ROCHESTER EFFECTIVENESS PARTNERSHIP

FINAL EVALUATION REPORT

Submitted By: Evaluation Partners

Submitted To: REP Governance Team, REP Partners

1997 - 2003

ACKNOWLEDGMENTS

This report was written by Anita M. Baker, Ed.D., with Kim Sabo, Ph.D., the REP evaluation partners. It was commissioned by the Rochester Effectiveness Partnership (REP) Governance Team and overseen by the Governance Team's evaluation committee which actively participated in designing the evaluation, collecting and analyzing the data and reviewing all data collection instruments and findings summaries. Committee members included: Lorraine Anderson, Monroe County Office of the Aging, Anita Baker REP Evaluation Partner, Rick Briggs, The Health Association, Beth Bruner, Bruner Foundation, Florence Koenig, Annette Gantt, Hillside Work-Scholarship Connection, Roger Gardne, Dasiy Marquis Jones Foundation, Margaret O'Neill, Cornell Cooperative Extension, Elizabeth Ramsay, United Way of Greater Rochester, Marcie Roberts, Norman Howard School, Marilyn Rosche, Rochester Americorps, Kim Sabo, REP Evaluation Partner.

With the ending of REP special thanks go to: all provider partner organization staff and CEOs who invested many hours learning about, mastering and putting into practice participatory evaluation and evaluative thinking skills; funding partner organizations who invested resources and time in a collaborative approach focused on building organizational and community evaluation capacity; the Advertising Council of Rochester, our assisting partner who provided critical in-kind support; former executive director of the Rochester Grantmakers Forum, Jane Ellen Bleeg, who provided creativity and able management of the project from its inception to 2000; Michael Quinn Patton who provided support and assistance in the first two phases of the project; and the Knight Foundation for its recognition of REP as a notable project in evaluation capacity-building, in its study done by the Human Interaction Research Institute.

Foreword

Excerpted from the Remarks of Beth Bruner, Lead REP Funder
Final REP-sponsored Community Conference (April 2004)

During its 7-year history, REP involved hundreds of people in Rochester, New York. The project was a creative and evolving collaboration seeking to learn and use participatory evaluation skills to improve programs for clients and to increase effectiveness of organizations. Throughout the initiative, REP was committed to four overarching principles:

Collaboration

- We believed that the pooling of funds from a variety of sources would make the initiative stronger.
- We believed that each participating organization would have an equal voice in the partnership – one organization/one vote.
- We took time and invested dollars in the administrative aspects of the collaborative - meetings, communications, logistics

Capacity Building for Individuals and their Organizations

- REP was designed to systematically build capacity to use and understand evaluation through rigorous study
- REP fostered the improvement of programs so that clients could benefit in demonstrable ways
- REP taught organizations to be better consumers of evaluation studies

Transparency

REP tackled tough issues and vowed not only to make changes in the partnership based on data, but also to speak and write about what we had done and learned

Measuring Impact of the Work

REP developed logic models and outcome measures for the partnership and evaluated each phase.

Through evaluation of REP, we documented many important findings that are summarized in the final evaluation report, and we learned some clear lessons. First, that it is possible to systematically build evaluation capacity in both the funding and provider communities – REP partners know more about participatory evaluation, they do better evaluations, and they commission better, more useful and user-friendly evaluations. Second, it is possible to sustain a funding collaborative over time. REP operated for 7 years using approximately $800,000 of pooled community resources to accomplish measurable impact. Third, funders and service delivery organizations can work together and learn from each other. And fourth, it really is possible to make data-driven program decisions that benefit service delivery to clients. REP partners can demonstrate clear changes to their programs – terminations, expansions, alterations – based on evaluation data. Finally, we learned that mastering new paradigms and skills as adults is intense and expensive. REP was not a project about finding simple answers, or providing one-shot workshops. Rather, it was about understanding complexity and integrating new ways of thinking and systems of operating into every day functions of individuals and programs.

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INTRODUCTION

The Rochester Effectiveness Partnership (REP) began in 1996 as a two-year pilot, participatory evaluation project that brought together funders, evaluators, non-profit human service organizations, and other organizations seeking to determine and improve the effectiveness of their work. REP continued for two more phases over a seven year period with many funders, providers, and evaluators involved. This report presents the findings from the final evaluation of this capacity-building project.

History of REP

In 1996 REP was initiated by a group of collaborators (including the Bruner Foundation, Rochester Grantmakers Forum, the Advertising Council of Rochester, Frontier Corporation, Daisy Marquis Jones Foundation, Halcyon Hill Foundation, the City of Rochester, the United Way of Greater Rochester and Anita Baker, a professional evaluator) who believed that helping non-profit and funding organizations learn and use a set of participatory evaluation skills was an important capacity-building strategy. The initial project design identified five types of partners: (see also Table 1)

- **provider partners**, staff and CEO's of the non-profit partner organizations;
- **funding partners**, public and private grantmakers who financially supported the project and learned about evaluation and evaluation capacity building;
- **assisting partners,** organizations who provided critical in-kind support;
- **a**n **administrative partner** to oversee project operations; and
- **evaluation partners** to provide training on evaluation planning and methodology.

The design called for 18-months of comprehensive evaluation training for non-profit provider staff and later a specialized version for funding partners; oversight through regular meetings of a "Governance Team" including representatives of all partner organizations, and an Executive Team (the evaluation partner – later partners, the administrative partner, and Beth Bruner from the Bruner Foundation) which organized meetings and implemented decisions of the Governance Team; and formal participatory evaluation of the project by the partners, to inform the Governance Team of project status.

At the conclusion of the two-year pilot, evaluation findings indicated that REP had achieved its initial outcomes. On the basis of this evaluation, the Governance Team decided to refine, expand and continue the project for another 28 month period, (Phase 2 September 1998 through December 2000). In Phase 2, REP expanded its services to include opportunities for alumni partners to continue their training through an alumni study group, up to 5 hours of independent consultation for all partner organizations on evaluation-related issues beyond REP projects, and multiple strategies to systematically address the need for partner organizations to sustain and extend or "ripple" their learning beyond the individuals and programs involved in the REP training classes. The REP Governance Team also commissioned an external evaluation, during Phase 2, to help assess accomplishments and challenges and inform a process to structure future project development. At the conclusion of Phase 2, all partners agreed that REP should be

continued for another project cycle (Phase 3 – January 2001 through December 2003), again with modifications based on evaluation findings (see Appendix A). All prior evaluation reports including that developed by Innonet in December 2000, are available on the Bruner Foundation and Grantmakers Forum websites.

About This Report

This report provides a final assessment of the REP project, with specific attention to the outcomes and services of Phase 3. Like all others, it was commissioned by the REP Governance Team. It will be used as final documentation for the initiative, and to inform other collaboratives who are interested in evaluation as an organizational capacity building strategy. This report is presented in five sections including this introduction. The second section describes the evaluation process and the third and fourth sections present findings about implementation and outcomes. The final section of the report presents a review of key findings and a discussion of issues for further consideration.

EVALUATION OF REP

Since the inception of the project, the REP Governance Team has commissioned annual evaluations of service delivery and project outcomes. In addition, the partnership has developed a logic model, specified clear objectives and outcomes, developed numerous data collection strategies and reported evaluation findings in writing. For the final evaluation, an evaluation subcommittee[1] was formed to help structure the design, to conduct some data collection, and to review all instruments, proposed strategies and findings. This section of the report details the revised program and participant outcomes, the evaluation questions and data collection strategies for the final evaluation.

Desired Outcomes

As a preliminary REP evaluation activity, the Governance Team always reviewed program and participant outcomes and the proposed evaluation design to make sure that evaluation efforts resulted in findings that could be used. Desired REP outcomes changed somewhat across the phases, as the project design was modified. The final desired outcomes are described below.

Desired Service Delivery Outcomes

- Deliver the REP project, including new components, economically, as specified in the REP Phase 3 description.
- REP partners actively participate, complete all training and other REP activities, and maintain their associations with REP.

Desired Program Outcomes

- Educate funders and providers regarding effectiveness and evaluation.
- Support the funder and provider organizations as they seek to extend ("ripple") the training within their organizations and apply skills they learn for continued agency benefit.
- Enable a new (and larger) group of organizations to strengthen their programs using participatory evaluation.
- Enhance relationships between funders, providers, evaluators and significant others.
- Use the core group of funders as a resource for other local and non-local funders, and for providers, regarding participatory evaluation.
- Increase the number of funders active as partners in this effort.

[1] Evaluation subcommittee members included: Lorraine Anderson, Monroe County Office of the Aging, Rick Briggs, Executive Director of the Health Association, Annette Gantt, Executive Director of the Hillside Work Scholarship, Roger Gardner, Executive Director of the Daisy Marquis Jones Foundation, Florence Koenig, Director of Operations of the YWCA, Margaret O'Neill, Executive Director of Cornell Cooperative Extension, Marcy Roberts, Principal, the Norman Howard School, Marilyn Rosche, Director of the Rochester AmeriCorps. The Subcommittee also included the REP executive team.

Desired Participant Outcomes

- Participating funders and representatives from provider organizations will understand the basic concepts and methodologies of evaluation planning, data collection and analysis (as evidenced in part by their REP products), and will adopt practices and attitudes about evaluation consistent with REP.
- Participating funders and representatives from provider organizations will regularly apply their knowledge of evaluation concepts and methodologies to carry out thoughtful evaluation-related activities in their own organizations.
- Participating funders and representatives from provider organizations will extend REP learning within their organizations, beyond the selected participants and specific REP projects (i.e., partners will actively participate in, cause or support "ripple").

Desired Responses to the REP Final Evaluation Survey

The evaluation subcommittee agreed that positive results would be signified when most respondents (two-thirds or more) selected the best answer possible to survey questions about service delivery and project outcomes.

Final Evaluation Questions

This evaluation was guided by the following five overarching evaluation questions which were developed by the evaluation subcommittee and as in the past, presented to and approved by the REP Governance Team.

1. How much did partners participate in REP? What did partners learn about evaluation? How important were the key components of REP to partners? Was REP worth the cost and were there any unintended outcomes?

2. How and to what extent has REP impacted service delivery within provider organizations?

3. How and to what extent have REP learnings increased the participating organizations' internal capacity to do evaluation? How and how much have partners, especially provider partners, used what they learned about evaluation?

4. How and to what extent have partners, especially providers, been able to sustain and "ripple" what they have learned through REP? How will they sustain it after the end of Phase 3?

5. What was the value of REP as a collaboration and did it result in any changes in communication among partners?

Specific data collection strategies (see following) were then designed by the evaluation subcommittee to address each question. All members of the partnership participated in the design, data collection, analysis and review of findings for this evaluation.

Data Collection Strategies, Final REP Evaluation

A multiple method design was used to address the evaluation questions. The four key data collection strategies included record review, partner surveys, partner focus groups, and interviews.

- **Review** of provider and funder participation data and budgets. In addition a selection of trainee evaluation products were assessed using a standardized scale (see Appendix C).
- Comprehensive **survey** of funders, and trainees and CEO's of provider partner organizations, including individuals who were former REP participants but have since moved. A total of 78% of all those who received the survey answered it. (Additional data collection details as well as specifics about survey administration, and copies of the instruments are in Appendix B and Appendix D.)
- **Focus Groups** with a subset of provider partner organizations specifically to discuss the value of the coached evaluation project experience and to clarify how "ripple" had occurred in organizations, and how REP had contributed to other organizational changes. (See the Appendix F for a complete listing of focus group participants and a copy of the focus group protocol.)
- **Interviews** with evaluation partners, other partners and former partners who served as community spokespersons to provide additional details about the history and importance of REP (see Appendix E for a list of respondents and copies of the protocols).

Data collected from the above strategies were analyzed by the evaluation partners and key findings were presented to the evaluation subcommittee for discussion. A copy of the draft report was distributed to all partners for comment before finalization. Evaluation findings are presented in the following sections.

FINDINGS: IMPLEMENTATION

This section of the report presents the results of the analysis of implementation data. Specifically, it includes evaluation findings about partner status, service delivery and partner response, attendance, attrition and participation, costs and cost benefits. These findings help to clarify the characteristics and activities of REP.

REP training began in January 1997: training and governance meetings continued through December, 2003. The final phase of the initiative included:

- **Provider training** for staff and executive directors from provider partner organizations.
- **Alumni training** through the Alumni Study Group (ASG) for staff and executive directors from provider partner organizations who had completed their initial training.
- **Funder training** through the Funder Study Group (FSG)
- **CEO training** for Executive Directors who did not participate in the Provider training.
- **Ripple suppor**t including special training sessions about evaluation basics for anyone from a REP partner organization who had not already participated in training.
- **Consultations** to partners on evaluation-related issues, as needed.

In addition, the governance team continued to meet bi-monthly and evaluation training was provided to non-partner organizations via other meetings (such as the United Way Conference). REP also sponsored several internal and community conferences to help partners and others learn more about evaluation, and conducted four final partner sessions where training about communication, planning, data collection and analysis was provided. Altogether, more than 400 individuals were involved in REP activities, about one-third of whom were actively involved and distinguished as key partners. (Additional details about Phase 3 are reported in Appendix A.)

Key Partner Status

After Phase 1, the REP partners began distinguishing new groups of provider trainees as "classes." The group that participated in the pilot project was identified as Class1, those in Phase 2 were in Class 2 (initiated in January 1999) and Class 3 (initiated in September 1999). During 2001, the beginning of Phase 3, two new provider classes were initiated (Class 4 and Class 5), and a new evaluation partner (Kim Sabo, initially from InnoNet, Inc., and now an independent evaluation consultant) was incorporated into the partnership. In addition new funding partners were added and a new category of funding partner (associate funder) was established for those funders desiring a smaller commitment and less involvement. The final classes of providers, Class 6 and Class 7, were added in 2002. (This included four original partner organizations).

The key partners included 32 social service provider organizations; 12 funder organizations, two associate funder groups, and one assisting partner. Overall, there were a total of 132 individuals from provider partner organizations, 30 individuals from funder organizations, 2 evaluation partners, and the former and current Executive Directors of the Rochester

Grantmakers Forum who were involved as key partners. Foe a complete list of REP initiative partner organizations, see Table 1 below.

Table 1: REP Partners

REP Partners: January 1997- December 2003

- Class 7 Provider partners: GCASA, The Norman Howard School, YWCA (2 new teams), *Community Place of Greater Rochester.*[2]
- Class 6 Provider partners: Catholic Family Center, Legal Aid Society, Monroe-2 Orleans BOCES, Neighborhood Housing Services, *Community Place of Greater Rochester*.
- Class 5 Provider partners: The Health Association, Learning Disabilities Association, LIFESPAN of Greater Rochester, National Multiple Sclerosis Society, *Institute for Human Services, PRALID.*
- Class 4 Provider partners: Action for a Better Community, Rochester City School District, Compeer, Threshold, Urban League of Rochester, *Grace Urban Ministries, Pittsford Youth Center.*
- Class 3 Provider Partners: Aesthetic Education Institute, Cornell Cooperative Extension, Epilepsy Association of Rochester, GCASA, Legal Aid Society, Sojourner House.
- Class 2 Provider Partners: Catholic Family Center, Hillside Work-Scholarship Connection, Humane Society at Lollypop Farm, Society for the Protection and Care of Children, YWCA, Wayne ARC.
- Class 1 Provider Partners: Action for a Better Community, and Planned Parenthood of the Rochester/Syracuse Region. (Lewis Street Center, an original partner left in 1998 after concluding all requirements of the provider training, Girl Scouts of Genesee Valley left after completing all requirements of the provider training and participating in informal alumni meetings during 1999).
- Active Alumni Study Group Partners (Classes 1 – 5): Action for a Better Community, Aesthetic Education Institute, Cornell Cooperative Extension, Epilepsy Association, Hillside Work-Scholarship Connection, Humane Society at Lollypop Farm, Legal Aid Society, LIFESPAN of Greater Rochester, Rochester City School District, National Multiple Sclerosis Society, Planned Parenthood, Society for Protection and Care of Children, Sojourner House, The Health Association, Urban League of Rochester, Wayne ARC, YWCA.
- Funding Partners: Bruner Foundation, City of Rochester, Daisy Marquis Jones Foundation, Frontier Corporation (Phase 1 only), Golisano Foundation, Halcyon Hill Foundation, Monroe County (Department of Social Services, Office of the Aging, Youth Bureau), Rochester AmeriCorps (associate) Rochester Area Community Foundation, Seligman Family Fund (associate), Peter C. and Elizabeth Tower Foundation, United Way of Greater Rochester, Wegmans Food Markets.
- Administrative Partner: Rochester Grantmakers Forum
- Assisting Partner: Advertising Council of Rochester.
- Evaluation Partners: Anita M. Baker, Ed.D., (Classes 1, 2, 3, and 5 [coaching] Alumni Study Groups, Funders Study Group, Executive Team, CEO training), and Kimberly J. Sabo, Ph.D. (Classes 4,5 [initial training], 6 and 7, Executive Team, CEO training).

[2] Partners identified in italics discontinued the REP training for a variety of organizational reasons, without completing their full 18-month training cycle.

Attendance, Attrition and Participation

There were different expectations regarding attendance, retention and participation for the various REP components, at various stages of the project. For Phase 3, as in Phases 1 and 2, provider trainees were expected to attend all 10 training sessions and all implementation support/coaching sessions, to complete their independent evaluation projects. Once trainees had completed their 18 months of training they had the option to join the alumni study group. Alumni study group and funder study group meetings were optional, but regular attendance was strongly encouraged. Both funder and alumni organizations remained partners, but not everyone attended alumni or funder study group sessions. Phase 3 also called for an increase in the number and type of partners and careful management of the ever-growing partnership. The following summarizes Phase 3 attendance, attrition and participation findings. Table 2 also summarizes provider partner participation in each of the different training opportunities.

- **During Phase 3, most, but not all partners were retained. Attrition was largely attributable to partner organization challenges. However, attendence for those who remained in the training was excellent.** Two of the six organizations in Class 4, two of the six organizations in Class 5, and two of the eight organizations in Classes 6 and 7 withdrew from REP participation. Exit interviews were conducted with all groups. One organization completed the initial training but determined that ongoing participation and implementation of their evaluation design was not in keeping with identified organizational direction. The two organizations who left during Classes 6 and 7 did so due to major organizational challenges, including problems with staff retention. For the groups who remained in the partnership, no individual missed more than one of the spring basic training sessions or one of the fall implementation support sessions. All provider partner organizations were represented at all sessions.

- **Many partner organizations took advantage of opportunities for continued study and introduction of new trainees via the alumni study group. Attendance and participation fluctuated.** The alumni study group involved participants from: all four of the eligible Class 5 organizations; three of the five eligible Class 4 organizations; all of the eligible organizational members of Class 3 ; all of the eligible members of Class 2 ; and two of the four organizational members of Class 1(See Table 1). Members of Classes 6 and 7 were never eligible for the alumni study group as their training ended just prior to the completion of Phase 3. Most alumni partners attended the alumni study group for one additional year after they completed training, but a few partners (Cornell Cooperative Extension, Epilepsy Association, Planned Parenthood, and Wayne ARC) remained active throughout Phase 3. On average, there were between 15 and 20 people from different REP classes and different types of organizations at each session.

Table 2: Participation in REP Training Opportunities

Organization	Training Classes							Alumni Study Group		CEO Training
	1	2	3	4	5	6	7	Active*	New Staff	
Action for a Better Community	✓			✓				✓	✓	
Aesthetic Education Institute			✓					✓	✓	✓
Catholic Family Center		✓				Training				
Community Place						WD	WD			✓
Compeer				✓						
Cornell Cooperative Extension			✓					✓	✓	
Epilepsy Association			✓					✓		✓
GCASA			✓				✓			✓
Girl Scouts	✓							✓		✓
Grace Urban Ministries				WD						
Hillside Work-Scholarship		✓						✓		✓
Humane Society @ Lollypop		✓						✓		✓
Institute for Human Services					Training					
Learning Disabilities Ass'n.					✓			✓	✓	✓
Legal Aid Society			✓			✓		✓		
Lewis Street Center**	✓									
LIFESPAN					✓			✓		✓
Monroe-2 Orleans BOCES						✓				✓
National M.S. Society					✓			✓		✓
Neighborhood Housing Svc.						✓				✓
Pittsford Youth Center				WD						
Planed Parenthood	✓							✓	✓	
PRALID					WD					
Rochester City School District				✓				✓		
SPCC		✓						✓	✓	
Sojourner House			✓					✓		✓
The Health Association					✓			✓	✓	
The Norman Howard School							✓			
Threshold				✓						✓
Urban League of Rochester				✓				✓		✓
Wayne ARC – Roosevelt Cntr.		✓						✓		
YWCA		✓					✓	✓		

A ✓ in any of the training classes columns shows the partners' class affiliation(s). "Training" identifies those groups who completed the first 6 months only, but did not complete a project; WD = withdrew from partnership. A ✓in the ASG active column indicates that the organization participated for at least one year. Classes 6 and 7 were not eligible for ASG. A ✓mark in the new staff column indicates that the organization used the ASG to involve a new person in a REP training opportunity. ** Lewis Street Center merged to become part of Community Place after 1998.

- **As shown in Table 2, many of the Executive Directors of the REP provider organizations attended the REP CEO training.** CEO training was offered once during Phase 2 and twice during Phase 3. With the exception of one final session, these training sessions were well attended. It is important to also note that six executive directors participated directly in the REP intensive training. All together, two-thirds of the REP executive directors participated in some form of evaluation training.
- **The 13 funder partners represented many of the key funding organizations in Rochester. They contributed varying amounts to the partnership, and joined at different phases. All but two funding organizations, where funding priorities changed, maintained their support throughout the duration of the project. The involvement of funder partners in training and governance, however, was not consistent, especially in the final phase of the initiative.** For Phases 1 and 2, there were 9 funder organizations representing: private foundations (the Bruner Foundation, Daisy Marquis Jones, Halcyon Hill); the City of Rochester; three departments from Monroe County (Office of the Aging, Youth Bureau, Department of Social Services); the United Way; the Rochester Area Community Foundation; and the corporate world (Wegmans and Frontier Corporation – Phase 1 Only). During Phase 3, two new associate funders and two new full funding partners were added. Additionally, one private funder left for part of Phase 3, but returned again for the final year of the project. A total of 8 of the 13 member organizations as well as the assisting and administrative partners attended all or almost every session throughout 2001 (about 12 individual participants on average). During the final two years of REP, attendance at the funders study group declined (only 5 groups attended consistently), and involvement of funders in the activities of the initiative overall declined somewhat. Financial support remained stable.
- **The original evaluation partner served the initiative from the summer of 1996 through development of the final sessions and this final report in 2003. A new evaluation partner was successfully integrated into the partnership** to deliver basic training to new providers and to work collaboratively with the original evaluation partner on curriculum revisions and delivery of provider, CEO, and "ripple", training.
- **The Rochester Grantmakers Forum served as the administrative partner throughout the initiative.** A new executive director joined REP and the executive team, but participation was not interrupted.
- **The Advertising Council of Rochester served as the assisting partner to REP throughout Phases 1, 2 and 3. The President/CEO was actively involved in the funders study group throughout the project, and the organization provided many other supports to the initiative** (eg., communications training, brochure development, conference workshops). (Note that when a new associate director was hired, that person was an alumnus from a REP provider organization.)
- **While most relationships were long-term, the partnership also regularly integrated new individuals. Short-term training was also made available.** A total of 166 individuals participated regularly in REP training, and/or other functions throughout the three phases of REP. This included 132 individuals from provider organizations, 30 representatives of funder organizations (including the Advertising Council), and the

evaluation and administrative partners. In addition training was provided to approximately 150 additional individuals through the "community training" workshops, and more than 100 individuals attended REP-sponsored conferences.

Clearly the longevity of the initiative, consistent and long-term attendance indicated that REP was addressing an important need for providers and funders. The final REP survey asked participants very directly about what REP opportunities were important. Table 3 shows their responses. [3] In alignment with their attendance, survey responses indicate that almost all partners (providers and funders) thought it was important to continue *learning new information about evaluation*, to have *access to consultations*, and to have opportunities to continue doing guided evaluation projects through the alumni study group (ASG) or the funders study group (FSG). All of the funders who answered the survey indicated that REP provided important opportunities for providers to continue learning about evaluation and to obtain consultations.

Table 3: Percent of Respondents Who Thought The Following Opportunities Were Important*

	PROVIDERS		FUNDERS
Opportunities to……	According to Providers** N=70	According to Funders N=14	N=14
Continue learning new information about evaluation	95%	100%	100%
Obtain consultations from a REP evaluation partner	93%	100%	93%
Continue guided evaluation projects through the ASG or FSG.	94%	NA	86%
Attend governance meetings	74%	83%	50%

*** Note: This includes respondents who identified the opportunities as *somewhat* or *very important*. ** Includes former participants.**

The majority of the providers (74%) also indicated it was important to attend governance meetings. Interestingly, most funders (83%) also thought it was important for providers to attend governance meetings, but only half thought it was important for funders to attend.

[3] **Initial projections of desirable response by the evaluation subcommittee were discussed prior to survey analysis. The group agreed that to verify positive service delivery, most respondents (two-thirds or more) would need to select the best answer possible regarding quality and worth for the training, governance meetings and consultation. As shown in the table, with the exception of governance team worth, this expectation was exceeded. This standard of desirability was also projected for most other responses to the survey.**

Service Delivery, Partner Accomplishments/Response, Phase 3

As stated previously, during Phase 3, there were ten key components of REP. This included provider training, alumni training, funder training, CEO training, "ripple support, and consultations, plus Governance Team meetings, community training and other outreach, partner conferences, and the four final REP sessions (see Appendix A for detailed descriptions of each component). Findings about service delivery and partner accomplishments or response to these components are summarized in the following table. (For descriptions of service delivery and response from Phase 1 and Phase 2, please see previous final reports on the Bruner Foundation and RGF websites.)

Table 4: REP Service Delivery and Partner Response, Phase 3

SERVICE DELIVERY	PARTNER ACCOMPLISHMENTS/ RESPONSE
Provider Training Classes 4, 5, 6, 7 • A total of 30 hours of basic evaluation training to participants in each class. • A total of 10 hours of follow-up training & coaching for participants from each class Training topics included: evaluation definitions and terminology; evaluation design components; logic model use and assessment; use and selection of surveys, interviews, observations and record review data collection strategies; analysis of record review, survey, interview and observation data; evaluation design development; and evaluation reporting. * For a more complete listing of all training topics see Appendix A.	*The 27 provider groups that completed the training produced evaluation designs and completed evaluation projects culminating in written reports. These designs and evaluations demonstrated trainees' abilities to apply what they had learned about evaluation. As in past REP Phases, their quality varied, but was similar to that of students completing graduate courses in program evaluation.* * A more substantial review of selected trainee products is provided in the next section.
Alumni Training • A total of 10 2-hour sessions conducted each year with graduates of Classes 1 – 5 Training topics included a review of evaluation basics as well as advanced sessions on survey scale construction, evaluator math, training/workshop assessment, phone surveys, development of web-based surveys, use of Excel to manage and analyze data.	*Most participants continued to work on individual evaluation projects at their own organizations and all provided their organizations with basic evaluation-related expertise such as design review, instrument development and evaluation project oversight. In 2001, two group projects were completed (mini-study of collaboration, and assessment of the REP Governance Team). As the group became too large after 2001, no more group projects were undertaken, but one or more full evaluations were conducted by at least 10 alumni partner organizations. These studies included an extension of the previous work (3 partners), or whole new evaluations conducted each year of participation.*

Table 4: REP Service Delivery and Partner Response, Phase 3

SERVICE DELIVERY	PARTNER ACCOMPLISHMENTS/ RESPONSE
Funder Training • Seven 2-hour sessions and two 2-hour tutorials for new members in 2001 Members addressed topics such as capacity building, assessing special events, organizational readiness to conduct evaluation, and common outcome measurement projects. • Nine 2-hour sessions, 2002 First three sessions were conducted by guest speakers presenting community profile data. Remaining sessions included evaluation refreshers; individual reports about funder evaluation work; and dialog about evaluation-related issues unique to funders. • Five 2-hour sessions, 2003 All sessions focused on a specific data collection and analysis strategy (including use of Excel to manage and analyze data). The final session provided an opportunity for funders to devise a post=REP plan.	*Representatives from almost all (private and public) funder organizations participated regularly. In 2001 the group initiated a mini-study to collect basic information about the use of "better practices" strategies among REP partners. This gave them an opportunity to experience evaluation, and all its challenges first hand.* *Representatives from most funder organizations (private and public) participated regularly. Public and private funders worked hard to discuss and increase understanding about the relevance of evaluation strategies for funders.* *Representatives from many of the funder organizations (private and public) continued to participate regularly. Public and private funders worked to discuss and increase understanding about the relevance of evaluation strategies for funders*
CEO Training 2001, 2002 • Four 2-hour sessions CEO's/Executive Directors from both new and alumni provider partner organizations participated in basic training sessions about evaluation planning, logic models, data collection, evaluation reporting and "ripple."	*Participants from 14 provider partner organizations attended at least 3 of the 4 sessions. Those in attendance reported that they increased their understanding of evaluation and were more able to provide support to staff undertaking evaluation roles.*
Ripple Support, 2001 and 2003 • Two 3-hour workshops All provider partners sent non-trainee staff and board members to participate in fast-paced workshops about evaluation basics including evaluation planning, logic models and a summary of data collection methods. **Partner Consultations**	*More than 70 people attended each session and feedback indicated the sessions were rated favorably, contributed to participants' basic knowledge of evaluation, and helped establish the groundwork for "ripple."*

Table 4: REP Service Delivery and Partner Response, Phase 3

SERVICE DELIVERY	PARTNER ACCOMPLISHMENTS/ RESPONSE
Consultations were provided to both funder and alumni REP partners as needed. The partners used the consultation services to design new studies, discuss organizational service delivery (or portfolios in the case of funders), provide training about evaluation to other staff groups, and to address data collection challenges such as sample size, evaluation design, and instrument development/revision.	*Two-thirds of the funding partners and almost half of the provider partners availed themselves of consultation time, especially during 2001 and 2002. All partners who used this service reported the consultations had been helpful.*
Governance Team Meetings • Five meetings/ year in each year of Phase 3 The Governance Team provided ongoing project guidance; oversaw service delivery for the final phase; revised the REP provider selection criteria, and selected 12 new trainee groups for Classes 6 and 7; oversaw development and delivery of REP community conferences in June of 2001, 2002 and 2003, and a recruitment conference in October 2001. The governance team also oversaw REP evaluation .	*Until the final months of Phase 3, the Governance Team meetings were well attended, especially by provider partners. Partners routinely praised the executive team for running timely, informative and interactive meetings. Partners also regularly reported appreciation for opportunities to bring funders and providers together.*
Community Training and Other Outreach • Two sessions delivered by REP partners at the 2001 United Way conference. • Brochures and Fact Sheets were produced • Partners presented a session about REP at the American Evaluation Association 2001 conference, and several partners presented talks about their REP participation at their local or national conferences. United Way Conference sessions addressed basics of data collection and data analysis.	*About 60 people attended each United Way workshop. Session assessments conducted by the United Way were favorable regarding the presentations overall, the materials, and participant learning.*
Partner Conferences • Community Conference, June 2001 • Recruitment Session, October 2001 • Partner Conferences, June 2002, June 2003 Partner conferences provided opportunities for REP partners to present the results of their evaluation work and to further discuss "ripple", and strategies to sustain capacity in their organizations **Final Partner Sessions**	*Summary assessments conducted at the end of each conference showed that the conferences had been well received and that the partnership had achieved its conference goals.*

Table 4: REP Service Delivery and Partner Response, Phase 3

SERVICE DELIVERY	PARTNER ACCOMPLISHMENTS/ RESPONSE
• Four final training sessions were held for provider and funder partners The sessions addressed: report writing and use of tables and figures, using Excel and SPSS to manage and analyze data, using the internet and developing theories of change, and advanced techniques for administering and analyzing data from web-based surveys.	*Each of these sessions included attendees from both funder and provider partner organizations, as well as representatives from each of the seven classes of graduates. Each session was attended by about 15 partners. Those that participated valued the sessions and potential use of the strategies.*

***Additional details about each component are available in Appendix A.**

In addition to partner accomplishments and responses, the final REP survey included several questions about the quality and worth of core REP training activities. As shown in Table 5 below, the majority of both funder and provider respondents indicated that the training was of *High Quality* and was *Very Worthwhile*.

Table 5: Assessment of Quality and Worth of REP

Percent of respondents who indicated that ….	Providers* N=70	Funders N=14	All N=84
The provider training or FSG was of *High Quality* **	78%	89%	80%
The provider training or FSG was *Very Worthwhile***	73%	89%	77%
The ASG was of *High Quality* **	77%	NA	77%
The ASG was *Very Worthwhile***	78%	NA	78%
They accessed evaluation consultation through REP	71%	92%	76%
The consultants were V*ery Available***	86%	83%	85%
The consultations were of *High Quality***	94%	92%	93%

*** Providers includes former participants**
** **Only those with sustained participation were included in the analysis of quality and worth.**
***** Small numbers of respondents in individual groups prevented meaningful calculations.**

Further, as illustrated by the following comments, provider interview respondents valued having access to quality materials and the comprehensive training process.

> (We) *needed this training and we loved having someone come in with tools that made sense. It was like going to a master's course.*
>
> *The resources were very helpful. We have resources from REP that will continue to help us and we will continue to use them.*

Costs and Benefits

A total of $796,148 was raised by the funding partners to support all REP activities throughout its three phases over seven years (see also budget summary, Appendix G). The Bruner Foundation contributed 56.6 percent of those funds, the other funders contributed 42.3 percent of the funds, and a small amount of the available funds were generated through program fees and support by the Funders Alliance of Upstate New York. Note that the contribution by the Bruner Foundation, decreased from 86.3 percent in the first phase to only 40.3 percent in the final phase with other funders' contributions and the number of other funders increasing in each phase. All funders, with the exception of Frontier Corporation which changed its giving strategies in 1998, made contributions to the initiative for at least two phases.

The total expense for all three phases of REP was $781,629. About 60 percent of these expenses were for the two evaluation partners' fees[4] and travel and other direct costs. More than 750 days of evaluator time were dedicated to the project across the three phases. Other expenses included administration of the project by the Rochester Grantmakers Forum and costs associated with the production of community and partner conferences. REP maintained a balanced budget for each of its phases, and ended the project with a small surplus that was used for production and distribution of the final report and to host one final community conference.

Per person/per agency costs and cost benefits were challenging to determine as different participants had different levels and duration of interaction. The following provides some clarification regarding REP benefits.

- Over the three phases of REP, a total of 76 trainees each completed 30 hours of direct, hands-on training in participatory evaluation, and 20 additional hours of supervised evaluation project assistance.
- About half of the eligible trainees also participated in between 20 and 40 additional hours with the alumni study group.
- A total of 44 evaluations were completed as part of the REP project (including 14 that were done by members of the alumni study group).
- A total of 8 hours of evaluation training was provided to 15 executive directors (note that four others completed the full 30 hours of training).

[4] More than 750 days of evaluator time were dedicated to this project. Evaluator time included development of materials, delivery of training to all participants, review of evaluation projects and individual consultations.

- Fifteen funders (including representatives from the Advertising Council and the Rochester Grantmakers Forum) also received 12 hours of training and ongoing group facilitation (with funder-specific materials). In addition, most of those funders had an additional 18 hours of facilitated meetings each year.
- A total of 5 hours of individual consultation were available for all partners, annually, for evaluation-related issues (in addition to the comprehensive individual consultation available about specific REP-related evaluation projects). On average, between 6 and 8 partners each year availed themselves of this REP service.
- Approximately 150 individuals from the REP partner organizations attended 3-hour, hands-on group training sessions with the REP evaluation partners.
- Evaluation guidebooks which provided information about evaluation planning, data collection, data analysis and reporting evaluation findings were developed specifically for each of the different REP training activities (provider training, funder training, executive director training, evaluation essentials for the group training).
- More than 125 people attended the five 3-hour community conferences sponsored by REP (including the final conference).
- Finally, the initiative was evaluated each year by the partners (including contributions to the external evaluation conducted by Innonet), with more comprehensive efforts being undertaken at the end of each phase.

It is clear from the above that substantial levels of service were provided to REP participants. At fair market prices, the costs for these services would easily have equaled or exceeded the resources that were provided for the initiative. The impact of what was provided will be addressed in the next section.

Summary of Implementation Findings

In summary, the implementation data show that there was comprehensive, intensive and well-received service delivery. The vast majority of partners reported that core REP services were of high quality and worthwhile. Most provider partners remained engaged, and those that stayed (24 of 32), had excellent attendance. Most provider partners availed themselves of many REP activities (training, ASG, CEO training) and continued to participate in REP activities after their initial training. A sizeable group participated for multiple years. Funder organizations were stable in their financial support, though wavering in their other participation. All but one funder group whose grantmaking strategy changed, stayed involved and new groups were added over the years. The initiative was expensive, but successfully involved multiple funders, many of whom increased their contributions. This allowed the major contributor to substantially reduce financial support across the phases. Per unit costs were difficult to calculate, but estimates show that they decreased substantially (i.e., economies were realized). REP maintained a balanced budget for each of its phases, and ended the project with a small surplus. The total cost of the initiative was $781,629.

FINDINGS: PROJECT OUTCOMES

In addition to summarizing project implementation, the final evaluation focused on project outcomes. Specifically, we: investigated whether partners learned about evaluation; inquired about whether they had applied what they learned; studied how they were extending or "rippling" their training through their organizations. In addition, we characterized the value and importance of REP.

Learning About Evaluation

REP provider and funding partners learned a lot about evaluation planning, about data collection and analysis, and about summarizing and using evaluation findings. The partners (especially provider partners) demonstrated their knowledge through completing evaluations and they applied what they had learned to their regular work. Throughout the initiative, but especially as it was ending, REP partners tried ways to sustain and spread, " ripple" their evaluative knowledge through their organizations.

The final REP survey and the focus groups provided an opportunity for partners to report about what they had learned. As stated previously, the governance team projected that at least two-thirds of 84 survey respondents (including 60 current provider partners, 10 former provider partners and 14 funders) would indicate they had learned *a lot* through REP (as opposed to only learning a little or nothing at all).

Evaluation Planning

Table 6 shows that REP far exceeded its goals. More than three-fourths of all REP survey respondents reported learning *a lot* about the four key steps in evaluation planning. Specifically, the respondents learned *a lot* about developing logic models, about specifying evaluation questions, about developing evaluation designs, and about choosing evaluation methods. This was true for both provider partners and funders.

Table 6: Percent of Respondents Who Learned *A Lot* About Evaluation Planning Through REP

% Who Learned How to……..	Providers* N=70	Funders N=14	All N=84
Develop a logic model	84%	67%	81%
Specify evaluation questions	82%	80%	81%
Develop an evaluation design	79%	80%	78%
Choose evaluation methods	77%	70%	77%

Note: participants who indicated they already knew any of the above topics were eliminated from the analysis. * Includes former providers.

Data Collection Methods and Analysis

In addition, most of the provider partners reported they had learned *a lot* about basic methods of data collection including surveys, interviews, and observations (see Table 7). As one would expect, given the nature of their REP training, much smaller proportions of funders indicated they had learned *a lot* about each of these topics (although almost all indicated they had learned at least *a little* about each method).

Table 7: Percent of Respondents Who Learned *A Lot* About Collecting Evaluation Data Through REP

% Who Learned How to……..	Providers* N=70	Funders N=14	All N=84
Develop a survey	74%	36%	67%
Plan for survey administration	70%	55%	67%
Develop an interview protocol	73%	36%	68%
Conduct an interview	66%	22%	60%
Develop an observation protocol	66%	10%	58%
Conduct Observations	56%	10%	49%

Note: participants who indicated they already knew any of the above topics were eliminated from the analysis. * Includes former providers.

Providers and funders were also taught the more challenging tasks of collecting and analyzing data. As shown in Table 8 below, almost all provider respondents (95% or more) indicated that through REP, they had learned about analyzing record reviews, survey, interview and observation data (65% said they learned *a lot* about analysis of record review data, 70% had learned *a lot* about survey data analysis, 68% had learned *a lot* about interview data analysis, and 58% had learned *a lot* about the analysis of observation data). Overall results for funders were similar. Most learned at least *a little* about each type of analysis (one-third or more reported they learned *a lot* about each).

Table 8: Percent of Respondents Who Learned* About Analyzing Evaluation Data Through REP

% who Learned How to……..	Providers** N=70	Funders N=14	All N=84
Analyze record review data**	96%	82%	94%
Analyze survey data**	100%	100%	100%
Analyze interview data**	95%	90%	94%
Analyze observation data**	96%	80%	94%

Note: participants who indicated they already knew any of the above topics were eliminated from the analysis; *respondents who indicated they learned *a little* or *a lot* about analysis topics are included as having learned about these evaluation strategies. ** Includes former providers

During Phase 3, the evaluation partners also introduced both providers and funders to Excel as a tool for managing and analyzing survey and record review data. More than three-fourths of the respondents, including 82 percent of the providers and 70 percent of the funders confirmed that they had learned to use Excel as a tool

Report Writing

The final evaluation learning task for REP participants was to prepare an evaluation report of findings. Although they learned about what was important, funders did not undertake these tasks. Table 9 shows provider respondents' assessments of what they learned. Again, almost all provider respondents (90%) indicated they had learned about conducting a critical read of their own and others' work (about half said they learned *a lot*). Additionally, almost every provider indicated they had learned about writing evaluation reports and presenting their findings (62% said they learned *a lot* about writing evaluation reports, and 75% said they learned *a lot* about presenting findings).

Table 9: Percent of Providers* Who Learned About Summarizing And Presenting Evaluation Data Through REP

% Who Learned How to……..	Learned A Little	Learned A Lot	TOTAL N=70
Conduct critical read of own work*	52%	38%	90%
Conduct critical read of others' work*	54%	35%	90%
Write an evaluation report	36%	62%	98%
Present evaluation findings	24%	75%	99%

Note: participants who indicated they already knew any of the above topics were eliminated from the analysis.

*** Includes former providers**

Application of REP Learning

It is clear from the results discussed above, that REP partners learned about evaluation planning, data collection, data analysis and presentation of results. The goal of REP, however, was to have partners, especially provider partners, not only learn about evaluation, but also apply what they learned. Therefore, hands-on activities were part of each training session for providers, alumni, funders and even those who came to the special training sessions. In this way, evaluators could readily observe trainees demonstrating evaluative thinking and skills.

The clearest way for trainees to learn about evaluation and show that they understood it, was to undertake real projects. The capstone activity for providers was the independent evaluation projects they undertook. All organizations that completed the initial training, completed an independent project and summarized the results of their findings in a formal evaluation report. Additionally, several REP provider partners completed additional evaluation projects and reports as REP alumni. Across the six-years of the project, a total of 44 full evaluation projects and reports were completed, including 14 that were done while organizations were in the Alumni Study Group. Through these projects, providers demonstrated their abilities to select and state evaluation questions, choose data collection methods, design an evaluation project, collect and analyze data, summarize and use their findings. While the evaluation projects were different in terms of focus, scope and difficulty, all providers undertook these projects, presented their findings at partner conferences and other presentations within their organizations, and used their findings to develop action steps for and make changes to their programs.

For the final REP evaluation, one half of the reports produced by REP trainees from the provider classes and alumni study group were reviewed. These reports were selected from the archive of reports produced during the initiative.[5] The evaluation partners assigned points to each report based on a coding system approved by the evaluation subcommittee (see Appendix C for full summary of the analysis plan for the reports, see the Bruner Foundation website for examples of provider reports). The coding system included assessment of the evaluation questions, methods, findings and conclusions. Table 10B shows the results of these assessments and Appendix G shows examples of the types of questions that were addressed by REP provider partner evaluations. We learned the following from the 22 reports that were reviewed.

- **The providers took on many different types of projects**, addressing several different substantive areas. Providers asked questions of consequence and interest to their organizations. All work addressed activities, characteristics and outcomes of programs.
- **Half of the reports were considered to be relatively complex** (complexity between medium and high). Specifically, the evaluation addressed a program with at least a medium-sized population and had multiple data collection methods.

[5] Selection of reports for review involved a two-step process. First we randomly chose, by class, one half of all organizations that had completed reports. Then we checked the archives for availability. A few of the final versions of reports had not been submitted to the archives, so if their report had been randomly chosen for review, we had to substitute another report Also, we tried to balance representation of reports from the Alumni Study Group with those from the initial training, so that a single organization was not over-represented. In other words, we tried to select organizations in either their initial class OR the Alumni Study Group, but not both.

- **The provider partners demonstrated their ability to produce sound evaluation reports.** As shown in Table 10B, many providers scored well regarding the quality of their evaluation reports. On a scale ranging from 0 to 46, a total of 8 of the reports had 90 percent or more of the possible points (i.e., scores of 41 or better); another 8 reports had 80 percent or more of the possible points (i.e., scores between 37 and 40); and 3 others earned at least 70 percent of the possible points (scores between of 32 and 36). Only three reports scored fewer than 70 percent of the available points (i.e., scores below 32).
- **The providers largely achieved REP reporting goals. Not surprisingly, the more complex tasks of analysis and final conclusions were harder to master.** The average score for all 24 reports was 38.7 (out of a possible 46). The average scores for each subsection were: 4.0 (out of a maximum 4) for evaluation questions; 13.6 (out of a maximum 15) for data collection methods; 12. 2 (out of 15) for findings; and 8.7 (out of 12) for conclusions. On average, the provider trainees were solid "B" students (i.e., they scored at least 90% of available points), with many excelling.
- **All trainees developed and implemented action steps from their findings**.

Table 10A: Organizations Whose Reports were Selected for Product Review

Class	Selected	Not Selected
1	Girl Scouts of Genesee Valley Planned Parenthood	Action for a Better Community Lewis Street Center*
2	Hillside Work-Scholarship Connection Humane Society at Lollypop Farm YWCA	Catholic Family Center Society for Protection and Care of Children* Wayne ARC
3	Aesthetic Education Institute Cornell Cooperative Extension GCASA	Epilepsy Association Legal Aid Society Sojourner House
4	Compeer ABC/RCSD Urban League	Threshold*
5	The Health Association LIFESPAN	Learning Disabilities Association National MS Society
6/7	Norman Howard School YWCA	GCASA* Neighborhood Housing* YWCA
Alumni	Action for a Better Community Epilepsy Association Health Association Learning Disabilities Association National MS Society Urban League Wayne ARC	Aesthetic Education Institute Cornell Cooperative Extension Humane Society LIFESPAN Planned Parenthood (2) Wayne Arc

Note: Classes 6 and 7 merged for their final 12 months of training. No reports were withheld for substantive reasons, but those organizations marked with an asterisk did not submit their final reports to the archives. Planned Parenthood and Wayne ARC completed multiple reports as alumni; the YWCA, GCASA and Action for a Better Community submitted reports from each of their class experiences.

Table 10B: Results of REP Product Reviews for Selected Reports: 1998 – 2003

Class of Selected Organization	Questions *(Max = 4 +1)**	Methods *(Max = 15+1)**	Findings *(Max = 15)*	Conclusions *(Max = 12)*	Total Points *(Max = 46)*	Complexity
Alumni Study Group	4	15	15	12	46	Med/High
Class 3	3	16	15	10	44	Medium
Class 5	3	16	15	12	43	High
Alumni Study Group	5	14	13	10	42	Med/Low
Class 4	4	12	14	11	41	Medium
Class 2	4	15	15	4	41	Med/High
Class 2	4	15	12	10	41	Med/High
Alumni Study Group	5	16	12	8	41	Med/High
Alumni Study Group	5	15	13	7	40	Med/Low
Alumni Study Group	4	15	11	16	40	Med/Low
Class 6/7	4	13	15	8	40	Med/High
Class 1	4	14	13	9	40	High
Class 1	5	16	10	9	40	High
Alumni Study Group	5	15	15	4	39	Med/High
Alumni Study Group	4	14	9	10	37	Med/Low
Class 5	4	12	14	7	37	Med/High
Class 4	5	12	14	5	36	Low
Class 3	4	15	10	4	33	Med/Low
Class 3	4	12	9	8	33	Med/Low
Class 6/7	4	10	11	6	31	Med/Low
Class 4	4	9	8	9	30	Medium
Class 2	0	9	5	12	26	Med/Low

*Report authors could earn one "extra point" in each for their questions and methods sections. See Appendix C for description of scoring.

Complexity ratings:
High = large populations and multiple complex methods.
Medium/high = medium population and multiple complex methods
Medium = medium population and one or two methods
Medium/low = medium to small population and one or two methods
Low = small population and one method

While evaluation reports are the key products of evaluation, the REP project was also designed to teach partners how to regularly apply what they learned. As such, we asked providers whether they had learned how to run stakeholder meetings, incorporate evaluation into their daily practice, and share REP training with other staff members. Table 11 shows that most providers learned about each of these strategies, especially how to incorporate evaluation practices into their daily practices.

Table 11: Percent of Providers* Who Learned About the Following Evaluation Strategies Through REP

% Who	Learned A Lot	Learned A Little	TOTAL N=70
Run a stakeholder meeting*	30%	66%	96%
Incorporate evaluation practices into daily practices**	71%	26%	97%
Share REP training with other staff members	50%	47%	97%

Note: participants who indicated they already knew any of the above topics were eliminated from the analysis.

*** Includes former providers.**

Funders were also asked if they had learned about incorporating evaluation practice into their daily practice. A total of 91 percent reported they had including 55 percent who indicated they had learned *a lot* and an additional 36 percent reported they had learned a least *a little* about how to incorporate what they were learning through REP.

In a final series of questions about application of REP learning, we asked respondents whether they had used REP techniques for needs other than their REP projects. The percents of trainees who applied their training more than once, since they completed their REP project, are shown in Table 12. Their responses are partitioned by class. The most recent graduates (Classes 6 and 7), obviously, had less time to re-apply their training. The table shows the following.

- Almost all of the provider respondents (98%) have shared their findings with others, and most (82%) have also shared REP training with others (especially from Classes 4 and 5).
- A substantial majority of providers from all classes have used the logic model tool again, and have designed new evaluations.
- Half or more of the providers have developed new data collection strategies (especially surveys and interviews), and they have collected and analyzed data. Though it was least common, close to half of the providers, especially those from classes 6 and 7 were developing and using observation tools.
- With the exception of Classes 6 and 7 who did not have enough time to conduct another whole evaluation, most providers (79-80%) have written another evaluation report since their initial REP project.

Table 12: Percent of Respondents Who Have Applied Their REP Training In the Following Ways, More than Once.

	CLASSES			
Respondents have …….	1 – 3 N=27	4 - 5 N=16	6 - 7 N=14	ALL N=57
Presented evaluation findings to other staff members*	95%	100%	100%	98%
Analyzed survey data	85%	93%	77%	85%
Shared REP training with other staff members*	76%	93%	75%	82%
Developed or revised a logic model	84%	80%	75%	81%
Developed surveys	82%	86%	79%	80%
Developed an evaluation design	74%	79%	85%	78%
Written an evaluation report	79%	80%	22%	77%
Analyzed record review data	61%	93%	71%	73%
Developed an administration plan	87%	82%	14%	71%
Run a stakeholder meeting	70%	80%	57%	70%
Used excel to analyze survey data	60%	69%	71%	67%
Administered a survey	65%	77%	50%	65%
Analyzed interview data	64%	69%	57%	65%
Analyzed observation data	50%	50%	80%	56%
Conducted evaluation-related Interviews	54%	55%	50%	53%
Conducted evaluation-related observation	44%	40%	80%	50%
Developed interview protocols	50%	50%	17%	44%
Developed observation tools	42%	30%	50%	39%

This analysis includes only the responses of CEO's and providers who attended training.
*** Note: For items marked with an *, the percentage shown includes this application once or more.**

Extending REP

Beyond learning about and applying REP, partners, especially providers, were expected to extend or "ripple" their experiences to others in their organizations. The final REP survey allowed us to ask specifically about "ripple" at partner organizations. In addition, the survey even allowed us to explore what happens in terms of "ripple" after a trainee leaves the organization under whose aegis they received their REP training.

What we found through the survey is that REP partners have definitely begun to "ripple" what they have learned. We also learned that "ripple" is happening in many different ways, and that providers intend to continue Rippling what they learned in REP even though the initiative is over. The "ripple" findings also highlight the challenges of extending and sustaining the training, and suggest where additional technical assistance may be needed.

Extent of Ripple

Table 13 clarifies provider partners' actions and funders' perceptions about "ripple." The majority of REP providers (65%) have "rippled" REP at least *a little*, and about a third of the providers reported that they have "rippled" REP *a lot*. Very few reported that they have done nothing. Funders perceptions of provider "ripple", however, were somewhat different. Most funders were aware that "ripple" is happening, but they were not aware that some organizations have done it *a lot*. It is interesting to note that all but one of the former providers have "rippled" their REP learning, in the organizations where they now work. This speaks to the transportability and staying power of REP.

Table 13: Percent of Respondents Who Indicated that Providers Have Been Able to "Ripple" REP in their Organizations

Have "rippled" REP	Providers N=60	Providers According to Funders N=14	Former Participants N=10	Total N=84
Not at all	4%	8%	11%	5%
A little	65%	85%	67%	69%
A lot	31%	8%	20%	26%

Types of "Ripple"

Table 14 shows the different ways that "ripple" has occurred. Most of the providers (90%) have shared the process of REP (i.e., what they learned and why) with staff within the program that was the subject of their evaluation project. Almost all of the providers (97%) modeled good participatory practices and shared the findings. In addition, almost all REP providers shared the findings of their work with their whole organizations. Interestingly, and again in good participatory style, a substantial majority of the providers (85-88%) reported that they have provided evaluation training to staff in the program that was evaluated and they have shared the

REP process with their whole organization. Almost three-fourths of the provider respondents (73%) have provided training to staff within their larger organizations, and about two-thirds (67%) have encouraged stakeholders to attend REP "ripple" training. Although it is not shown on the table, about half of the providers also reported that they have shared the findings from their REP evaluations and the process of REP with other organizations.

Table 14: Percent of Respondents Who Have Been Able to "Ripple" REP in their Organizations in any of the Following Ways

Have "rippled" REP *some or a lot by….*	Providers N=60	Former Participants N=10	Total N=70
Shared REP Process with staff within the selected program	94%	67%	98%
Sharing findings of evaluation with staff in the selected program	98%	83%	97%
Sharing findings with staff of larger organization	94%	87%	94%
Providing evaluation training to staff within the selected program	89%	83%	88%
Sharing REP process with larger organization	87%	67%	85%
Providing training to staff within the larger organization	74%	60%	73%
Having stakeholders attend REP "ripple" training	67%	NA	67%

Table 15 (following) shows that most providers intend to continue sharing findings and about half will provide evaluation training and share the REP process with others in their organization, even though REP has ended.

Table 15: Percent of Respondents Who Definitely *Intend* to "Ripple" REP in any of the Following Ways

Definitely Intend to *"ripple"* REP by….	Providers N=60	Former Participants* N=10	Total N=70
Sharing findings of evaluation with staff in the selected program	83%	60%	81%
Sharing findings with staff of larger organization	56%	67%	57%
Providing evaluation training to staff within the selected program	52%	20%	49%
Sharing REP process with larger organization	43%	33%	42%
Providing training to staff within the larger organization	42%	33%	41%

Note: Former participants answered the question of "ripple" with responses about plans in their new organizations.

Impact on Organizational Capacity

Beyond "rippling" what they learned to others within their organizations, partners reported they were able to build overall organizational capacity in several key areas. During focus groups, all providers stated that they had improved their evaluation capacity, program development, and alliances and collaborations *a lot* due to participation in REP (see Appendix F for a description of how focus groups were conducted). All but one organization thought they had increased their staff development process *a lot* due to participation in REP. Further, most organizations agreed that REP helped them improve the following aspects of their organizations:

- Evaluation
- Staff Development
- Alliances and Collaborations
- Client Relations
- Business Venture Development
- Program Development
- Technology Acquisition, Planning & Training
- Management and Leadership
- Strategic Planning
- Communications and Marketing

The Value of REP

Throughout each of the phases and especially as the REP project ended, partners, stakeholders and other grantmakers and non-profit organizations pondered the importance of the project. The final REP survey and interviews provided much data about the value of REP. The following tables show detailed responses to questions about the importance of REP (response choices included *very true, somewhat true, not at all true*). What is abundantly clear is that providers experienced positive outcomes at individual, program, and organizational levels, and that funders shared those perceptions about provider outcomes. Most providers also thought that REP had an important impact on funders, and funders agreed. The following are key findings about the importance of REP (see also Table 16).

- A total of 79 percent of funders reported that it was *very true* that REP had enhanced funder understanding of evaluation, and an additional 21 percent reported that statement was at least *somewhat true*.

- A substantial majority of providers (88%) reported it was *somewhat or very true* that REP was important because: it had enhanced their individual abilities as communicators; helped them feel better about the work they do; and changed their understanding of their programs. A total of 85 percent of funders agreed that it was *somewhat or very true* that REP had helped individual providers change their understanding of programs, and why they do what they do.

- More than three- fourths of the providers agreed that it was *somewhat or very true* that REP was important because it helped their organization: get instruments in place to measure outcomes they valued; incorporate evaluation practices into daily practice; make the organization more responsive to customers; look at programs from different perspectives; conduct better evaluations; better understand participatory evaluation; understand why evaluation is valuable. Similar or larger proportions of funders also reported that it was *somewhat or very true* that REP had helped provider organizations.

- Most providers also agreed that it was *somewhat or very true* that REP had improved their organizational relationships. A total of 95 percent agreed it had helped them form new relationships with other providers in Rochester; 89 percent agreed REP had strengthened relationships within their organizations; and 71 percent agreed that REP had helped them form new relationships with funders in Rochester. Most funders also reported that it was *somewhat or very true* that REP had helped improve organizational relationships.

- All (100%) of the providers who left their original REP organization reported that REP had helped them in their new position, and most of them also agreed that REP had helped their new organization.

Table 16: Percent of Respondents Who Reported that the Following Statements about REP's Importance were *True.***

REP is important because it ….	Providers** N=70	Funders*** N=14
Enhanced my ability as a communicator	89%	NA
Helped me feel better about the work I do	88%	NA
Changed my understanding of our programs and why we do what we do	88%	85%
Helped our organization get instruments in place to measure outcomes we value	93%	86%
Helped our organization incorporate evaluation practices into daily practice	83%	86%
Made our organization more responsive to our customers	83%	71%
Taught us to look at our programs from different perspectives	80%	93%
Helped our organization conduct better evaluations	79%	86%
Helped us better understand participatory evaluation	78%	93%
Helped our organization understand why evaluation is valuable	76%	93%
Helped us form new relationships with other providers in Rochester	95%	79%
Strengthened relationships within our organization	89%	71%
Helped us form new relationships with our funders in Rochester	71%	100%

***Participants who reported that statements were *somewhat* or *very* true are Included. ** Includes former providers.**

**** Note: Responses for funders are all assessments of providers, i.e., for each item, funders are reporting whether the statement is *true* for provider partners.**

Most providers and funders also agreed that REP had influenced their use of evaluation at the program level (see Table 17). Specifically, we found the following.

- Almost all providers (91%+) reported it was *somewhat or very true* that REP was important because: it had helped build evaluation into their program planning; taught them the importance of involving multiple stakeholders in evaluation; and helped them to revise programs based on real data.

- Almost all funders (93%) agreed with the first two statements and more than three-fourths of the funders also agreed that REP was important because it helped providers revise their programs based on real data. (It is unclear whether funders did not agree that programs had actually revised their programs based on real data, or whether REP's influence regarding program revisions had been important.)

- Though still well above our positive threshold of 66%, the percentage of providers agreeing that REP was important because it had improved the quality of data they obtained was much lower than for other reasons. A total of 79 percent of providers and 86 percent of funders reported that it was *somewhat* or *very true* that REP was important because it improved the quality of data obtained. Several respondents noted on their surveys that the quality of their data had been good prior to REP.

Table 17: Percent of Respondents Who Reported that the Following Statements about REP's Importance were *True.***

REP is important because it …..	Providers** N=70	Funders*** N=14
Helped us build evaluation into program planning process	93%	93%
Taught us the importance of involving multiple stakeholders in evaluation	92%	93%
Helped us revise our programs based on real data	91%	79%
Improved the quality of data we obtained	79%	86%

***Participants who reported that statements were *somewhat* or *very* true are included here. ** Includes former providers**

***** Note: Responses for funders are all assessments of providers, i.e., for each item, funders are reporting whether the statement is *true* for provider partners.**

In summary, it is clear from the surveys (Tables 16 and 17), that most provider and funder respondents thought REP was important in each of the 17 different ways we inquired about -- to individuals, to programs, and to organizations. Interview data helped clarify this further.

One of the major outcomes articulated by those who were interviewed about REP, was program improvement.[6] Examples of their comments included the following.

> *"Over and over I heard people say that the tools were very helpful in terms of planning and communication and program improvement."*
>
> *"Providers absolutely got invaluable skills and knowledge about their programming. The majority used their knowledge and skills and were able to improve their programs."*

Through REP, evaluation served as a vehicle to bring funders and providers together in new ways. Table 18 shows respondents levels of agreement about this aspect of importance. The following can be seen in the table.

- Most providers and funders (79% and 76%) agreed it was *somewhat or very true* that REP was important because it had changed the way funders do business.
- Most providers and funders, but especially providers (83% v. 71%) also agreed that it was *somewhat or very true* that REP was important because it had improved relationships between funders and providers in Rochester.
- And most importantly, a substantial proportion of the providers and almost all the funders agreed that it was *somewhat or very true* that REP was important because it had changed the way in which the Rochester community understands and conducts evaluation.

Table 18: Percent of Respondents Who Reported that the Following Statements about REP's Importance were *True.**

REP is important because it …..	Providers** N=70	Funders N=14
Changed the way funders do business	76%	79%
Improved relationships between funders and providers in Rochester	83%	71%
Changed the way the Rochester community understands and conducts evaluation	87%	93%

***Participants who reported that statements were *somewhat* or *very* true are included here. ** Includes former providers**

[6] Interview respondents were individuals with long term REP involvement and who also had other community connections or insights. This included: Josh and Beth Bruner from the Bruner Foundation (who initiated the project), B. J. Mann formerly of the Frontier Corporation, Dawn Borgeest, the Executive Director of the Advertising Council of Rochester, and Jane Ellen Bleeg, the former Executive Director of the Rochester Grantmakers Forum (all of whom had been involved with REP in its earliest stages); other funder representatives including Vickie Bell from the City of Rochester, Lorraine Anderson, from the Monroe County Office of the Aging, Chris Dandino from the Youth Bureau, and Bill McCulloh the Executive Director of the United Way of Rochester; as well as Jean Carroll, the Executive Director of the YWCA (a provider partner) and a representative of the Council of Agency Executives, and Elizabeth Wilder the current Executive Director of the Grantmakers Forum.

During the interviews, the importance of the collaboration was further highlighted. For example, interviewees stated that the collaborative impacted funder/provider relationships and communication within provider organizations. Some statements included the following.

> *"As a result of REP, funders and providers had an opportunity to meet and network with one another. Funders had the opportunity to become more knowledgeable about the services, dynamics and constraints that provider organizations face and providers had an opportunity to become more familiar with the funder priorities. Providers also got a rare sense of other organization services. Too often we don't have a forum to understand the breadth and extent of organizations and services provided in the community. REP brought many of us together and the informal dialogue resulted in better understandings of what is out their in the community."*

> *"I would say we had an impact on funders' understanding of the challenges and barriers that non-profits experience. (REP) increased their sense of respect for nonprofits and some of their ability to work with nonprofits."*

> *"This has led to more open communication among providers, and between providers and funders. "*

Beyond increasing communication and understanding between REP partners it was also reported that there was an increase in the level of knowledge and clarity about evaluation throughout the community. Some interviewees stated the following.

> *"The level of knowledge about evaluation and effectiveness throughout the community has increased."*

> *"Everyone is on the same page in terms of language and tools."*

> *"We have a higher level of clarity about the problems we are trying to solve as a community"*

> *"(REP) has contributed to community understanding. Rochester is in a different place now than seven years ago. REP participated in that process."*

> *"Rochester now has a reputation for understanding evaluation in the nonprofit organizations."*

> *"REP provided a timely opportunity to get involved at a community level, with major community folks to advance notion of evaluation with nonprofits."*

Further, interview respondents agreed that REP had a major impact on the Rochester community. They thought that there is now a stronger understanding of evaluation, why it is important, and how to approach it in a realistic collaborative fashion. Some comments included the following.

"Communities not undertaking this kind of effort are missing out"

"We are talking thinking and doing things we otherwise would not have."

"There is a deeper understanding of what it means when you get solid results. We have a much clearer and consistent processes between government, nonprofits and foundations."

"Rochester is pretty far ahead of the curve. It is not the typical hierarchical, top-down approach with funders telling not-for-profits what to do, playing only an intermediary role in building capacity… Here there was a willingness to share power and collaborate."

"Funders understand very clearly now that this is not outcome measurement. They have been reading things that if they are going to ask for evaluation then they have to include money for that the final evaluation needs to be funded as a separate activity."

"REP helped us think more realistically. Funders loved to invest in "global" stuff, but REP became a reality check."

The interviews also showed that all partners understood the value of engaging frontline staff in the participatory evaluation process. They reported that the participatory nature of REP facilitated increased buy-in for evaluation, and supported the collection of data that was considered more valid and useful.

The (REP) experience gets people in an evaluation frame of mind: thinking about outcomes, thinking about inputs, output and resources. It helps to get the thinking past the directors of organizations down into the "ranks" and helps to develop an appreciation for the process, as well as the importance of accountability.

(Providers) *came out of it seeing how they could, through participatory process, get buy-in and ongoing commitment to the practice of evaluation. Prior to REP evaluation was something that happened to them.*

(REP) *reinforced the concept that in order to truly evaluate well, we need to educate front-line staff about evaluation and why we do it. People employed by nonprofits want to make a difference, and we are caring and motivated. If approached correctly and brought into the process we will get better information.*

(REP) *opened up opportunities for looking at programs and services and information in a different way. We became more participatory.*

Challenges and Tips for Replicating REP

REP was a complex and comprehensive initiative that involved many different people. As such, there were some project design-related aspects of the work that others would have done differently and that developers of similar projects should carefully consider.

- The issue of **project cost** was addressed as the partnership was designed, and each time a new phase was initiated. A few partners questioned whether making some aspects of the training fee-based would have increased REP's value and use. Ultimately, the partnership chose not to test the training fee issue (i.e., charging for services), although some partners did pay a nominal fee to have additional groups of trainees participate in REP classes. The value and "ripple" data presented earlier in this section show that without fees, REP was definitely valued by participants and the training was definitely used.
- **Financial sustainability** of REP (i.e., whether funds could be generated to cover project costs) was also initially a project design concern. REP was not an inexpensive project, but funds were dedicated to it by multiple funders, it was fully implemented with the available funds, and it was continued for three complete phases. The involvement of a funding collaborative, regular budget assessment by the full partnership, and commitment by the Bruner Foundation as a key donor helped keep the project financially manageable. (Note again that the Bruner Foundation contributions, though substantial, did not exceed what was initially committed for the project – i.e., there were no bail-outs – and they were reduced for each phase as additional funders joined the collaborative or made larger contributions.)
- The issues of **project duration and intensity** were also challenging. REP was initially planned to be a two-year pilot, with continuation dependent on initial outcomes. The specifics of how to expand REP (i.e., how many provider and funder partners could be meaningfully involved and who they should be), and how long to operate it could not easily be decided in advance. As the project proceeded, some partners (providers and funders) indicated that involvement should have been even more wide-spread especially in the non-profit community (i.e., that REP would have been good for a lot more organizations), and there was a sense that REP should go on indefinitely. The partners ultimately decided, however, that maintaining project quality required REP to stay small enough to be manageable. And, while they recognized that a more specific project timeline (and exit strategy) might have been beneficial, the phasing of the work provided sufficient flexibility (i.e., additional phases could be added in response to need and interest and fund availability) and stability (i.e., partners knew that they could count on the project being maintained throughout a phase, even if there were to be no additional phases).
- While REP involved many partners and successfully integrated providers, funders and evaluators, other connections proved more elusive. The main requirement for the REP evaluation partner(s) was participatory evaluation expertise and interest. The original evaluation partner selected and the evaluation partner later added to

the project, both came from locations outside of Rochester, but they both brought the needed participatory evaluation expertise and commitment. Meaningful **roles for other evaluators**, including some locally-based evaluation consultants were not developed. Some of the individual provider and funder partners of REP did establish or enhance relationships with local evaluators, however, and REP was not seen by partners as excluding other efforts.

- There are several institutions of higher education in Rochester, but the partners elected to administer the project through the Rochester Grantmakers Forum, an organization that had existing connections with both the non-profit community and with funders. **Alliances between REP and the higher education community** in Rochester were not made. While a few REP partners thought about whether the universities might have made a valuable contribution, or how best to engage them, the fit and connection with the Grantmakers Forum continued to make sense throughout the three phases of REP.
- During each phase of REP, the partners grappled with how and whether to involve external evaluators in the REP evaluation process. Because REP was a project firmly committed to self-governance and meaningful participatory evaluation, it was always a challenge to consider whether it was necessary to have an outside evaluator judge the value of REP efforts. Many of the specific training messages to both providers and funders were about active and full participation in evaluation actions at organizations – i.e., not being dependent on an evaluator coming in to declare value. Additionally, participatory evaluation training enhanced the capabilities of partners to conduct evaluations themselves, and the regular evaluations of REP provided good opportunities for partners to learn and practice more about evaluation (partners were always involved in the overall evaluation design, review of instruments and draft findings summaries, and in collection of data). Ultimately, the partnership decided to use more internal strategies for the evaluation of the first and third phases, (i.e., the REP funder and provider partners worked together with the REP evaluation partner(s) to get the evaluation done), and to hire an external organization (InnoNet) with participatory evaluation expertise to conduct the evaluation of the second phase. The partners were satisfied with the accuracy and usability of the findings for each evaluation.

In addition to design-related challenges discussed above, there were a few other implementation-related challenges. The most common of these were time, staff turnover, and organizational instability.

- Throughout the initiative partners, especially providers, reported that being a REP partner was time-consuming. Training homework and attending to the details of actually conducting an evaluation took a lot of effort. Even as organizations became more aware of what was required of REP partners and the potential benefits, making time for REP and evaluation remained a challenge.

- When trained staff left organizations, or new supervisors or managers joined REP organizations, individual strategies had to be developed by partners to address the

changes. The REP project design was flexible enough to accommodate some of these alterations, and there is ongoing study about how best to sustain project outcomes even when individuals change positions, (see conclusions section), but staff turnover was an issue that required attention throughout the initiative.

- Many different types of organizations participated effectively in the REP project. Neither size nor substantive organizational focus made organizations un-suitable for REP. When organizations experienced instability, however, such as the loss or retirement of a key staff person, changes in executive leadership, changes in mission, they were not able to maintain their involvement in the project.

As with any comprehensive initiative, there were other changes made to implementation of REP (e.g., adding new categories of funding partners, modifying the training, requirements somewhat to better fit the time frame). Because REP was conducted in phases and annual evaluations were conducted, many of the service delivery challenges became mid-course correction actions in response to evaluation findings.

Those wishing to develop a collaborative project like the Rochester Effectiveness Partnership, will probably also need to clarify, given the context of their effort, what will work best for their partners. Minimally, design issues regarding project fees; financial sustainability; duration and intensity; connections with others such as local evaluation consultants, and the higher education community; and whether to commission external evaluation for the project, should be addressed by collaborators.

Summary of Outcome Findings

In summary, outcome data show that REP partners learned a lot about evaluation, applied what they learned, "rippled" what they learned to others in their own organizations, and found REP to be an important and valuable project. Specifically, those who attended the initial provider training, alumni study group, or funders study group learned a lot about evaluation planning, collecting evaluation data, analyzing evaluation data and presenting evaluation findings. Providers demonstrated their abilities to use REP training by conducting evaluations. All provider partners who completed the training, also completed evaluations. While they varied in focus, scope and difficulty, they were quality efforts and their results were used. Providers also showed their abilities to apply REP training by continuing to use specific skills they learned through REP (such as writing or administering surveys, running evaluation stakeholder meetings, designing new evaluations), in their everyday work. Most provider partners, including former participants have actually "rippled" REP learning, at least a little, in their own organizations, by sharing results of evaluation and providing training to others. Provider partners also intend to continue "rippling" REP even now that the initiative has concluded. Finally, REP partners were very clear about the value of REP to individuals, programs and organizations. Substantial majorities of providers indicated that REP had been important to them in each of the ways the project intended, and the funding partners concurred.

CONCLUSIONS/DISCUSSION

While there were some challenges, as described above, REP enjoyed a long and successful engagement in the Rochester community. This final section of the report provides overall ratings of the project, a summary of key findings, and a discussion of challenges and issues for further consideration. New ventures in the area of evaluation capacity building are also presented.

Key Implementation Findings

The REP implementation data showed that there was comprehensive, intensive and well-received service delivery. The vast majority of partners reported that core REP services were of high quality and worthwhile. Most provider partners remained engaged, and those that stayed (24 of 32), had excellent attendance. Most provider partners availed themselves of many REP activities (training, ASG, CEO training) and continued to participate in REP activities after their initial training. A sizeable group participated for multiple years. Funder organizations were stable in their financial support, though wavering in their other participation. All but one funder group whose grantmaking strategy changed, stayed involved and new groups were added over the years. The initiative was expensive, but successfully involved multiple funders, many of whom increased their contributions. This allowed the major contributor to substantially reduce financial support across the phases. Per unit costs were difficult to calculate, but estimates show that they decreased substantially (i.e., economies were realized). REP maintained a balanced budget for each of its phases, and ended the project with a small surplus. The total cost of the initiative was $781,629.

Key Outcome Findings

As stated previously, the outcome data show that REP partners learned a lot about evaluation, applied what they learned, "rippled" what they learned to others in their own organizations, and found REP to be an important and valuable project. The following are specific outcome findings.

- **REP far exceeded its goals regarding training about evaluation planning.** More than three-fourths of all REP survey respondents reported learning *a lot* about each of the four key steps in evaluation planning (logic models, specifying evaluation questions, developing evaluation designs, and choosing evaluation methods). This was true for both provider partners and funders.
- **Most of the provider partners reported they had learned *a lot* about basic methods of data collection including surveys, interviews, and observations**. As one would expect, given the nature of their REP training, much smaller proportions of funders indicated they had learned *a lot* about each of these topics (although almost all indicated they had learned at least *a little* about each method).
- Almost all provider respondents (95% or more) indicated that through REP, they had learned about analyzing record reviews, survey, interview and observation data. Overall results for funders were similar. Most learned at least *a little* about each type of analysis.

- Almost all provider respondents (90%) indicated they had learned about conducting a critical read of their own and others' work. Additionally, almost every provider indicated they had learned about writing evaluation reports and presenting their findings. Funders did not undertake these tasks.
- The capstone activity for providers was the independent evaluation projects they undertook. All organizations that completed the initial training, completed an independent project and summarized the results of their findings in a formal evaluation report. Additionally, several REP provider partners completed additional evaluation projects and reports as REP alumni. Across the six-years of the project, a total of 44 full evaluation projects and reports were completed, including 14 that were done while organizations were in the Alumni Study Group. Through these projects, providers demonstrated their abilities to select and state evaluation questions, choose data collection methods, design an evaluation project, collect and analyze data and summarize their findings. While the evaluation projects were different in terms of focus, scope and difficulty, all providers undertook these projects and presented their findings at partner conferences and other presentations within their organizations.
- **All trainees developed and implemented action steps from their findings.** Additionally, most providers learned about stakeholder meetings, sharing training with others, and especially how to incorporate evaluation practices into their daily practices.
- **The providers took on many different types of projects**, addressing several different substantive areas. Providers asked questions of consequence and interest to their organizations. All work addressed activities, characteristics and outcomes of programs.
- **Half of the reports were considered to be relatively complex** (complexity between medium and high). Specifically, the evaluation addressed a program with at least a medium-sized population and had multiple data collection methods.
- **The provider partners demonstrated their ability to produce sound evaluation reports.** On a scale ranging from 0 to 46, a total of 8 of the reports had 90 percent or more of the possible points (i.e., scores of 41 or better); another 8 reports had 80 percent or more of the possible points (i.e., scores between 37 and 40); and 3 others earned at least 70 percent of the possible points (scores between of 32 and 36). Only three reports scored fewer than 70 percent of the available points (i.e., scores below 32).
- Most funders (91%) reported they had learned at least a little about incorporating evaluation practice into their daily practice.
- Regarding continued use of REP learning, almost all of the provider respondents (98%) have shared their findings with others, and most (82%) have also shared REP training with others. A substantial majority of providers from all classes have used the logic model tool again, and have designed new evaluations. Half or more of the providers have developed new data collection strategies (especially surveys and interviews), and they have collected and analyzed data. Most providers (79-80%) have written another evaluation report since their initial REP project.
- The majority of REP provider partners have begun to "ripple" what they have learned (about one third have done so *a lot*). "Ripple" is happening in many different ways, and providers intend to continue "rippling" what they learned in REP even though the

initiative is over. Most funders were aware that "ripple" is happening, but they were not aware that some organizations have done it *a lot*.

- All but one of the former providers have "rippled" their REP learning, in the organizations where they now work.
- As reported in the focus groups, most providers stated that REP had helped them improve many key capacities in their organizations including: evaluation, staff development, alliances and collaborations, client relations, business venture development, program development, technology acquisition, planning and training, management and leadership, strategic planning, and communications and marketing.
- Most funders reported that it was *very true* that REP had enhanced funder understanding of evaluation.
- A substantial majority of providers (88%) reported it was *somewhat or very true* that REP was important because: it had enhanced their individual abilities as communicators; helped them feel better about the work they do; and changed their understanding of their programs. A total of 85 percent of funders agreed that it was *somewhat or very true* that REP had helped individual providers change their understanding of programs, and why they do what they do.
- More than three- fourths of the providers agreed that it was *somewhat or very true* that REP was important because it helped their organization: get instruments in place to measure outcomes they valued; incorporate evaluation practices into daily practice; make the organization more responsive to customers; look at programs from different perspectives; conduct better evaluations; better understand participatory evaluation; understand why evaluation is valuable. Similar or larger proportions of funders also reported that it was *somewhat or very true* that REP had helped provider organizations.
- Most providers also agreed that it was *somewhat or very true* that REP had improved their organizational relationships. A total of 95 percent agreed it had helped them form new relationships with other providers in Rochester; 89 percent agreed REP had strengthened relationships within their organizations; and 71 percent agreed that REP had helped them form new relationships with funders in Rochester. Most funders also reported that it was *somewhat or very true* that REP had helped improve organizational relationships.
- All (100%) of the providers who left their original REP organization reported that REP had helped them in their new position, and most of them also agreed that REP had helped their new organization.
- Almost all providers (91%+) reported it was *somewhat or very true* that REP was important because: it had helped build evaluation into their program planning; taught them the importance of involving multiple stakeholders in evaluation; and helped them to revise programs based on real data.

- Most providers and funders (79% and 76%) agreed it was *somewhat or very true* that REP was important because it had changed the way funders do business. Most providers and funders, but especially providers (83% v. 71%) also agreed that it was *somewhat or*

very true that REP was important because it had improved relationships between funders and providers in Rochester.

- A substantial proportion of the providers and almost all the funders agreed that it was *somewhat or very true* that REP was important because it had changed the way in which the Rochester community understands and conducts evaluation.

Final Assessments

As shown in the previous sections, implementation of REP was complex but effective, and both providers and funders were positive about its outcomes. They agreed that they had learned about evaluation, could apply and extend their learning, and that they valued REP at the personal, organizational, and program levels. Final overall assessments are very much in alignment with the implementation and outcome findings (see Table 19).

Table 19: Percent of Respondents Who Thought REP was Worthwhile

Given the amount of time spent on REP activities…	Providers	Former Participants	Funders	Total
REP was personally worthwhile	98%	100%	100%	99%
Very worthwhile	*75%*	*100%*	*64%*	*77%*
Somewhat worthwhile	*23%*		*36%*	*22%*
REP was worthwhile for Providers			100%	
Very worthwhile	NA	NA	*77%*	
Somewhat worthwhile			*23%*	
For their organization, REP was	100%	100%	100%	100%
Very worthwhile	*67%*	*90%*	*36%*	*64%*
Somewhat worthwhile	*33%*	*10%*	*64%*	*36%*
For the community, REP was	97%	100%	100%	98%
V*ery worthwhile*	*67%*	*67%*	*31%*	*61%*
Somewhat worthwhile	*30%*	*33%*	*69%*	*37%*

New Ventures in Evaluation Capacity Building

The Rochester Effectiveness Partnership was founded on the belief that participatory evaluation is a practical management tool that can help organizations evaluate and make decisions about their programs based on meaningful information. While the REP project ended, what we learned about collaboration and building evaluation capacity will be integrated into new projects and shared broadly with grantmakers and program planners

The Bruner Foundation, has launched a research project that will examine a variety of aspects of evaluation within capacity building efforts nationwide. The project has four distinct purposes: (1) to examine the role of evaluation as a key tool in building organizational capacity (2) to contextualize the Rochester Effectiveness Partnership (REP within the broader field of capacity building; (3) to study the lasting impact of REP over time; (4) to examine the field of evaluating capacity building initiatives.

In order to accomplish these goals, two distinct phases will occur. First, a review and meta-analysis of research, project summaries, reports, and other literature is being conducted with a specific focus on the use of evaluation as a primary capacity building strategy. Second, twelve REP organizations which have shown promise and commitment to building evaluation capacity will be selected to participate in a year-long project that will help further explore the relationships between evaluative thinking and organizational effectiveness. These organizations will serve as case studies for examining (1) the role of evaluative thinking in organizations (including a look at evaluative thinking and specific organizational capacities such as management, strategic planning, etc.) (2) how organizations spread ("ripple") evaluative thinking within their organizations, and (3) how organizational strengths contribute to increased evaluation capacity. In addition, the Bruner Foundation will be making available all REP training materials on its new website by summer 2004.

Evaluative Thinking in Organizations (ETHOS) Study: **Questions to Address**

- What do organizations that have incorporated evaluative thinking look like? How do they define organizational effectiveness?
- What does evaluative thinking look like at various levels of the organization (e.g., at the board level, the executive director and management levels, in Human Resources, Communications, etc.)?
- How does increased evaluative thinking support organizational effectiveness?
- How do organizations support evaluative thinking? What is needed to sustain it?

In the Spring of 2005, the results of the research project will be shared with other funders, providers and evaluators. The REP findings in this report and what we learn from continued study with our REP provider partners will surely enlighten our burgeoning understanding of the importance of evaluation to organizations.

APPENDIX

Appendix A: REP Phase 3 Components, REP Curriculum

"Ripple" Support (New). To support partners' efforts to extend ("ripple") training beyond those who regularly participated in REP functions, the REP partners focused special attention on "ripple" in Phase 3. Specifically, the evaluation partners infused "ripple" tips into all training and study group meetings and regularly collected and shared data about how and where it was happening. Additionally the Governance Team invited regular discussion and study of "ripple". The evaluation partners also provided two special training sessions about evaluation basics, logic models and data collection for other staff, board members and stakeholders from REP partner organizations.

Provider Training. All providers participated in an 18-month, basic evaluation training course. The first 6 months of this course involved 10 3-hour sessions where the basics of evaluation planning, data collection and data analysis methodologies were introduced and practiced, and a comprehensive evaluation design was completed. The final 12 months of training involved regular meetings where trainees conducted and discussed their ongoing studies, engaged in group problem-solving regarding data collection, and practiced data analysis and other necessary strategies (e.g., stakeholder meetings) to complete their evaluations.

Alumni Study (Revised). REP alumni, who completed the 18-month provider training course and a full evaluation study, met regularly. They reviewed evaluation training lessons, continued to access evaluation consultation from the evaluation partner and their peers, undertook new or continued studies, supported "ripple" in their own organizations, and engaged in group projects.

Funder Study. REP funders met monthly to review evaluation training as it applies to funders, discuss evaluation challenges faced by funders, explore new topics of mutual interest (e.g., capacity building), and to network. In 2001 they also engaged in group projects.

Final Partner Sessions. From September through December 2003, four final sessions of REP were delivered. These four sessions provided additional training about communication, planning, data collection and analysis. New graduates from Classes 6 and 7, as well as alumni and funder partners were invited to attend.

CEO Training (New). During 2001 and 2002, Executive Directors from REP provider organizations participated in four-session versions of the basic evaluation training. The training was aligned with activities in the Provider Training and was intended to support trainees' efforts, as well as address the general evaluation needs of provider partner CEO's, including "ripple".

Governance Team. As it was from the initiation of REP, the Governance Team was comprised of representatives from all partner groups. It met regularly throughout Phase 3, primarily to oversee project operations (e.g., review budgets, select new partners, address REP evaluation needs). The Governance Team also continued to provide an opportunity for all partners to meet together and discuss issues of relevance. An **Executive Team**, including Beth Bruner of the Bruner Foundation, the evaluation partners, and the administrative partner, set the agendas, facilitated the meetings, and ensured that Governance Team decisions were carried out.

Community Training and Other Outreach (New). In addition to providing "ripple" support, REP evaluation partners also provided training to staff from non-REP partner organizations through existing conferences (e.g., the annual United Way conference). In addition, a brochure and fact sheet about REP was developed, partners shared findings of their work at local meetings, and select partners presented a session about REP at the American Evaluation Association, 2001 conference.

Consultations to Partners. In addition to overseeing REP projects, REP evaluation partners provided up to five hours of consultation on evaluation-related issues to partners as needed.

Partner Conferences. In June of 2002 and June of 2003, internal conferences were held for all partner organizations. Trainees, Alumni and Funders displayed and discussed their work science fair-style, and concurrent workshops on hot topics (e.g., communication, teamwork, "ripple") were held.

Appendix A: REP Phase 3 Components, REP Curriculum

I. PROGRAM EVALUATION BASICS

- Important Definitions
- Clarifications
- Collecting Background Information About a Program of Interest
- Purpose of Evaluation
- Evaluation Questions
- Identifying and Working With Stakeholders
- Evaluation Designs

II. LOGIC MODELS AS PLANNING AND EVALUATION TOOLS

- Constructing a Program Logic Model
- Important Things to Remember About Logic Models
- Outcomes Planning Mis-Steps and Cautions
- Outcomes, Indicators, and Targets
- Logic Model Assessments

III. COLLECTING AND USING EVALUATION DATA

- Data Collection Methods Summary
- Record Reviews
  - Available Administrative Data Sources for Programs/Participants
  - Other Extant Data for Needs Assessment or Comparisons
  - Summarizing Record Review Data
- Survey Design and Administration
  - Benefits of Surveys
  - Drawbacks of Surveys
  - Major Uses for Surveys
  - Survey Questionnaire Development (and assessment)
  - Types of Surveys
  - Administration Plans: Things to Think About
  - Notes on Sampling and Representativeness
  - Ways to Select a Sample
  - Determining Sample Size: Some Rules of Thumb
- Survey Analysis
  - Specifying a Plan
  - Calculating Response Rate
  - Conducting Basic Survey Analyses
- Interviews
  - Methodological Decisions
  - How to Conduct and Record your Interviews
  - Suggestions for Effective Interviewing
  - Analyzing and Reporting Interview Data
  - Evaluation Focus Groups: A special type of Interview
- Observations
  - Methodological Decisions
  - How to Conduct and Record your Observations
  - Program/Session Observation Protocol
  - Reporting Observation Data
- Documenting Program Strategies/Assessing Implementation/Service Delivery

IV. PROJECTING LEVELS OF EFFORT, TIMELINES AND BUDGETS

V. EVALUATION REPORTING

- Completing Data Analysis
- Developing Evaluation Reports
- Useful and Practical Recommendations

Appendix B: Data Collection Details

Surveys

- The survey covered quality of the alumni and /or initial training experience; usefulness of REP training; outcomes for individuals and organizations; changes to projects due to REP training; importance of REP; "ripple" now and plans for future; sustaining change; overall and specific importance to individuals, programs, organizations, and the community.
- The survey was administered electronically to all REP provider partners on our mailing list, with the exception of those individuals from agencies that had completely withdrawn from REP (the former executive directors of the Health Association and Grace Urban Ministries -- GUM, trainees from Pralid, Institute for Human Services, GUM, LDA and the Epilepsy Foundation; 3 individuals who were new to the project as alumni in year 7 only). After 15 days, the survey was re-launched to all REP partners. Those not responding were sent hard copies of the surveys with postage paid envelopes and hand written requests for response, twice. All non-responding executive directors were called individually. Only four agencies did not provide <u>any</u> responses. This included AEI, Girl Scouts of Genessee Valley, the Institute for Human Services, and Pralid.
- A unique version of the survey was administered electronically to all funding partners. It too was launched twice and followed up with hard copy requests for response. The following funders were not sent survey requests as they had left their positions, or because they were too new, or too disconnected from REP: Richard Yokum (city), Mel Walzak (County), Ann Costello (Golisano Foundation), Laura Seligman (Seligman Fund), Elizabeth Ramsay (United Way).
- A total of 84 REP partners responded: 60 provider partners (CEO's and other staff), 14 funders, and 10 former participants. This represented 78% of all those who received a survey. This included: 67% of all funders (missing organizations included: Tower Foundation, Golisano Foundation, and RACF); 77% of all executive directors and 86% of all providers (missing organizations included Pralid, AEI, Girl Scouts, and Institute for Human Services; organizations not surveyed included: Pittsford Youth Center, Grace Urban Ministries, and Lewis Street Center).

Interviews

- Interview respondents included: Lorraine Anderson, Monroe County Office of the Aging; Anita Baker,* original Evaluation partner; Vickie Bell, City of Rochester; Dawn Borgeest, * Executive Director of the Advertising Council of Rochester; Beth and Josh Bruner,* the Bruner Foundation; Jean Carroll, Executive Director of the YWCA and spokesperson for the Rochester Council of Agency Executives; Chris Dandino, Monroe County Youth Bureau; Jane Ellen Bleeg,* fomer Executive Director of the Rochester Granmakers Forum; B. J. Mann,* formerly of the Frontier Corporation; Bill McCulloh, Executive Director of the United Way of Rochester; Kim Sabo, former external evaluator and currently 2nd REP evaluation partner; Elizabeth Wilder, Executive Director of the Rochester Grantmakers Forum.

Appendix C: Analysis Plan for REP Products

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1. Evaluation Questions (total points = 4 + 1))

    a. clarity (2 points Very, somewhat)
    b. posed as questions (1 point)
    c. placement/location (1 point if easy to find and in introduction)
    d. extra point(s) if relationship between questions and methods is shown, or if there is explanation about why questions were selected.

2. Methods (total points = 15 + 1)

    a. Appropriateness given questions (0-5 points)
    a. Overall description is clear (0-5 points)
    b. Number of respondents is clear (0-5 points)

    c. Extra point if respondents are described, targets are identified, stakeholder meeting was held (1 point)

3. Findings (total points = 15 +1)

    a. Findings are answered by data (0 -5 points)
    b. Appropriate use of tables or graphs (0-5 points)
    c. Clear, concise, objectively-stated findings (0-5 points)

    d. Comparison of findings to targets (extra points)

4. Conclusions (12 points)

    a. Summary of findings (2 points)
    b. Explanation of significance to organization (0-5 points)
    c. Action Steps/Recommendations (0-5 points)

Total points = 46 total (3 extra points available, 1 each questions, methods and findings)

- Assess complexity of projects and summarize instructor assessment of project (importance, amount of growth, explanations of failure).

Appendix D: Survey Instruments (Separate Document)

Appendix E: Interview Protocols

Rochester Effectiveness Partnership
COMMUNITY VALUE I N T E R V I E W

Name:	Title:
Organization/Affiliation	
Interviewer	Today's Date:

Background/Overview

1. (For all but Council of Agency Execs) Why did your organization get involved in REP initially?
2. What were you trying to accomplish?

   For your organization?
   For the community?

3. What value do you think REP has brought……?

   To Funders in Rochester (distinguish between those organizations involved and those not)
   To Providers in Rochester (distinguish between participants and non-participants)
   To Evaluators (distinguish between participants and others)

4. What value do you think REP has brought….?
   To the community overall, including surrounding counties, as
   To evaluation knowledge and the field of evaluation, capacity building

5. Given what you know about other communities that are grappling with evaluation and capacity building issues, what important differences exist here in Rochester for the groups identified above (Be sure to probe for how you know about these differences)

   Funders
   Providers
   Community at Large
   Evaluators/Field of Evaluation

Rochester Effectiveness Partnership
EVALUATOR I N T E R V I E W -- 2003

Name:	Title:
Organization/Affiliation	
Interviewer	Today's Date:

1. What is your background and/or professional training in evaluation?

2. Why did you choose to become involved with REP?

3. How is REP similar to other evaluation work in which you have been involved during the last 5-7 years?

4. How is REP different from other evaluation work in which you have been involved during the last 5-7 years?

5. How would you describe your level of satisfaction with your experience as a REP partner?

6. In what ways has your involvement in REP changed your practice of evaluation?

7. How important were each of the REP components to you AND WHY?

8. How important was it to you that REP was a collaboration? Please explain

9. What are your professional opinions about why some chose to stay active and some did not?

10. In your work with REP, what, if any, unintended outcomes have you observed and/or experienced?

11. As a group, to what extent have provider organizations increased their ability to do participatory evaluation based on their REP experiences?

12. Please give examples of "successes" and "challenges" related to question #10

13. As a group, to what extent have programs changed based on data from REP-guided evaluations?

14. Please give examples of programmatic changes you have observed.

15. What are your professional opinions about why some organizations are more/less able to alter programs based on REP-guided evaluations?

REP EVALUATOR INTERVIEW PROTOCOL – PAGE 2

16. As a group, to what extent have organizations changed based on their REP experience?

17. Please give examples of organizational changes you have observed.

18. What are your professional opinions about why some organizations are more/less able to change their organizations based on their REP experience?

19. As a group, to what extent have REP learnings spread/rippled beyond the original trainees?

20. Please give examples of spread/ripple which you have observed.

21. What, if any, impact did REP's increasing focus on promoting ripple have on you?

22. What are your professional opinions about why some organizations are more/less able to spread/ripple learnings based on their REP experience?

23. What have been REPs clearest successes? How do you know?

24. What have been REPs clearest challenges? How do you know?

25. What have been your biggest challenges with REP?

26. How could REP have been improved?

27. What, if any, lasting impact do you see of REP on the Trainees? Organizations? Funders?

28. Other comments

Appendix F: Focus Groups

The following is a listing of all focus group participants.

Kathryn Cappella, LDA Life and Learning Services
Leticia Ruiz, The Health Association
Karen Grella, Lifespan
Wendy Sullivan, National MS Society
Rosemary Zuck, National MS Society
Margaret O'Neill, Cornell Cooperative Extension
Sheila Appleby, Epilepsy Foundation
Ann Marie Cook, Lifespan
Florence Koenig, YWCA
Ginny Rizzo, Moroe-2 BOCES
Barbara Zappia, Action for a Better Community

REP FINAL EVALUTION FOCUS GROUP PROTOCOL

Ice Breaker

1. Imagine you just came to REP and there was no practicum. In other words you were not able to do your own evaluation project.

- ❑ How might that have been different?
- ❑ How similar?
- ❑ How would your organization have changed?

2. Start activity by asking if there is anything they would like to add to the list.

- ❑ After they have done the "Now" activity. Have them do the "Then activity"
- ❑ Then have them discuss their own findings and thoughts with one another.

Use the following to do an Organizational Assessment "Now" and then ask them to do the same exercise for their organization at the beginning of REP

Name of Organization _____

Instructions

1. Please place a check mark next to those items listed below that you currently have in your organization
2. Please draw an arrow (one sided or two) between any of the following items that are "connected" in some way.
3. Use the three different size dots to show the extent to which REP has impacted each of these items (with the largest illustrating the greatest impact).

Dots			**Dots**
	❑ Mission	❑ strategic planning	
	❑ technology acquisition, planning and training	❑ governance/board of directors	
	❑ program development	❑ alliances & collaborations	
	❑ fundraising	❑ human resources	
	❑ staff development	❑ evaluation	
	❑ management leadership	❑ business venture development	
	❑ executive leadership	❑ communications and marketing	
	❑ client relationships	Other _____	
	❑ Other _____	Other _____	

APPENDIX G: Budget Summary
(Separate Document)

Appendix H: Examples of Study Questions

Examples of Questions Addressed by Evaluations Designed by REP Provider Trainees (All Classes)

Organization	Questions
Action for a Better Community Community Building in Action, 2003	What are the theoretical principles upon which the CBA program was developed? What strategies and tools were used to identify neighborhood needs? What strategies and tools were used to measure change in individuals and neighborhoods? In what activities (trainings, services, other) have CBA staff members provided services and/or participated? How and to that extent was CBA able to provide the level of trainings and supports outlined in their logic model and program plan? Where nay unexpected services or activities provided to communities?
ABC/RCSD Workforce Preparation 2002	What factors influence retention of adult learning center at the Hart Street Family Learning Center Adult Literacy Programs? How does an educational institution, whose mission is to facilitate student success in accomplishment goals, determine where to focus its energies? Does program design influence student success? Should program design be influences by a student age? Is program design a factor in student retention? How important to students is the program design?
Compeer Outcomes of the New Assessment Protocol	How effective is the current survey in providing useful and accurate results? What revisions are necessary to insure the tool capture s and the necessary information? What conclusions can be made with the data collected form this new program evaluation tool?
Epilepsy Association Professional Development Study, 2003	To what extent do staff have the opportunity to obtain adequate on-going training to do their job? To what extent do we have expertise on our own staff, who could provide the desired training?

Organization	Questions
Health Association Operation Friendship, 2003	Who are the Operation Friendship members? What were their age, racial/ethnic and gender trends in 2002 upon their admission? Who is being served in terms of diagnosis? What are common admission and attendance trends?
Learning Disabilities Association Measuring Staff Satisfaction, 2003	How Satisfied are staff in working at LDA? How well are we doing in meeting our goals to become a learning organization? How well are we living by our agency values? How well trained are our staff? How comfortable are staff in our agency To what extent are our Strategic Planning goals and values held by all staff? Are there differences between managers and direct staff, and between different departments? Are there differences between part-time and full time staff? Do staff hold different understandings of definitions of what a learning organization is? What are the critical requirements necessary for an effective learning organization? What are the recommendations for areas of concern, improvement, more training or other changes to increase our success in becoming an effective learning organization?
National MS Society MS Support Groups Speak Out, 2003	How effective are the Chapter support groups in providing people with MS, their family members and friends information, skills and support for managing MS across the Chapter's cultures, communities and group? Who attends Chapter support groups? What do participants acquire for attending Chapter support groups? Do participants use Chapter support groups for making decisions about managing MS?
Urban League Southwest Preventive Program, 2002	What do program participants see as the positive aspects of the program? What do program participants see as aspects of the program that need improvement? What do former and current partner agencies see as the positive aspects of the program? What to former and current partner agencies see as aspects of the program that need improvement?

Organization	Questions
Wayne ARC Roosevelt Childrens Center, Graduate Study 2002	To what extent have RCC graduations made academic and social progress during the first four months of school? What variables such as type of placement and number of therapies a child receives influence progress outcome? To what extent have RCC graduations made an acceptable adjustment to their school age placement? Are individual Education Plans written for children with special needs by RCC staff useful and appropriate to school district teachers?
YWCA Employment Services Evaluation 2003	Are the Building Independence Long Term (BILT), YWCA Employment and Support Services (YESS), Working Women Program (WWP) and Successful Employment for Women (SEW) programs effective in producing the desired outcomes of goal attainment, job placement and retention and pre-employment skills? What additional, unexpected, ancillary outcomes are achieved by participants as a result of program services?
YWCA Transitional Housing, 2003	What are the characteristics of the population served by SWPP? What issues are they facing? What is the impact of program services on the youth and their families? Is the program providing the appropriate services to prevent out of home placement of the youth? Is there an improvement in the participants' behavior and academic achievement? Is the parent assuming an increased role in improving his/her child's behavior and academic achievement?
YWCA Supportive Living, 2000	Are the programs effective in production the desired outcomes? What additional, unexpected ancillary outcomes are achieved by participants as a result of program services? Do Special Needs population individuals that are diagnosed with Developmental Disabilities, Seriously Mentally Ill, have lower probabilities of achieving program outcomes?
National Multiple Sclerosis Society Upstate New York Chapter	How are we currently providing I & R? Are we meeting NMSS standards? Are we achieving our outcome targets?
YWCA Supportive Living	How and to what extend to Supportive Living services/activities affect a successful discharge? How and to what extent does having children with women during treatment affect completion of the program/recovery?

Organization	Questions
The Health Association	What are the patterns of community referrals from Life Line? Specifically: 1. apparent needs of callers to Life Line 2. referral patterns related to the United Way Impact Areas 3. The degree to which life line refers to different services 4. The breadth of life line referrals. To what extend does taxonomy terms used by Life Line align with the United Way Impact Areas? Specifically: • How many of the taxonomy terms were directly related to a single United Way Impact Area and how many were related to two or more area? • Would key stakeholders, including those from The Health Association, the Untied Way and local Community Service providers, agree with our assignment of taxonomy terms to Impact Areas? What are the patterns of community referrals from Life Line? Specifically: • What were the proportions of referrals made to each United Way Impact area, in other words what are the needs of our callers? • Whether referrals covered all the areas equally or were there areas that were most addressed by our referrals? • Whether referrals were made for services benefiting all our any particular age groups? • Whether referrals were being made to many or just some of the community agencies in the regional heath and human services network?
Humane Society at Lollypop Farm: Pet Assisted Therapy Evaluation Report	How well implemented is the program and what would strengthen its capacity to improve the mental, physical and social interaction abilities of residents/patient/clients of PAT client agencies? How and to what extent do Pet Assisted Therapy visits affect the mental, physical and social interaction abilities of residents/pettiness/clients of PAT client agencies?
School Age Child Care Institute	How and to what extent did the SACC Institute impact the effectiveness of Youth Development Professionals in designing and implementing age appropriate programs? How and to what extent did the SACC Institute assist the participants in reaching their individual goals?
GCASA Student Assistance Program	To what extent did the SAP intervention influence the participant's behavior? To what extent are participants problem areas identified and how effectively are services delivered to resolve them?

Organization	Questions
School Experience of Youth Who Return to School	What is the school experience of youth, for whom the program has secured enrollment in school or return to school after a suspension? To what extent are students reintegrated into regular and/or alternative school programs? What, if any, personal and or institutional barriers to youth encounter upon their entry to school? How are these being addressed?
Rochester Wolf Trap; Early Learning Through the Arts	How does the interaction between the Wolf Trap Artist and the Partner-Teacher affect eh teacher's comfort and use of drama, movement, and music to enhance the curriculum? How are children's development of skills and learning affected by interactions between the Partner-Teacher and Wolf Trap Artist?
Planned Parenthood of Rochester and the Genesee Valley, Inc.	What cognitive changes take place over a six-week period regarding participant's knowledge of sexuality? Howe does exposure to this program increase participant's level of comfort in talking about sexually-related issues? How will participants apply this information when they area making decision about becoming sexually active? How have participant's attitudes changed concerning their decision on whether or not to become sexually active?
Girl Scouts of Genesee Valley, Inc	How many of the 25 participants continued throughout the duration of the 10 month period program? What are the main reasons for attrition? How and to what extent has the girls' participation in the program enabled girls to design a quality community education program/quality service project focusing on violence reduction? What impact has Operation Stephine had on program participants? a. How have the anger management and conflict management skills or participating girls changed? b. What percentage of girls achieve a score of 80% or better on a post-test evaluation of learning? c. How have the number of overall school incidents changed overall at the target schools, and how have they changed for participating girls?

Organization	Questions
Roosevelt Children's Center – WARC	How and to what extent has each child's behavior changed as a result of being part of this classroom experience for one year? To what extent are children using their communication skills to express their needs and feelings? a. To what extent have children's aggressive behaviors decreased? b. To what extent have the children developed internal motivation for exhibiting acceptable behavior? c. To what extent are the children able conform to traditional classroom expectations such as waiting for turns, following directions and following classroom rules? What is the rate of growth for each child's program at the end of the school year as compared to their functional levels at the beginning of the year in the following developmental levels? Communication Cognition Fine Motor Personal Social Adaptive To what extent does team collaboration benefit children in this program?

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