R. M., & Santiago, R. (2001). Overview of the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families program. *Journal of Emotional and Behavioral Disorders, 9,* 4-12.

Jennings, J., & Asetoyer, C. (1996). *The Impact of AIDS in the Native American Community.* South Dakota: Native American Women's Health Education Resource Center.

Reason, P., & Bradbury, H. (2001). *Handbook of action research*. London: Sage Publications.

Talvi, S. J. A. (1997). "The Silent Epidemic: The Challenge of HIV Prevention within Communities of Color." *The Humanist,* 57, 6-10.

Weaver, H., & Brave-Heart M. Y. H. (1999). Examining two facets of American Indian identity: Exposure to other cultures and the influence of historical trauma. *Journal of Human Behavior in the Social Environment, 2*(1-2), 19-33.

Yehuda, R., Schmeidler, J., Giller, E. L., Siever, L. J., & Binder-Brynes, K. (1998). Relationship between posttraumatic stress disorder characteristics of Holocaust survivors and their adult offspring. *American Journal of Psychiatry, 155*, 841-843.

Yehuda, R., Schmeidler, J., Wainberg, M., Binder-Brynes, K., & Duvdevani, T. (1998). Vulnerability to posttraumatic stress disorder in adult offspring of Holocaust survivors. *American Journal of Psychiatry, 155*, 1163-1171.

Footnote

[1]This list is a reiterated and expanded version of the one initially presented by Freeman, Iron Cloud - Two Dogs, Novins, and LeMaster (2004), p. 17.

Author's Note

The authors would like to acknowledge the following individuals for their ideas, concepts, and writing support, Barbara Plested, Ph.D., Teisha Simmons, and DeWayne Tahe.