. . . The thought of evaluation not
being manageable has changed.

Evaluation is manageable!

**Lifespan Evaluation Support Project,
Training Participant**

EVALUATION SUPPORT PROJECT

SUMMARY REPORT
FY 2010

Submitted To:
**BRUNER FOUNDATION
EFFECTIVENESS INITIATIVES**

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EVALUATION SUPPORT PROJECT OVERVIEW

The Evaluation Support Project was conducted in Rochester spring/fall 2010 to test out the Evaluation Support grantmaking strategy. In addition to the inquiry-related goals for the Bruner Foundation, the project was devised to help staff of a select organization refresh or learn new evaluation-related skills and to enhance organization-wide evaluative thinking. Lifespan, a past Bruner-Foundation grantee, former REP participant [1]and stable Rochester-area nonprofit was selected to participate and as confirmed by Ann Marie Cook, President/CEO, was actually instrumental in the final design of the Evaluation Support Project.

History and Design

In the fall of 2009, Lifespan's President/CEO approached the Bruner Foundation for evaluation assistance, stating clearly its need to rebuild evaluation capacity at Lifespan. Though the Evaluation Support Project was built on previous efforts conducted by evaluation consultant Anita Baker, in many ways, it was created in direct response to Lifespan's request for help. As the project design was unfolding, it became clear that delivery of it would both assist Lifespan while also providing an interesting opportunity for the Bruner Foundation/Effectiveness Initiatives to pilot a possible grantmaking strategy.

> Lifespan, founded in 1971, has provided service to Rochester area older adults and caregivers for 36 years. The organization has a $5.3 million annual budget and receives support from government, The United Way of Greater Rochester, numerous foundations, private contributors and through service fees. Lifespan employs approximately 90 full and part-time professionals, and we assist approximately 20,000 older adults and caregivers a year.

The pilot included two components, basic evaluation training and guided evaluation project work. The training, delivered through three sessions to all key Lifespan managers, focused on evaluation logic, design, data collection and analysis and evaluative thinking. Additionally, using participatory strategies, a design and initial guided evaluation activities were carried out for Lifespan's new Community HealthCare Coordination (CHC) project.

Through the Evaluation Support Project Bruner hoped to determine if the streamlined but agency-specific training would enhance participants' knowledge about evaluation, if trainees would apply what they learned, and if the guided evaluation work and other examples would help agency staff reinvigorate evaluation use and promote evaluative thinking. Bruner was also interested to know whether agency officials perceived the project as sufficient to help support their evaluation needs, what else might be needed to provide support, and whether from an agency perspective, the project was an effective grantmaking strategy. Anita Baker, long-term consultant to the Bruner Foundation developed the project in collaboration with Beth Bruner, delivered all training and consultation services, and developed this final project summary (final assessment data were collected through independently administered surveys and interviews).[2]

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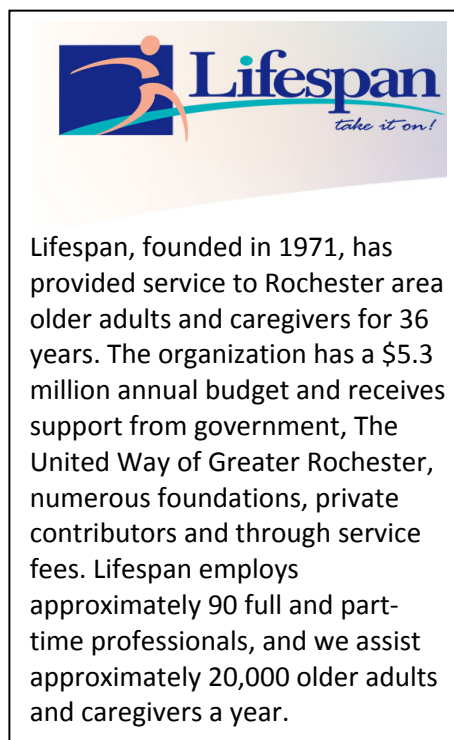
[1] The Rochester Effectiveness Partnership, REP, 1996 – 2003, was a self-governing partnership of funders, nonprofit service provider organizations and evaluation professionals committed to increasing knowledge and use of participatory program evaluation through comprehensive training and guided evaluation projects.

[2] Six months post project, final interviews were conducted with Lifespan Leadership and CHC project staff by an independent evaluator and final survey data were collected via an electronic survey administered by an external consultant.

Evaluation Training

The training, as stated above, was delivered through three two-hour sessions focused on the following topics. Agendas and all session handouts are available for review upon request.

- **Session 1: Evaluation Basics** – terminology, evaluative thinking, evaluation logic, evaluation questions and evaluation designs; evaluation data collection.

- **Session 2: Data Collection, Surveys and Record Review** – survey development and administration, analysis planning; record review protocol development and analysis planning.

- **Session 3: Data Analysis, Surveys and Record Review.**

The first two sessions included a combination of lecture-style content delivery followed by hands-on activities showing application of session topics. The final session was a fully hands-on data analysis activity. Examples from similar programs and actual Lifespan data were used at all sessions.

CHC Project and Evaluation

Lifespan's CHC project is a comprehensive approach to delivering multiple services to its target population (older adults with developmental disabilities and their caregivers). It is overseen by the Lifespan Director of Programs for Aging Adults with Developmental Disabilities (AADD) and managed by the CHC Service Coordiantor. In the short-term, as services get fully implemented, consumers and their caregivers who are involved are expected to:

- Increase skills necessary to manage healthcare needs, increase knowledge of aging & health-related issues, increase ability to self-advocate in the healthcare environment

- Increase adherence to medical treatment plans

Additionally, the consumers/caregivers and the CHC Service Coordinator are expected to:

- Increase successful completion of medical appointments

- Increase identification of undiagnosed illness and disease

Ultimately as the project is stabilized,CHC is expected to improve the health of older adult participants with developmental disabilities, increase the likelihood they will be able to age in their home environments and control/manage chronic illness and disease, reduce premature admission into long-term care facilities and the need for medical treatments for overlooked conditions, and improve quality of life for consumers.

CHC Project KEY TASKS

- Coordinate healthcare appointments for up to 25 consumers

- Accompany 25 consumers to healthcare appointments

- Coordinate transportation services for 25 consumers

- Document outcomes of healthcare appointments for 25 consumers

- Develop training curriculum and conduct 2 health educational seminars for the 25 consumers and their caregivers

- Develop and conduct 1 health educational seminar for service coordinators

CHC Evaluation Questions

1. How were CHC services including those to Consumers and training to other service providers delivered?

2. How did Consumers and significant others including caregivers and medical service providers respond to the services.

3. How and to what extent have the health and well-being of the Consumers changed while in the program?

The CHC evaluation focused on the first full CHC program year (May 2010 – April 2011) including the planning and hiring stages, and initial service delivery. The evaluation consultant worked closely with the CHC Service Coordinator and Lifespan AADD Program Director to design the evaluation, develop data collection instruments, strategies and databases, and develop the reporting template. Three key evaluation questions, developed together by the evaluator, AADD Program Director, Service Coordinator and VP for Programs, were addressed (see box on previous page).

Data collection was accomplished through record review of enrollment data and through the use of visit tracking forms, also jointly developed, which included collection of client, medical provider and CHC visit feedback. Additional details regarding evaluation strategies and findings are recorded in the Preliminary Evaluation Report (available for review under separate cover).

As reported by Lifespan officials, the CHC project was selected as the focus of the practical experience because it was a brand new program. Efforts are under way as of June 2011 to restructure the evaluation design to ensure it is continued at Lifespan (likely as a participatory evaluation conducted with an external evaluator).[3]

EVALUATION SUPPORT PROJECT RESULTS

As stated previously, assessment data regarding the Evaluation Support Project were collected via a follow-up surveys with key Lifespan Managers and interviews with Lifespan Leadership and CHC project staff. All assessment data were collected about six months after the final training session. This included 18 staff members (15 of whom answered the survey), Ann Marie Cook, President/CEO (interviewed), Jody Rowe Associate Vice President for Programs (interviewed and surveyed), Jennifer Helmbold, AADD Program Director and Manager of the CHC Project (interviewed and surveyed), and Carole Sapp, Community Healthcare Coordination – CHC Service Coordinator (interviewed). All feedback was exceedingly positive reinforcing both the fit of the project for Lifespan and the value they placed on the assistance provided.

Training Assessment
Through the interviews and surveys, Lifespan managers and leaders were asked to provide feedback regarding the training overall and about training content, materials and presentation. Respondents were encouraged to provide specific examples to illustrate their answers, as appropriate.

<u>Feedback about the Training Overall</u>
A key goal of the Evaluation Support Project was to help Lifespan staff refresh or learn new skills. By their own very consistent reports, the training provided the needed assistance and it was used. Participants were very satisfied with the training, but more importantly they applied it to their everyday work. Specific skills were enhanced and important perceptions about the value and applicability of evaluation were changed. Specific findings included the following.

- All 15 respondents to the survey indicated the evaluation training was worthwhile to Lifespan overall (including 9 who indicated it was *very worthwhile*).

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[3] Note that the original plan for the CHC project was to transfer full responsibility to carry out the evaluation to Lifespan staff. That plan was modified as work proceeded and project officials determined that ongoing participatory evaluation would be a better long-term strategy for assessment of the project.

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- All 15 respondents to the survey indicated the evaluation training was worthwhile to them personally (including 6 who indicated it was *very worthwhile*).

- All respondents reported the training helped them refresh their evaluation skills (including 9 who said it did so *a great deal* and 6 who said it did so at least *somewhat*).

When asked to clarify, participants offered very specific examples of how the training supported their skills. For instance, one participant stated: "*the training helped me to focus on designing evaluation tools that measure the outcomes that are critical to each of my programs.*" Another participant offered the following:

> *We had been struggling with how to ask questions of our clients that produced results we need to look at to know if we are meeting clients' needs. We realized after the training that we were asking the wrong questions. We are now changing our surveys to ask only those questions that will tell us what we need to know.*

Still others offered examples including specific references to use. To wit, one participant reported that *"the sessions helped to clarify what constitutes reliable methods of program outcome evaluation."* Another commented that s/he was *"able to more effectively develop a survey for clients utilizing the materials in the training,"* and another provided a particularly detailed response.

> *I now know how to design evaluations the right way. I recently did a survey and was able to use this approach. When it was passed on for review before [*administering it*] only one minor change was recommended. We recently closed the survey and I was impressed with the valuable information we received from the tool.*

Participants also indicated that the training would have a lasting value as exemplified by the following comment. "*This really helped me to think about what I want to learn about program data and how to determine what tools to use in the future.*" All these comments were made several months after the training took place, after participants had had an opportunity to use their newly developed or upgraded skills.

Further, Lifespan leadership clarified that for some managers the training was a refresher, but for others it was new. They pointed out that the training brought both groups of managers together to think about evaluation. Their reflections on the three sessions and on how they were being received by managers were particularly telling.

- The Lifespan Associate Vice President for Programs found the first session especially valuable, even though she indicated all were important. She pointed out that in the first session "*You could see the light bulbs going on … and the aha moments between sessions.*"

- The AADD Program Director clarified further that the first session helped her "*think like an evaluator.*" For example she pointed out that she gained clarity regarding shorter-term vs. longer-term goals. She added that "*Initially, before the training, when I first developed the program proposal, I bit off more than I could chew. I thought we would improve the quality of life for everyone served, and keep consumers from going into skilled nursing homes prematurely, etc. I set a lot of outcomes for the service and some of them were probably not as*

manageable as they could be. The training [and work with the evaluation consultant] *helped me better focus and manage the service."*

Training Content
 Feedback about training content was equally positive and illuminating.

- Most respondents to the survey indicated the content of each of the three sessions was valuable to them **in their current work** including 10 of the 15 who indicated the Basic Training was *important,* 12 of 15 who indicated Using Surveys and Record Reviews was *important*, and 6 of 12 who indicated the final session on Data Analysis was *important.* All others indicated the content from each session was at least *somewhat important* to them.

Materials And Presentation
After each session, participants provided feedback regarding the session and their immediate responses indicated positive ratings and intentions to use the strategies (results available for review upon request). Several months after the final training their ongoing reflections remained positive.

- All but one participant rated the slides for the sessions positively including 8 who indicated they were *very good* and 6 who reported they were *good*. Further, one participant clarified that "*the materials helped me understand the topics. I don't believe this training would have been of help to me as much without the materials used to support learning with the activities.* "

- Similarly, a total of 8 participants indicated the handouts were *very good*, and all the rest said they were *good.*

- A total of 9 of the 14 who answered agreed the activities were *very good* (all others rated them as good).

- All participants who answered rated the delivery of the sessions positively (most – 10 of 14 – indicated it was *very good*), and most (9 of 14) indicated the delivery of the activities was *very good* as well. All participants indicated the combination of time spent in formal presentations, discussions and activities was *about right.*   One participant commented further that she "*really appreciated the response to* [her] *confession that* [she] *was lost. Encouraging words and a little extra time made these sessions very beneficial*."

- Interestingly, while almost all participants indicated the number and length of the sessions was about right, two participants reported the sessions were *not long enough*, and three participants indicated there were *not enough* of the sessions.

Lifespan Leadership had additional specific comments about the training. They agreed that the first session helped everyone get back on the same page and the 2nd and 3rd sessions created action.   For example, the AADD Program Director described the 2nd session (on Survey and Record Review Data Collection) as "*fantastic.*" She further clarified that after the second evaluation training session, her team revamped and created a whole new satisfaction survey for all of the AADD programs including the CHC service.

> [The evaluation consultant] *helped us to think differently about collecting more meaningful and useful evaluation data. In the past, we were surveying all of our consumers for every single program. Consumers might be surveyed 5 times a year based on their participation in our various programs. We were able to collapse this and develop one universal survey document that I can't say enough about. That has stuck with me.*

The Associate VP for Programs clarified further.*"The second two training sessions involved hands-on tools, understanding how the questions get developed and how you determine what you want to measure ahead of time, not after you've already started a project."* She also reported that staff mentioned how helpful it was to have hands-on training, with well-designed group activities.

The one critique shared by several participants and the leadership, was that the timing between the sessions was too long (March, May, October), especially the gap between the 2nd and 3rd sessions. Note however that the five months delay between the 2nd and 3rd sessions was not purposeful, rather the result of training schedule availability. This complication is difficult to avoid.

Assessment of the Guided Evaluation Component
The guided evaluation project was conducted only with a selection of Lifespan personnel, but the objectives were that it would continue to be a real evaluation project and that staff would use the experience to help others continue or enhance their use of evaluation strategies. Again, both the Leaders and the CHC staff person indicated the project had been very useful in both regards.

The Associate VP for Programs, for example, insisted they might still be *"sitting scratching our heads"* if they didn't have the evaluation consultant's support from the beginning with regard to outcome measurement. The AADD Program Director also reported that the 3-session Evaluation Support Project training definitely helped them prepare to design and initiate the CHC evaluation.

> [The training and guided evaluation project work] *helped us think a little differently when we came up with our specific evaluation questions, narrowing down the questions and better managing how we were going to implement the program. Having gone through some of the training and done some hands on work, and done some evaluative thinking, I think the data we're now collecting is more meaningful and has really been able to guide us through the start of a brand new service.*

The CHC Service Coordinator responsible for the program commented further on the use and meaningfulness of the evaluation.

> *It's helped me a lot to have that data collected, and to be able to look at it and see where improvements can be made, see where we were doing really well, and sometimes to see things we didn't expect to see*

As a result of the first compilation of data, the CHC Service Coordinator analyzed the difference in the amount of times that she initiates consumer appointments or treatment, as compared to the number of times consumers or providers initiated visits. She acknowledged that she was motivated to do this as a result of the Evaluation Support Project-supported data analysis, recognizing that the

findings for this are directly related to one of the program objectives of encouraging self-advocacy and independence for consumers (report available upon request).

The CHC preliminary evaluation report also helped solidify evaluation learning and promote its use. The CHC Service Coordinator described the evaluation consultant's assistance with the CHC report as *"very valuable."* She described reviewing the objectives of the program with the evaluation consultant and she clarified that they were tracking data aligned with those objectives. *"I'm used to working hands-on and don't have a whole lot of experience with data collection.* [The evaluation consultant] *helped me look at the project more evaluatively."*

The AADD Program Director overseeing the CHC project commented further that participation in the Evaluation Support Project was a helpful way to show others that a new program, *"adds value to Lifespan's service matrix."*

> *We knew we needed measurements and outcomes to show that putting these services in place makes sense. We now have a solid base of evaluation, and involvement with a reputable evaluator, so we can go to additional foundations and* [public] *funders to make the case for replication and additional funding. Even though we work closely with* [the evaluation consultant] *she's not a direct Lifespan employee and that makes the work more meaningful to outside funders."*

Finally, both the AADD Program Director and the CHC Service Coordinator reported they would be comfortable transferring their evaluation design knowledge and skills, as long as it is a small project. *"I have actually offered that up to the different managers here at LifeSpan. When it comes their time, I would feel comfortable sitting down with them and discussing evaluation and design."*

Evaluative Thinking and Organization Change
Both program managers and organizational leaders commented on ways that the Evaluation Support Project influenced increased evaluative thinking and organizational change.

<u>Feedback fromManagers</u>
Through the surveys, again Lifespan Managers were clear that participating in the Evaluation Support Project had helped them with specific and potentially lasting evaluation skills.

- All participants indicated participation will help them commission better evaluations (8 of the 15 said it has helped *a lot*).

- All participants indicated participation has helped them do better evaluations of their own programs (7 of 15 said it has helped *a lot*).

- And all who answered said the project had helped them use evaluative thinking skills in multiple aspects of their work (8 of 14 said it helped *a lot*).

Additionally, all participants indicated that what they learned through the Evaluation Support Project was helping them be more evaluative in their regular work. Specifically:

- Almost all participants (14 of 15) said it was helping them to ask key questions

- All participants (14 of 14) said it had helped them determine data they need to answer questions, gather it in systematic ways, analyze data, share results and develop strategies to act on findings (one other indicated s/he hadn't had the chance yet to do this). Note that these positive response were particularly important because these tasks had been required of them as they generated reports due during the time between the training and the follow-up assessment of the Evaluation Support Project.

Lifespan Managers who participated in the training could also give specific examples of changes in thinking or practice they had made as a result of the Evaluation Support Project.

> *Because of this we were able to streamline to one evaluation for four different programs in the department. We had been struggling with consolidating this for several years.*

> *Since this training took place Lifespan began a new program in collaboration with the University of Rochester, I believe I was able to ask more questions in the beginning to determine what we wanted to learn from the new program and what questions we needed to ask to determine that we were getting the outcomes we hoped to achieve.*

Final comments from Lifespan Managers were especially telling regarding ways that the Evaluation Support Project participation had helped them.

> *Although I believe I've always valued the program evaluation process and necessity, the information solidified this and offered new ways to look at our own internal processes.*

> *I have always valued the power of evaluation, but I have a greater appreciation for how critical evaluation is to the strategic thinking of an organization and how it supports the decision-making process. Also the thought of evaluation is not as scary as it once was.*

> *The thought of evaluation not being manageable has changed. Evaluation is manageable.*

Feedback from Leadership

Lifespan leaders described access to the Evaluation Support Project as a critical ongoing support that moved them along as they work to stay a data-driven organization. For example, one leader stated *"I think it is hard during these fiscally difficult times not to just fall back into crisis mode. [The Evaluation Support Project] kept us on track. We have to measure the impact we have on clients and measure outcomes so that we can make appropriate decisions."*

The President/CEO added further clarification. *"As CEO at Lifespan, a focus on outcomes and evaluation is a year-long process that must be communicated to managers constantly and for the long term."* The President described the Evaluation Support Project as a great piece of a long-term strategy that relies on measuring consumer outcomes and agency goals.

> *Like other non-profits, Lifespan's program directors were selected because of their excellence or success in social work services. Outcome data is not something they feel particularly comfortable with. We're always looking for new language to make sure that staff gets excited about the data! What impact are they making?"*

The CEO and VP for Programs described access to the Evaluation Support Project as a sort of *"signal' to Lifespan middle managers."* Further they stated *"It reminds them that leadership truly values evaluative thinking, reflection on the previous year's data and on what older adults need."* The President/CEO reported that access to the Evaluation Support Project gave Lifespan managers the language of evaluation and additional enthusiasm for collecting data.

Lifespan's leaders' comments were obviously positive about the project as a whole, but they were also able to identify specific elements of this support that were particularly valuable. First and foremost, the participatory nature of this approach helped reduce resistance and inspired use. For example, Lifespan has other ongoing evaluations with funders who have hired outside evaluators to monitor the work. Both the President/CEO and the VP for Programs stated that the data collected for that work may be useful to them sometime in the future, but for now it is very disconcerting to answer questions that Lifespan managers and staff didn't help formulate. *"These other evaluation processes feel almost punitive and we are struggling with that process."*

In contrast, the President/CEO and VP for Programs pointed out the value of the participatory nature of the Evaluation Support Project work. *"Having a partner in evaluation work, someone who isn't funding you and who doesn't have a stake in the outcome, is invaluable."* *"It's a completely different feel."* [The evaluation consultant] *is a partner in our project."* They also indicated that they *"respect* [the evaluation consultant] *and the Bruner Foundation for the work they do,* and see it as an extension of their internal continuous improvement process. *"Improvement is just something that we constantly work at. Our managers look forward to evaluation, it's just part of the culture."*

The AADD Program Director clarified further that the one-on-one consulting was most valuable for her to take the CHC evaluation on to the next steps. She also pointed out though, her embrace of participatory strategies and hesitance around self-assessment.

> *We would miss the outside eye of an evaluator being able to have* [the evaluation consultant] *work with Carol and me as we look at our data and analyze it. It would be a big challenge to do it without her.*

In addition to highlighting the participatory approach, Lifespan Leaders also identified enhanced evaluative thinking as a key outcome of the Evaluation Support Project. Staff and leadership clearly value the detailed evaluation support they received through ESP, but they rank data analysis, survey design, and report writing **after** evaluative thinking and evaluation design in importance. For example, the President/CEO said *"I love the [data] analysis help, but once you have a great design and you know exactly what you're after, the analysis becomes so much easier."*

Leaders also addressed questions regarding the sustainability of the Evaluation Support Project and they were clear that they thought the effects had lasting value. But they conceded that the support would be more useful if it included ongoing and regular access to an evaluator. Specifically, both the Prsesident/CEO and VP for Programs expressed the belief that the changes are sustainable, but it will take a concerted effort to keep evaluation as an important part of organizational life.

> *Evaluation is in a long list of things that we need to keep doing. We are very committed to continually looking at data and reporting out, but sustaining that may take periodic support from a skilled outside professional.*

Staff and leadership agreed that the evaluation training thus far had made it possible for them to *"build in the reflection,"* but having an outside evaluator involved, who doesn't have a stake in the outcome is very helpful to sustaining their evaluation practice.

Extending Evaluation Support Projects: Lifespan Advice

1)   On a basic level, surveyed program managers encouraged the Bruner Foundation to post materials to their website (5 said definitely do this). Additionally, a total of 9 of 12 who answered said the Bruner Foundation should definitely provide this training to others and 8 of 13 said it should *definitely* be done at a conference. (Only 3 indicated Bruner Foundation should *definitely* try out webinars, though 7 others said *maybe*.)

2)   The Lifespan Leaders interviewed for this report agreed that evaluation design work provided by a professional outside evaluator is unlikely to be taken over from within the organization for both structural and fiscal reasons. On the structural side, they provided the following example.

> T*he design work becomes critical for an external evaluator because they force you to answer questions you don't think about here because you're just too close to it.* S*ometimes we are so close to the clients that we design our instruments to measure what we know we're making an impact on already. You're steering yourself towards your strengths…instead of having an outside person help you look at [your services] from three different ways.*

On the fiscal end of things, resource limitations curtail evaluation work. As the Preseident/CEO reported, *"there are many years here where we think we may need an outside evaluator, but we don't have the resources to afford that level of expertise."* She also pointed out that the Evaluation Support Project gave them the opportunity to get an Evaluative Thinking refresher, and it also gave them real access to an evaluation and an outside expert.

The President/CEO clarified that in order to keep the benefits of the Evaluation Support Project, they will need ongoing, though probably less intensive help. For example, she described the possible value of enlisting the help of an evaluator at the end of the year when they are sitting down with management to look at their results for the year. This would allow them to both get some interpretation assistance from an outside perspective and also to provide advisement regarding data collection and analysis for the coming year.

The AADD Program Director also thinks Lifespan can use evaluation to help push managers and staff to get over barriers to service delivery. As she indicated, "s*ometimes we either just stop providing services, or we don't push ourselves to find the best way to do it."* She believes that staff may become a bit deaf to Lifespan managers when they do process review, but they do not react in the same way to an outsider.

3)   Regarding extension of the project to others, Lifespan Leadership strongly supported the idea of opening projects like the Evaluation Support Project to others,[4] but cautions that organizations must be

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[4] Non-profits in the Rochester area they identified as possibly ready for this type of work are Catholic Families Center, and St. Joseph's. *St. Joseph's new CEO was identified as innovative and very strong in data-driven work.*

ready for it. *"Organizations have to really want it, make the time for it, and explain to their managers that this is important."* Staff suggested that organizations be required to reply in the affirmative for participation in evaluative thinking, show a commitment to ongoing self-improvement, and have existing management support from the top-down for data-driven work.

Next Steps and Suggested Action Steps

Findings from the follow-up survey and final interviews clearly confirmed that Evaluation Support for Lifespan was a worthwhile investment of Bruner Foundation resources. Participants enhanced their skills and clarified ways they could and would continue to use the information to be more evaluative and to conduct more effective evaluation. They also pointed out the need and value of ongoing support, and identified some potentially valuable adjustments to the process. Lastly, they encouraged extension of this to other organizations under specific circumstances. As a result, I offer the following recommended action steps for Bruner Foundation consideration.

➢ **Make evaluation support projects an ongoing part of your grantmaking portfolio**.

- Develop application materials and guidelines[5] that reflect the information learned through this pilot and your long history of supporting evaluation capacity building in the nonprofit sector.

- Develop a second pilot or trial period for a restricted number of qualified organizations, working collaboratively with Anita Baker/Evaluation Services. Continue monitoring the viability of this strategy.

- Publicize the availability of this funding option (i.e., post the application and guidelines on your website) and provide this support to eligible organizations.

➢ **Explore additional possibilities for agency-specific evaluation support.**

- Investigate establishment of "bricks and mortar" or general support-type mini-grants for acquisition of evaluation-related technical assistance. For example, Bruner Foundation could create a fund which eligible organizations could use to establish longer-term relationships with an evaluation professional, like a "retainer." Guidelines and applications and reporting for this would also need to be developed. These funds could ensure that groups like Lifespan, if they could demonstrate their eligibility and viable plan for use, could secure evaluation help in an ongoing and regular way.

- Investigate options for identifying/developing additional evaluation expertise.

- Investigate options for other training and support modalities such as conference sessions, web-based training.

➢ **Share results of this effort with colleagues as you see fit, and post any web-ready materials on the Bruner Foundation website**.

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[5] Guidelines should include geographic qualifications and organizational readiness requirements.

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Issues for Further Consideration

While it is clear that this effort achieved desired goals, questions remain about the extent to which project success depended on the somewhat unique characteristics of the pilot agency, its leaders, and the pre-existing relationship between Lifespan, the Bruner Foundation and Anita Baker. Though I suspect all of the following (and probably others) could be easily identified and have already been considered and discussed by Bruner Foundation and its collaborators, five key ongoing issues are enumerated here.

1) **Logistics are always tricky**. The identification of trainees, curriculum and the use of agency-specific examples worked well in this pilot project. It's harder to figure out the best timing and amount of time between sessions and to weave that into existing schedules.

2) **The work is relationship dependent**. It remains unclear whether this type of support can be provided to organizations with whom Bruner Foundation has less familiarity – even if they can demonstrate on paper or in an interview that they are "ready" to participate in an Evaluation Support project.

3) **Full transfer of evaluation capacity to grantee organizations is very difficult and perhaps should not be considered the ultimate outcome.** Maybe finding ways to support access to regular professional consultation and technical assistance is more fitting; and/or maybe more work needs to be done to help participating agencies "anchor" their evaluation capacity for at least a specified time period (e.g., 3 years), especially as fiscal challenges have limited ways for organizations to get access to this kind of support.

 4) **Finding other evaluation consultants seems necessary but difficult to accomplish**. Maybe, just as the ultimate outcome of evaluation capacity transfer needs to be adjusted, so too the perception that additional evaluation talent can be located or is needed. Perhaps it would be more fruitful to establish parameters for continued use of the existing, long-term and productive relationship between the Bruner Foundation and Anita Baker (while remaining open to additional connections).

5) **The durability/longevity of the Evaluation Support program outcomes is uncertain.** Even by the time of the final assessment (about 6 months after the last training, and 4 months after the initial work on the evaluation-specific project (CHC Evaluation), staff were challenged to remember specifics of the training . They provided very specific examples of use however, so it's clear that the level of effort expended for the Evaluation Support Project pilot, followed by Organizational-leader inspired expectation of use, lead to the desired utilization/application.

Beyond the issues described above, the issue of cost-effectiveness and the search for economies of scale must be continually considered. Additionally the relationship between delivery of this type of project and overall Bruner Foundation/Effectiveness Initiatives mission must continually be scrutinized. In other words, it's pretty definite that the Evaluation Support-type project can provide much needed assistance to nonprofit grantees and that delivery of it can promote more evaluative thinking and better evaluation practice for those grantees (i.e., the project works); but Bruner's promotion of evaluative thinking goes way beyond agency-by agency support, and questions of whether it's worth the cost and/or whether even more resources could be committed for these and possibly added services (like the mini-grants) are unanswered.