

CHALLENGES IN APPLYING INDIGENOUS EVALUATION PRACTICES IN MAINSTREAM GRANT PROGRAMS TO INDIGENOUS COMMUNITIES

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Abstract: How can indigenous evaluators implement culturally competent models in First Nations communities while ensuring that government grant evaluation requirements are met? Through describing the challenges in one tribal community in the United States, this article will discuss how American Indian/Alaska Native substance abuse prevention programs are evaluating the implementation and outcomes of Strategic Prevention Framework grants from the federal government's Center for Substance Abuse Prevention. Requirements for implementing evidence-based programs normed on other populations and for evaluating data based on quantitative methods add to the challenge. Throughout the process, much is being learned that it is hoped will strengthen indigenous grantees and increase the cultural competence of government evaluation requirements.

Résumé : Comment des évaluateurs autochtones peuvent-ils mettre en œuvre des modèles culturellement adéquats dans des communautés des Premières nations tout en veillant à ce que les exigences en matière d'évaluation du financement public soient rencontrées? En décrivant les défis présents dans une communauté tribale aux États-Unis, cet article décrit comment les programmes de prévention de la toxicomanie destinés aux Indiens d'Amérique/Autochtones d'Alaska procèdent à l'évaluation de la mise en œuvre et des résultats des subventions du Strategic Prevention Framework du Center for Substance Abuse Prevention du gouvernement fédéral. Les exigences liées à la mise en œuvre de programmes fondés sur les données probantes produites selon les normes pour d'autres populations et aux données d'évaluation basées sur les méthodes quantitatives viennent s'ajouter au défi à relever. Tout au long du processus, des leçons sont tirées dans l'espoir qu'elles viendront renforcer les bénéficiaires autochtones

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et accroître la compétence culturelle des exigences gouvernementales en ce qui a trait à l'évaluation.

INTRODUCTION

Grant requirements through mainstream agencies provide both opportunities and challenges for indigenous communities. Evaluators can be equally challenged when required to implement certain evaluation strategies while trying to stay true to what experience has shown to be effective and meaningful evaluation approaches in indigenous communities.

There are common themes in the literature about indigenous evaluation, indigenous substance abuse prevention programs, and indigenous community coalitions that support public health programs. Major themes include involving the indigenous community from the beginning, honouring the community's goals, being sensitive to traditional mistrust of research and government organizations, respecting the importance of self-determination to indigenous communities, and building trust and respect throughout the process.

Participatory evaluation approaches have common elements of stakeholder and evaluator collaboration to ensure that the results of the evaluation are practical and useful to the problem-solving and decision-making aspects of program development at minimum, and that they also seek to provide empowerment and social justice for members of communities who are less powerful than or oppressed by dominant groups (Brisolara, 1999). Participatory evaluation in both indigenous and mainstream communities assumes a high level of community involvement and a high level of trust between the community and the evaluator.

Likewise, much of the literature concerning indigenous evaluation suggests the importance of involving the community in the evaluation planning from the beginning of the project, but frames this involvement in indigenous cultural values. These include honouring the community—its history, context, and individuals—and empowering the community through using culturally valid measures such as oral measures, elder review, and community contributions. This calls for having the community or program define what would constitute meaningful results from the program, and articulate how the community would know the program was being successful (Grover, Cram, & Bowman, 2007; LaFrance, 2004).

Important cultural values in Native communities are not always shared nor understood by mainstream funders and academics. Christensen (2002) provides the example of the values of elder epistemology: “With its emphasis on oral skills it is an important intellectual construct, yet it is neither practiced nor even deemed relevant in the academic community” (p. 5).

In support of this, Cochran et al. (2008) concluded that

[r]esearchers working with indigenous communities must continue to resolve conflict between the values of the academic setting and those of the community. It is important to consider the ways of knowing that exist in indigenous communities when developing research methods. Challenges to research partnerships include how to distribute the benefits of the research findings when academic or external needs contrast with the need to protect indigenous knowledge. (p. 22)

LaFrance (2004) discusses indigenous values of respect, relationship, and reciprocity and defines indigenous evaluation as “an approach to evaluation that understands the tribal context, contributes knowledge and builds capacity in the community, and is practiced by evaluators who value building strong relationships with those involved in the evaluation” (p. 45). As a result of attention to these values, the evaluation can assist the community in its knowledge development and dissemination as well as spark an iterative process of program improvement.

The substance abuse prevention field is still learning what constitutes effective programs in indigenous communities, as the research in the field is often inconclusive because of the small sample sizes in indigenous communities (Grover et al., 2007). However, available research indicates that similar principles to those necessary for effective indigenous evaluation practices are also operative in indigenous prevention programs. These include cultural norms such as involving the whole community in planning and programming, incorporating cultural content, strengthening the ability to walk in two worlds, seeking guidance and wisdom from community elders, including appropriate ceremonies and community celebrations, and deciding what constitutes evidence of program effectiveness for the community (George et al., 2007).

The Healthy Nations Project (1992–2004), funded by the Robert Wood Johnson Foundation, was implemented across 14 American

Indian/Alaska Native (AI/AN) communities in the United States. It identified several factors that contributed to success in their prevention programs across different tribal cultures and settings. These included consistent and effective leadership, a culture-focused approach, community ownership and “buy in,” creative and entrepreneurial approaches, comprehensive efforts (sought to impact as many community systems as possible), and effective collaboration (Noe, Fleming, & Manson, 2004).

Public health programs have increasingly developed models that apply effective collaboration between researchers and community coalitions to change community norms around health and primary prevention programs (Smylie, Kaplan-Myrth, & McShane, 2008). Research findings suggest developing participatory and empowerment models that allow meaningful input from the community and involve community members in decision-making, planning, and needs assessment are most effective in getting community buy-in for primary prevention programs—an essential prerequisite for effective program implementation and successful outcomes.

A study of a primary prevention program provided a caution to the notion of democratic or equitable decision-making by indigenous coalitions and researchers. Their experience was that such an approach can interfere with indigenous community goals of self-determination. It suggested that “equitable participation—distinct from democratic or equal participation—is reflected by indigenous community partners exerting greater influence than academic partners in decision making” (Cargo et al., 2008, p. 1). This finding is important because of the power inequities between the mainstream culture out of which researchers are trained and the indigenous community with its history of oppression and cultural repression. An example mentioned later in this article is illustrative of greater community influence in decision making. The local evaluator for an indigenous community prevention project presented the coalition with a cross-site evaluation recommendation that all grantees administer a community survey. Once the potential usefulness of the survey was explained, the coalition appointed a task force to select the items for the survey and decide how to administer it effectively. In this instance, once the idea had been accepted by the indigenous coalition, the community took over the decision-making process in relation to every aspect of the survey from development through data collection and data entry. The result was a survey of interest and relevance to the community, and a belief in the value of the results for planning a media campaign.

Capacity-building models for indigenous coalitions developed by mainstream entities need to take into account the importance of culture, language, and issues of identity and place and consider the need for tribal people to operate in both traditional and dominant cultures (Chino & DeBruyn, 2006). Mainstream models, programs, and funding agencies too often underestimate the time needed to fully establish and integrate the capacity-building process in Native communities, assuming that tribal community members and practitioners can immediately begin to resolve an issue or have the skills and capacity in-house to do so. As mentioned above, these assumptions also do not take into account the overwhelming nature of the health disparities and lack of resources facing Native communities. Because of the importance of relationships in indigenous cultures, coalitions need considerable time to build trust, effective communication between all participants, and inclusive working relationships (Chino & DeBruyn, 2006). The authors go on to say:

A tribal capacity-building model must establish a participatory process where mutual learning is taking place without the potential for abuses and exploitation and repair lines of trust between nonindigenous researchers and tribal communities. At the same time, the model must incorporate strategies for non-Native partners to raise their awareness of tribal sovereignty and community issues, ensure adherence to appropriate tribal guidelines and protocols, and become effective allies of indigenous people. (p. 597)

The sections that follow describe the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention's (CSAP) Strategic Prevention Framework State Incentive Grant Program (SPF/SIG), then tell some of the story of one indigenous community's work to implement this program through a state grant, and discuss the issues raised in relation to implementing mainstream substance abuse prevention and program evaluation models in indigenous communities.

THE STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT PROGRAM

Under grants to states and more recently to tribal entities, the SPF/SIG requires states and tribes to implement the framework specified in the model depicted in Figure 1.

Grantees (states or tribal entities) must employ a public health model including an epidemiological work group to assess the prevention needs in their area and identify problem areas and causal factors. Epidemiological data gathering has proved challenging in AI/AN settings because data are lacking due to gaps in mainstream data collection and reporting systems that undercount Native populations in urban settings and usually do not include reservation data.

The SPF/SIG also requires that grantees implement programs to increase their capabilities to address the identified prevention needs and causal factors, develop a strategic plan, implement the plan, and document the outcomes of the work. For tribal entities, especially local communities funded through a state or tribal entity, the skills required to meet the requirements of the grant may not be readily available because of the high level of need for services that stretches financial and human resources in Native communities (Chino & DeBruyn, 2006).

Grantees must convene work groups and advisory groups to work through the needs assessment process, and then take the results to the subrecipient level by funding prevention programs to address the identified local needs. Each grantee may decide for itself how to

Figure 1
SPF Model

Strategic Prevention Framework U.S. Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention



- **Assessment**—determining your prevention needs.
- **Capacity**—improving your capabilities.
- **Planning**—developing a strategic plan.
- **Implementation**—putting your plan into action.
- **Evaluation**—documenting the outcomes of your work.

disperse funds and implement and evaluate programs, but each phase of the strategic prevention framework planning and implementation is to be recorded and approved by CSAP through written reports, strategic plans, and online cross-site evaluation surveys.

CSAP has been committed to assisting tribal grantees—and, in fact, all grantees—through each phase of the SPF/SIG, and many CSAP staff members who work with indigenous grantees are committed to becoming effective allies and learning from the process of implementing the SPF/SIG in tribal settings. Yet financial and time limitations as well as cultural issues result in many challenges and frustrations for both the grantees and the CSAP personnel.

INDIGENOUS EVALUATOR AS CULTURAL MEDIATOR

On the local grantee level in indigenous communities, issues of mistrust of government agencies, resentment of processes imposed from outside the community that delay getting the funds out to local programs for program implementation, a sense that the funder does not really understand the community or respect the community are all factors which come into play. The evaluator in such instances can become an advocate for the community by respecting and honouring community values and concerns, explaining these to the mainstream grantor to help alleviate frustration with a grantee whose ways of working and knowing are sometimes different from mainstream grantees. Such a role calls upon qualities of respect, honesty, and tact on the part of the evaluator toward both cultures.

A REAL WORLD WORK-IN-PROGRESS AS ILLUSTRATION OF THE ISSUES RAISED

The story of a small rural reservation community illustrates the challenges and opportunities for indigenous communities in implementing the SPF/SIG. The community was 1 of 12 grantees in the state, and 1 of 2 Native American communities funded. Each grantee interviewed and selected a local person as coordinator to manage its grant, and the state provided each community with a part-time technical assistance provider and an evaluator.

In addressing the assessment phase of the SPF/SIG, the local coordinator convened a community meeting in August 2006 facilitated by the evaluator to explain the grant and get community input in defining the community to be served by the grant, which had as its

focus the reduction of underage drinking. The community decided to define the SPF/SIG community as the area served by the local school district. The community was 58% Native American, 28% White, and 14% Hispanic.

More than 60 community members attended the initial meeting, including 15 teenagers, some of whom participated actively in the consultation. Unfortunately, very few Spanish-speaking people attended the meeting. During the meeting a Native woman stood up and told her story as an alcoholic who started drinking in a neighbour's home at age 10. Afterwards several community leaders confirmed that this could have been the story of many of them as well.

Community members were invited to participate in a coalition to help figure out what contributed to the drinking problems among young people in the community and plan the services to be provided under the grant. Throughout the needs assessment and planning periods, coalition meetings continued to be open to all community members. The result was a very fluid coalition, with many different community members participating, but few attending meetings consistently.

The capacity building phase of the grant was implemented in late September 2006 with two consecutive training sessions being held for coalition development. About 30 people attended the first session; less than half that number came to the second session, most of whom had not attended the first session. The trainer was very skilled and tried to recap the work from the first session for those attending the second one. In fact, this resulted in her being unable to address all of the training goals. No further coalition-building work was done, and the expectation was that people would coalesce into a functioning coalition through working together.

At the end of Year 3 of the project, the coalition membership had about 10 committed members, but attendance at meetings was dwindling. This was due to leadership issues, lack of trust between some members, and frustration with grant implementation and evaluation requirements. Members were ready to discuss their concerns and frustrations outside of meetings, but had not yet addressed them in meetings. Cultural values of respect and not being confrontational made direct discussion of the issues difficult.

***Commentary.** As evaluator, I recommended further training based on an indigenous coalition training model such as CIRCLES (Chino & DeBruyn, 2006) or White Bison (<http://www.whitebison.org>). More attention to relation-*

ship building and trust development would likely have resulted in a more consistent commitment to the work of the coalition and might have helped the coalition members better handle some of the challenges to effective functioning that the group faced.

LaFrance (2004) talks about the importance of the evaluator working with the community to increase its capacity for planning and evaluation. The SPF/SIG assessment process and the resulting theory of change for the community, though not an indigenous approach per se, resulted in a visual depiction of causal factors and interventions that emerged from the application of community knowledge and survey data. It also increased the coalition's confidence in its ability to use quantitative data as well as its own ways of knowing in decision making. The following paragraphs tell the story of the assessment process in the community.

As evaluator, I was to assist the community coalition to examine the epidemiological data and identify priority factors to address in their prevention programming. The mainstream community coalitions funded under the grant appointed a few people to an assessment work group to study the data and make recommendations to them regarding priorities. In contrast, our Native community coalition preferred to open the meetings to all.

A community group interested in providing positive experiences in arts and recreation for youth had been trying for years to get the state's youth survey data from the school district without success. Under the SPF/SIG, the schools were required to release the data to community coalitions. There was a great deal of interest in attending meetings, which were open to all members of the community.

Our assessment work group process was very interesting. Knowing that there was considerable suspicion as a result of their previous inability to get the data and their general mistrust of data, I arrived at the first assessment meeting with stacks of reports and a set of questions we needed to answer as a group in order to see what story these numbers were telling us about the experience of youth in the community, and what might be behind what everyone knew was happening in the community: early drinking, binge drinking, access to alcohol from social contacts, fatal car crashes, and suicides. After the first meeting sifting through the data, a community member asked me to do some of the work for them before the next meeting. "That's what we're paying you those big bucks for," he said. On the other hand, I believe that had I done some initial sifting before his request, people

would not have trusted the results. This is a common paradox for evaluators, but was an especially important factor in this situation where community ownership of the information was so vital.

The assessment work group first looked at statewide data and local school district-level youth survey data and identified areas where local youth exceeded the state average in both assets and risk factors. I set up an interactive process to guide them in small groups through various data on risk and protective factors from the youth survey. With limited time to complete the assessment work due to grant deadlines, I set limits on the time each group could spend. During the group discussion afterwards, one of the elders shared that she had felt rushed and did not like having only limited time to look over the numbers. Another elder stopped coming to meetings and when asked about it said, "Oh, you have all those smart people there, you don't need me." This comment indirectly indicates that she did not feel valued or respected in the process.

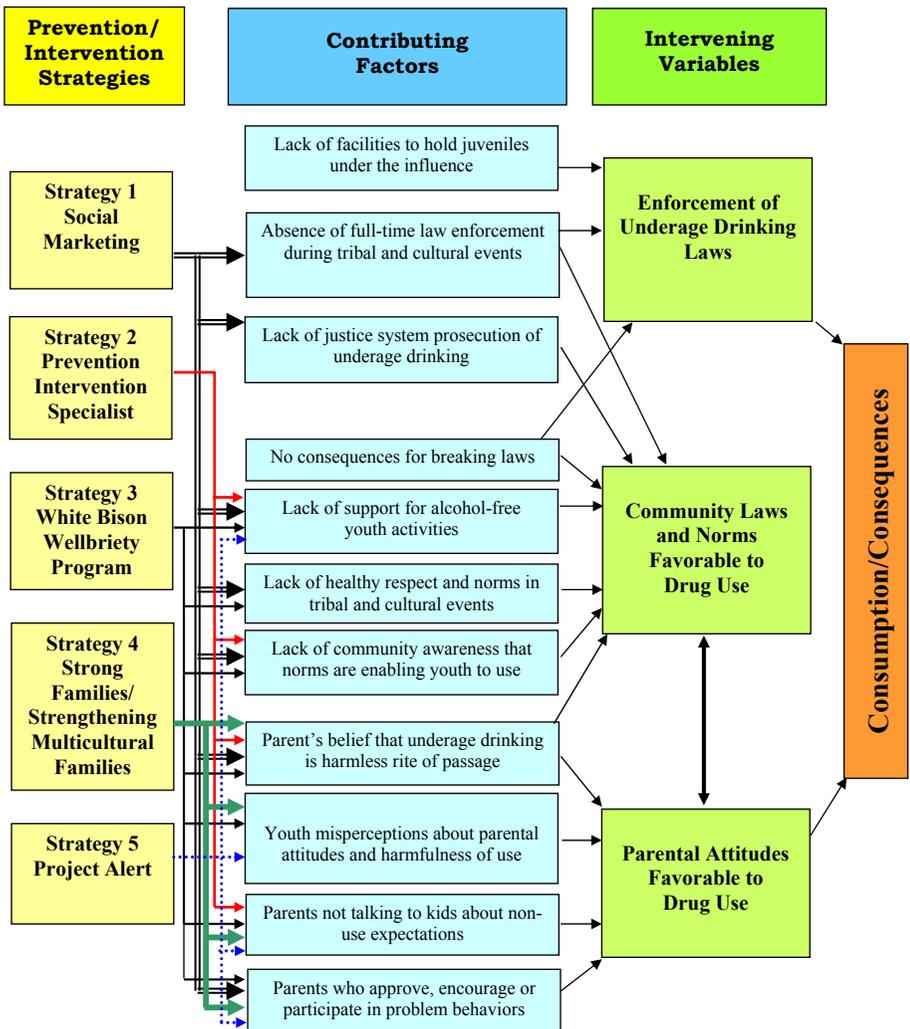
The work group examined other data about their community as well, including law enforcement arrests and alcohol- and drug-related ambulance calls. They decided to hold focus groups with youth to further explore the survey data because the small sample size called into question the reliability of the findings. They also decided to explore the reasons for poor enforcement and the consequences for underage drinking through meeting with and surveying the tribal and county police forces.

This process was designed to build community capacity for making data-based decisions, and was challenging because of the shifting attendance at meetings. One large meeting was about 50% Spanish speaking with simultaneous translation of the proceedings and discussion. A small group, only one member of whom spoke Spanish and many of whom had not attended the previous meeting, attended the second work group meeting, designed to assist community members to examine youth survey data. But importantly, a dialogue had occurred between the Native and Hispanic community members, a beginning that might lay a foundation for continuing dialogue.

Eventually the assessment work group was able to identify three major causal factors or intervening variables and then consult together to identify the conditions or attitudes in the community that contributed to those factors. By manipulating cards with data on community risk and protective factors written on them and discussing relationships among and between them, the group was able to prioritize areas of concern. From there I helped them develop a conceptual framework

(theory of change) depicting the causal factors of the alcohol problems in the community and the contributing factors underlying those factors. This depiction (see Figure 2) laid the groundwork for selecting interventions to address the factors. The resource assessment group's report contributed to the process by showing what services were already in place in the community and what gaps in service existed that called for interventions and services.

Figure 2
Example of SPF/SIG Community Prevention Conceptual Framework



Commentary. *Despite challenges in the process, including a mistrust of the data and the process of examining it, those engaged in looking at data, comparing it to what the participants knew or believed about their community, and seeking to prioritize what issues to address increased their sense of their own capacity and eventually concluded with some good solid decisions for their community plan (strategic plan). Reflecting on the process and feedback from one of the elders, I believe that more time should have been allowed for looking at the data from the Healthy Youth Survey so that no one felt rushed.*

A year later, the coalition enthusiastically embraced administering a community survey to learn more about community and parental attitudes toward underage drinking. They were among only a few of the coalitions among the 12 grantees who used an event-based plan rather than a mail survey. They asked people to fill out surveys at basketball games, religious community gatherings, parenting classes, and coffee shops. The survey results indicated clear areas of focus for their social marketing campaign and much more disapproval of underage drinking than the coalition had believed. For example, over 90% of respondents opposed it and indicated that parents both had clear rules about alcohol use and communicated with their children about it. This contradicted the coalition's belief that its community saw teenage drinking as a harmless rite of passage.

Commentary. *The coalition's response to the suggestion that they do a community survey and their active support in carrying it out indicate a new understanding of the value of survey data to add to community experience and knowledge.*

Planning and Implementation

The coalition decided that problems around enforcement of underage drinking laws that were related to a lack of facilities and a shortage of tribal police officers could best be addressed through a social marketing campaign to change public attitudes toward underage drinking, thereby influencing police priorities. Based on the conceptual framework, the coordinator and coalition identified substance abuse prevention programs they believed would address the priority causal factors and contributing factors.

At this point another challenge arose for this indigenous community. The state agency had indicated that programs should either be evi-

dence-based or at least have a strong evaluation and research-based curriculum. The community had selected school prevention programs that met these requirements, but wanted a community healing program that would address generational and historic trauma, racism, oppression, and other issues faced by indigenous communities (Walters, Simoni, & Evans-Campbell, 2002). The program they chose, White Bison's Wellbriety Program (<http://www.whitebison.org>), has been replicated in tribal and urban Native American communities around the U.S. and trains trainers for its comprehensive curriculum for adults, youth, and children, but it has not been recognized by the U.S. federal government as evidence-based. The coalition members, some of whom had already received some training in the program, believed its holistic approach would be most effective in changing community laws and norms favourable to drug abuse (including alcohol). The issue that arose was that the state gave strong preference to evidence-based programs and its grant director was reluctant to approve funding for the White Bison programs.

In recent years a number of meetings of indigenous scholars have been held in regard to evidence-based practices, which looked at what constitutes evidence for indigenous communities and western scientific method vs. indigenous scientific practices. The discussion continues (Hawkins & Walker, 2006; Naquin, 2007).

Fortunately, the state was willing to allow the community in this example to use the White Bison program provided there was a strong evaluation of the program in place. I contacted White Bison's executive director and also was able to have one conversation with her and their evaluator. The evaluation plan for the White Bison program calls for using Tri-Ethnic Center for Prevention Research's Community Readiness Survey (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000) prior to implementation of the White Bison program and again two years into the program, conducting focus groups with facilitators, interviews with participants, as well as pre- and post-surveys with the youth program participants.

For the evidence-based programs selected in accordance with the SPF/SIG local evaluation plan, pre- and post-surveys are being administered to participants. Surveys are developed to test the objectives of the programs in relation to the intervening variables outlined in the conceptual framework.

***Commentary.** The issue of evidence-based programming requirements was a challenge to the coalition, and caused some tension with the state SPF / SIG project management*

and the community coalition. Fortunately, based on a justification for selecting White Bison's program, and a strong plan for evaluating it, management was flexible enough to approve its implementation along with several federally recognized evidence-based programs.

Evaluation

The state contracted with RMC Research Corporation and a sub-contractor to conduct local evaluations at its 12 grantee sites. These local evaluations provide data for the statewide evaluation and must include

- **logic models** for each strategy employed to address the identified contributing factors by the each of the grantees in their conceptual frameworks.
- **process evaluation** to document the quality of the implementation of the SPF/SIG process and of the prevention/intervention strategies, and describe the activities implemented and outputs achieved.
- **outcome evaluation** showing changes in program-specific short-term outcomes and changes in long-term outcomes (statewide youth survey measures, other existing measures).

In developing the evaluation plan in keeping with the requirements for the local evaluation under the grant, I have worked to keep in mind and employ as far as possible important characteristics of indigenous evaluation:

- **Engage evaluation with program from the beginning.** I have gone to the community frequently since the beginning of the project and participated in their training and work group meetings as well as coalition meetings.
- **Tell the story.** My interim evaluation reports endeavour to narrate what the community and the coalition are doing, their obstacles, and their successes.
- **Honour the community, history, context, and individuals.** Being a member of an Eastern tribe, I am an outsider and some community members do not even consider me to be a Native person. I have acknowledged this and expressed interest in learning about the culture and community. One of the elders kindly took me through the tribe's cultural museum and shared with me much of their history and culture as well as issues such as the forced boarding school attendance and its impact. Another told me her understanding as a substance

abuse treatment counsellor of the role alcohol played in the lives of those traumatized by the boarding school experience. Attending a traditional feast in another community of the same tribe was an enriching cultural experience as well.

- **Engage and empower the community.** I have asked the community's advice and input all along the way in assessing community needs, developing logic models, and planning surveys. I believe, though, that had we allowed more time for the assessment process, the coalition members and elders would have felt more empowered and my relationship with them would have been strengthened.
- **Use culturally valid measures: oral measures, elder review, community contributions.** I am trying to balance the state's desire for pre- and post-survey data with measures that will be more credible to the community. I hope that the interviews and focus groups undertaken in the evaluation will provide such a vehicle. Certainly I have sought coalition feedback and the coordinator's opinion all along the way. Despite this, two members of the coalition, both of whom are local tribal members, continue to be unhappy with the evaluation and raise concerns about it. Most recently they asked the coalition to hire a second evaluator so that they could have an indigenous evaluation. The coalition did not support that recommendation.

The members who are dissatisfied with the evaluation joined the coalition late and did not go through the training in the SPF/SIG process and the coalition training. They joined the assessment process late, and one of them felt rushed through the process. I am hoping that the annual evaluation report and other information will help allay concerns about the evaluation and allow for coalition members to give further input into the evaluation process. While these kinds of issues are not unique to coalitions in indigenous communities, the issue of indigenous vs. mainstream evaluation models presents a unique twist on the problem.

- **Learning is ongoing.** This is the case for all participants, including the evaluator and the state director of the grant. Every individual has a culture and a personality. No one is culturally neutral. There have been mistakes and learning on the part of all concerned to date. It is hoped that what we learn will enable us to be more effective in implementing the SPF/SIG process in indigenous communities as well as create an evaluation from which all can benefit.

CONCLUSIONS

The SPF/SIG model provides an opportunity to use the strengths of indigenous communities to build grassroots community-level support and an inclusive coalition. Elder wisdom and community awareness contribute importantly to planning and implementation decisions. Indigenous evaluators work with the community to build its capacity to gather and interpret different types of data, including quantitative data, and its capacity to use these for program improvement.

The challenges of implementing a mainstream model such as the SPF/SIG in an indigenous community stem from historic mistrust of mainstream models and government approaches and strong cultural valuing of interpersonal relationships. Both require time to build trust and require culturally appropriate capacity-building approaches. Resulting challenges include

- a need for less pressing deadlines for the various grant requirements, recognizing that indigenous coalition members process information differently and need time to consider how quantitative data, for example, fit into the whole picture in their communities.
- a need for more time for capacity building, since all community members who desire access to data may not have the skills to examine it meaningfully; extra time for capacity building is needed. (Mainstream communities may cope with a similar issue by delegating this work to “experts” on the coalition, but oftentimes Native communities do not have such experts and/or the desire to be more inclusive in their approach to the work of the coalition.)
- a need to recognize that indigenous community participation can be more inclusive but less consistent than in the mainstream and that multiple information sessions, measures to reinforce training or explain working principles, and the use of community elders and leaders as champions should be considered.
- a need for more evaluator time on site than is necessary in mainstream communities. Relationships and family loyalty are more highly valued than efficiency, timeliness, and objectivity.

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