Grantee Guide to Evaluation

The
Health
Foundation
of Greater Cincinnati

Introduction

Evaluation is an important part of any growth process. An analysis of what has been done, how it was done, and what resulted from these actions provides a springboard for further development. The Health Foundation of Greater Cincinnati supports evaluation in the projects it funds in order to learn as much as possible from the experiences of its grantees. We evaluate our own work, and we assist our grantees in evaluating theirs.

Your Program Officer is responsible for determining what types of evaluation you will do for your grant. This booklet will guide your efforts in developing the evaluation(s) for your project. The Health Foundation also has a number of resources to assist you in your evaluation efforts, including the help of our Director of Evaluation, who can give you one-on-one consultation as you plan your evaluation. In addition, the Health Foundation's Health Data Improvement Program can provide you with community and national health data and measurement instruments. Please contact your Program Officer if you have any questions or need other assistance as you plan and carry out your evaluation.

Benefits of Evaluation

Evaluation is beneficial to the growth process because it encourages you to take a critical look at your actions, methods, and results. Through evaluation, you:

* analyze practices and procedures to uncover what worked and what failed, allowing you to learn from these experiences;
* gain insight into effective strategies for solving problems;
* investigate what made collaborations and relationships successful;
* learn what impact your project had on community health;
* collect information that may be useful to you in dealing with your funding sources;
* provide information for future Health Foundation grantmaking decisions, program planning efforts, and new project development; and
* assist Health Foundation staff in monitoring the progress of grant-funded activities.

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In addition, your evaluation assists the community. By sharing your evaluation with the Health Foundation, you also share it with future grantees—who can use the lessons you learned to emulate your successes and avoid some of the problems you encountered. Your evaluation serves as tangible evidence that your organization and the Health Foundation are making a difference in the health of our communities.

Types of Evaluation

The Health Foundation uses two levels of evaluation, each designed for different types of projects. A brief summary of these types follows. The sections included in this booklet will describe in detail the type(s) of evaluation required for your grant.

- **Process Evaluation** looks at the activities you have planned to accomplish your objectives and ensures that they are being completed on time and on target. This type of evaluation helps you manage your program toward its desired results. Grantees who are awarded smaller grants complete a very basic Process Evaluation. These grantees show that funds were spent for the intended purpose and that the project was implemented. Your Program Officer will let you know if your grant requires a basic Process Evaluation or a more thorough one.

- **Outcome Evaluation** focuses on what has changed as a result of your program. If you are delivering a service, your outcomes relate to how people who have used the service have changed. If you are working toward system change, your outcomes relate to how systems or policies have changed. You may want to look at cost factors—an important issue for sustainability—during your Outcome Evaluation. The Health Foundation also has a limited number of required, standardized outcomes collected by all grantees doing similar projects. We will let you know which specific outcomes you are required to collect. As your project progresses, you will collect data to measure whether these changes have happened.

In addition to Process and Outcome Evaluation, the Health Foundation sometimes requires special evaluations for specific projects. Your Program Officer will let you know if you need to perform or participate in a special evaluation and will assist you when this is required.

Evaluations for Projects with Multiple Funders

The Health Foundation understands that we may not be the only funder of your project and that your other funders may also require an evaluation. Your time is valuable, and time spent performing multiple

evaluations reduces the time and resources devoted to services. If you have a project supported by multiple funders, speak with your Program Officer about using another funder's evaluation to satisfy the Health Foundation's evaluation requirements, or vice versa.

Evaluation Timeline

Using the materials in this booklet, you can create the first draft of your evaluation plan. The first draft is due with your application to the Health Foundation. The final plan is due within 60 days after the signing of your grant agreement unless specified by your Program Officer. Your Program Officer and the Health Foundation will review your plan, make comments and suggestions, and return it to you. Once the Health Foundation has approved your plan, you can use it to keep track of your project. Your Program Officer will review the plan with you during the grant period (including at your annual site visit) to ensure you are on track. Upon completion of the grant award period, a final evaluation report is due to your Program Officer within 60 days.

Using this Packet

The sections in this booklet correspond to the type(s) of evaluation you will perform. Each section includes detailed directions for developing a specific level of evaluation. If you are required to perform more than one type of evaluation, begin with the first section and move to later sections. If you have questions about anything in this booklet, refer first to the "Questions Frequently Asked by Grantees" section. If you have further questions or need clarification, contact your Program Officer.

The forms referred to in each section are located in the back of the booklet. Electronic copies of the forms can also be obtained from your Program Officer or downloaded from our web site at http://www.healthfoundation.org/granteeinfo/evaluation.

Process Evaluation

Process Evaluation is used to manage a project to meet objectives, improve quality, and monitor timeliness. Process Evaluation lets you know if your project is on track and gives you a heads-up very early if things begin to stray off course. Because changes in circumstances may require you to make adjustments in your plan to meet your goals, you and a Health Foundation staff member will review your Process Evaluation during the term of your grant.

You may find that your Process Evaluation is a springboard to developing other materials. For instance, it may help you generate checklists and timelines, which you can share with project staff, potential partners or funders, your clients, and the community.

For smaller grants, the Process Evaluation may be as simple as showing that funds were spent for the intended purpose and that the project was implemented. Your Program Officer can help you determine how basic or developed your Process Evaluation should be.
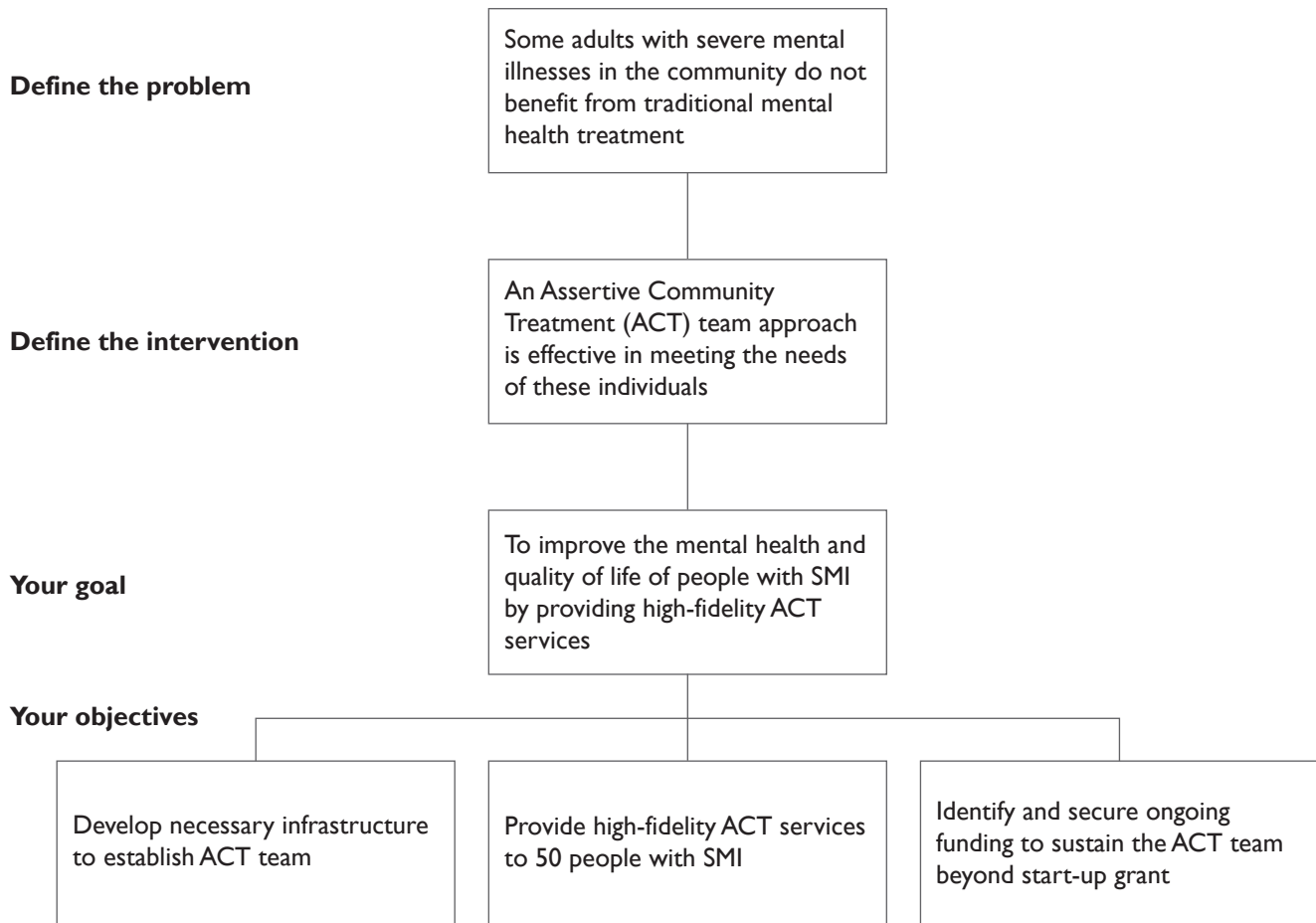
Before You Begin

Your Process Evaluation will look at how you will meet your project goal and objectives through your activities, which should all be logically connected to each other. It is possible to diagram these connections in a conceptual map of the project, or logic model. The logic model serves as a guide to help you define how your program will make a difference. Parts of your logica model (specifically the goal, objectives, and outcomes, will become part of your Grant Agreement if the grant is awarded. We have included a sample logic model on the next page. A blank logic model form is included in the *Forms* section of this booklet or can be downloaded from our web site at www.healthfoundation.org/resources/evaluation.html.

The steps of the logic model are as follows:

1. **Define the problem:** What is the basic health problem targeted by your project?

2. **Define the intervention:** What is the solution you wish to implement to address the problem? There may be many missing links between the problem as you have defined it and your intervention. You should try to understand these links. Feel free to add more steps to the logic model if they will help you. Also, remember that if the intervention you are using is a "best practice," you should have research-level data that link this intervention to the outcomes.

3. **Your goal:** What is the goal you hope to accomplish with this project? The goal is the broad, general solution to the problem. There are often two parts to a goal statement. The "to" statement refers to what you hope to accomplish with the people you serve or the system you are working to change. The "by" statement is the intervention you will use. For example, a goal might be "to improve the mental health and quality of life of people with SMI by delivering high-fidelity ACT services."

4. **Your objectives:** What are the specific things you need to do to accomplish the goal? Common objectives might be to create infrastructure for a program, to provide services for clients, or to sustain a program. The objectives for our sample goal are listed in the sample logic model on the next page.

The fifth step of the logic model focuses on the results of your work, or the outcomes. The Process Evaluation does not include outcomes. If you are required to do an Outcome Evaluation, you will continue your logic model as you complete your Outcome Evaluation Plan.

Sample Logic Model

Define the problem

> Some adults with severe mental illnesses in the community do not benefit from traditional mental health treatment

Define the intervention

> An Assertive Community Treatment (ACT) team approach is effective in meeting the needs of these individuals

Your goal

> To improve the mental health and quality of life of people with SMI by providing high-fidelity ACT services

Your objectives

> Develop necessary infrastructure to establish ACT team

> Provide high-fidelity ACT services to 50 people with SMI

> Identify and secure ongoing funding to sustain the ACT team beyond start-up grant

Developing the Process Evaluation Plan

You will fill out one Process Evaluation Plan for each objective listed in your logic model. A blank Process Evaluation Plan and a completed sample plan are included in this booklet. You can also download them from our web site at www.healthfoundation.org/resources/evaluation.html. Please pull them out and refer to them as you read these instructions. We have included a portion of the sample Process Evaluation Plan on the next page for your reference.

A. **Performance targets (activities).** List in Column A the critical milestones that you plan to accomplish for each objective. For our sample objective of "Provide high-fidelity ACT services to 50 people with severe mental illnesses," one performance target might be "Admit 10 clients per quarter until the ACT team serves 50 clients at any one time."

B. **Data source(s) showing that the activity has occurred.** In Column B, list the tangible evidence that shows the performance target has been met. For our sample, an active ACT plan in the individual clients' case records will serve as evidence that clients receive ACT services.

C. **Method by which the data will be collected, including the person responsible.** The information you include in Column C lists the method for collecting the evidence in Column B and the person responsible for collecting this evidence.

D. **Target date to accomplish the activity.** Keep in mind that some targets may happen earlier than others. During your grant, your Program Officer may ask to see the data sources from Column B

after the target date listed. For example, the Program Officer could ask to see the client case records showing which clients are receiving ACT services.

A portion of the plan for our sample objective is included below. The entire sample plan can be found in the *Samples* section of this booklet or from our web site at www.healthfoundation.org/resources/evaluation.html.

Sample Process Evaluation Plan

Project Objective: <u>Provide high-fidelity ACT services to 50 people with SMI</u>

A. Performance targets (activities)	B. Data source(s) showing that the activity has occurred	C. Method(s) by which the data will be collected, including the person responsible	D. Target date(s) to accomplish the activity
Admit 10 clients per quarter until the ACT team serves 50 clients at any one time	ACT plan in individual clients' case records	Team Leader will review records	Sept. 30, 2009 Dec. 31, 2009 March 31, 2010 June 30, 2010 Sept. 30, 2010

Preparing the Final Process Evaluation Report

Below is a format for your Final Process Evaluation Report. You may need to modify this as appropriate for your project. Your Program Officer can help you tailor this report for your needs.

The Final Process Evaluation Report should include:

1. **Grant History.** Provide a brief overview of the project, including significant activities and dates for the entire grant period.

2. **Accomplishments.** Identify the degree of completion or success in accomplishing each of the objectives from your logic model using the performance targets (activies) from your Process Evaluation Plan. Incorporate information from previousy annual reports (if applicable) and add the final year's activites and accomplishments. Use the format below. If you wish to clarify the accomplishments, provide a brief narrative statement.

Project Objective: _____

Performance targets (activities)	Accomplishments (please describe)

You will receive a detailed e-mail containing information about your grant requirements, including what reports are due and when, after the Health Foundation receives the signed copy of your Grant Agreement.

Outcome Evaluation

Outcome Evaluation focuses on what has changed as a result of your program. If you are delivering a service, your outcomes relate to how people who have used the service have changed. If you are working toward system change, your outcomes relate to how systems or policies have changed. The Health Foundation also has a limited number of required, standardized outcomes collected by all grantees doing similar projects. We will let you know which specific outcomes you are required to collect. As your project progresses, you will collect data to measure whether these changes have happened.

Frequently, Outcome Evaluations also include cost data. When agencies can demonstrate that a new program delivers higher quality care at a lower cost, there is usually little difficulty in securing future funding. Therefore, think carefully about choosing cost outcomes that will support the continuation of your project.

To ensure that your Outcome Evaluation is done properly, it is important that your project team be familiar with how your project will be evaluated. It is also helpful to pilot test your evaluation and make adjustments as necessary.

If you have been assigned an Outcome Evaluation for your project, you may obtain consultation from the Health Foundation's Director of Evaluation while you are designing the evaluation. We appreciate the opportunity to be involved in planning your evaluation. In addition, we may have evaluation resources—such as sources of data, preferred instruments, and standardized outcomes—that apply to your project that we would be happy to share with you.

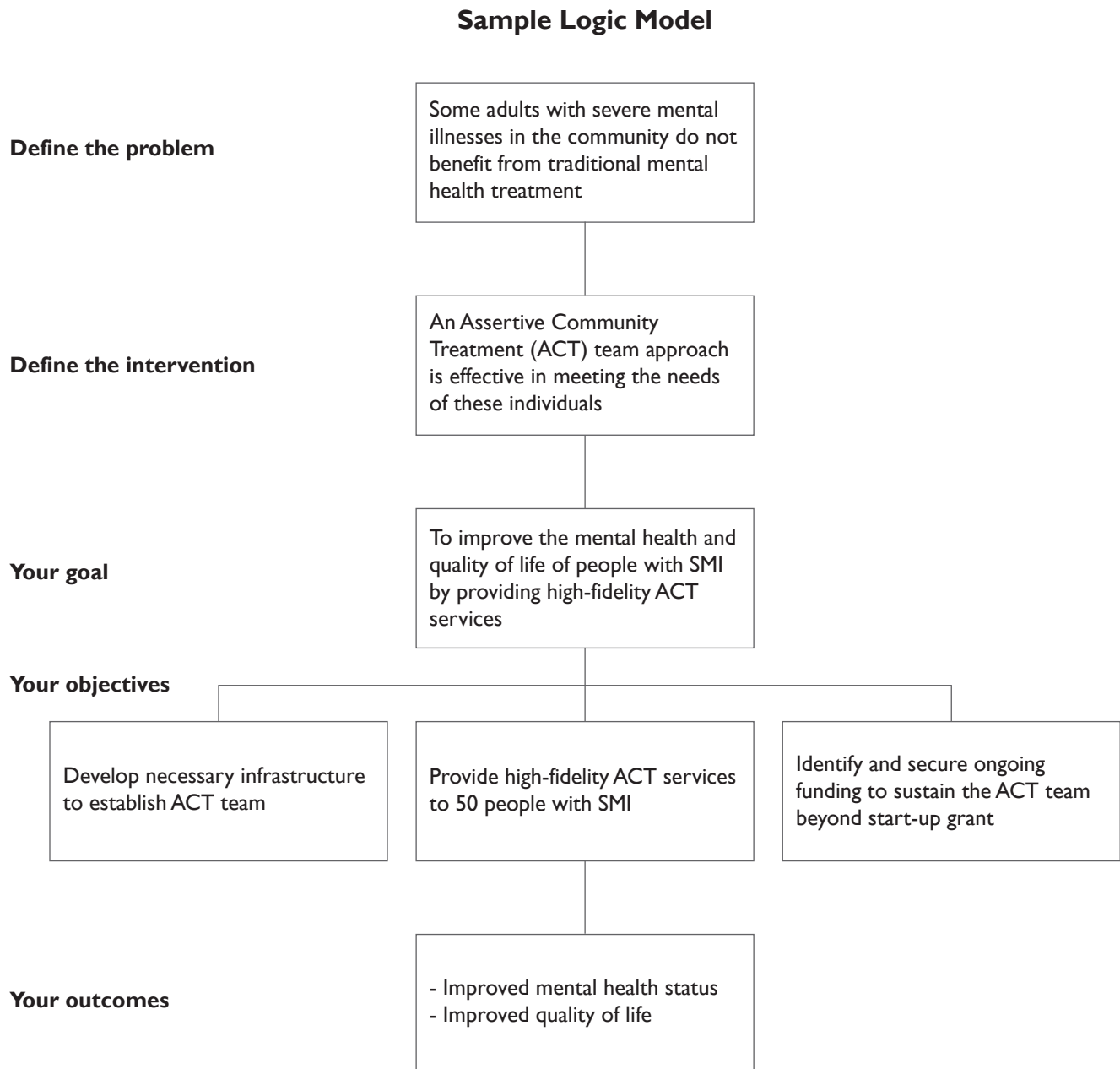## The Outcome Evaluation Plan Is Linked to the Process Evaluation Plan

Sometimes, your Process Evaluation will lead to an Outcome Evaluation, but not all objectives with a Process Evaluation need an Outcome Evaluation. For example, the objective "to create an infrastructure for XYZ program" will most likely end at the Process Evaluation stage because there are usually no people-based outcomes in creating infrastructure. On the other hand, the objective "to provide XYZ services to clients" will have both a Process Evaluation and an Outcome Evaluation, because you expect certain outcomes for clients after they receive the services. Your Program Officer will help you determine which objectives will require both Process and Outcome Evaluations.

Before You Begin

You will now extend the logic model you started during your Process Evaluation Plan by clarifying client-based outcomes and how you will measure them. This will help you develop your Outcome Evaluation Plan to measure how successful your project was in meeting your project goal.

If you are delivering a new service, consider what changes you want to see in the people who receive this service. What changes do you want to see in their knowledge, skills, behaviors, or health conditions? You will come up with a number of outcomes. However, you do not have the time or resources to evaluate every possible outcome. First, include the standardized outcomes required by the Health Foundation. If you are unclear about the required outcomes or how they are measured, please talk to your Program Officer. Next, consider a limited number of outcomes that are important for your project. Many times, this decision is based on what results will best convince your community and potential funders that your program works.

The completed logic model from our sample project that we began during the Process Evaluation Plan is included below. As you can see, not all of the objectives in this sample have outcomes.

Sample Logic Model

Define the problem	Some adults with severe mental illnesses in the community do not benefit from traditional mental health treatment
Define the intervention	An Assertive Community Treatment (ACT) team approach is effective in meeting the needs of these individuals
Your goal	To improve the mental health and quality of life of people with SMI by providing high-fidelity ACT services

Your objectives

Develop necessary infrastructure to establish ACT team	Provide high-fidelity ACT services to 50 people with SMI	Identify and secure ongoing funding to sustain the ACT team beyond start-up grant

Your outcomes

- Improved mental health status
- Improved quality of life

Developing the Outcome Evaluation Plan

You have already prepared one Process Evaluation Plan for each of the objectives in your logic model. If an objective has client-based outcomes, you will also prepare an Outcome Evaluation Plan for that objective. A blank Outcome Evaluation Plan as well as a completed sample plan are included in this booklet. You can also download them from our web site at www.healthfoundation.org/resources/evaluation.html. Please pull them out and refer to them as you read these instructions. You will also want to have your Process Evaluation Plan(s) and your logic model with you as you work on your Outcome Evaluation Plan. We have included a portion of the sample Outcome Evaluation Plan on the next page for your reference.

A. **Outcomes.** These are the outcomes you listed in your logic model. Your outcomes may be client-related, such as increases in health, or cost-related, such as decreases in costs to the system. If your project involves systems change, your outcomes will reflect the changes that occur as a result of your work. Transfer the outcome(s) for the appropriate objective from the logic model into this column. Remember that each outcome must be capable of being measured.

B. **Indicator(s) of the outcomes.** The indicator(s) that you list in Column B specify what you will use to measure your outcomes. Indicators tell you the presence, degree, or absence of a condition. Many times, indicators are the scores or results of tests or surveys, or they might be a change in condition. In our sample, the indicators used to measure a reduction in our clients' symptoms are the changes in symptoms and quality of life of our clients.

C. **Specific instruments and data sources for the indicator(s).** In this column, you will identify the instruments you will use to measure your indicators. In our sample, the instrument is the Behavior and Symptom Identification Scale (BASIS-24). The instruments can include psychometrically tested instruments, surveys, reviews of written records, observed and recorded behaviors, questionnaires, or any other method of data collection that makes sense for your project. Often, there may be established instruments that you can use. Your Program Officer and the Director of Evaluation have copies of many appropriate instruments used in your field. For standardized outcomes required by the Health Foundation, we have specific instruments which should be used. We will provide information on the outcomes and instruments that are appropriate for your project.

You may need to obtain the consent of your clients before collecting or using information. You may also have to use a unique identifier for each participant (not the person's name) to preserve confidentiality. For data you report to the Health Foundation, it is your responsibility to obtain a review of human subject issues in accordance with your organization's policies and applicable laws.

Regardless of which instruments you choose to measure an outcome, your measurement instrument should measure what you say you are measuring (validity) and measure it the same way for each person every time (reliability).

Suppose your project aims to make your clients' visits more efficient. One indicator is how long it takes your clients to see their provider from the time the clients enter the waiting room. A clock is the instrument you use to check the time when the clients entered the waiting room and when they saw their providers. The clock is a valid instrument for this evaluation because it measures what you want to measure—time. An invalid instrument would be to survey clients and ask them how long they thought they spent in the waiting room. While their perceptions of their visit may give you valuable information, perceptions are not a valid measure of time. To assure validity, it is important to carefully define terms like absences, recidivism, employment, etc., so that each person in the project measures the same thing.

Your instrument is reliable if the same accurate watch, clock, or synchronized clocks were used every time to check when the clients entered the waiting room and when they saw their provider. In addition, the person recording the time must do so accurately each time. If different timepieces with different degrees of accuracy are used, your instruments are unreliable. You may want to create a procedure or operations checklist to ensure everyone is using the instrument and recording the data in the same way.

D. **Comparison(s) if applicable.** The Health Foundation encourages you to compare your clients' outcomes to another group of people not in your project or to the clients' previous status. Comparison groups are measured with the same instrument (see Column C) as your project

clients. Comparisons help you to know that any change in your clients' outcomes was due to your project and not to some other factor.

There are four types of comparisons: a control group, a comparison group, pre- and post-test measurement, and "benchmarking." You do not have to use all of these comparisons. Instead, use the types that are most appropriate for your outcomes. You can also use more than one type of comparison. Your Program Officer and the Director of Evaluation can help you choose appropriate comparisons. Our sample uses pre- and post-test scores for our outcome of reducing client symptoms.

◊ Using a **control group** helps to compare how your program's results are different from standard or customary treatments or approaches to care. When you use a control group, you *randomly* assign your participants into groups. One group receives your new treatment or approach to care, and the other group (the control group) receives the standard or customary treatment or approach to care. You should check to see if important demographic factors (such as age, gender, race, socioeconomic status, etc.) are evenly distributed between the two groups. You want as many factors as possible to be the same between the two groups so that any differences measured are due to the treatment. If you were testing for functional health and the treatment group was composed of people younger than those in the control group, you wouldn't know if the increased functional health seen in the treatment group was related to the treatment or to age. The same outcomes are measured in these two groups and are then compared to each other to see how effective the new treatment or approach was.

◊ A **comparison group** is frequently used when random assignment is not possible or ethical. A comparison group also takes into account other factors beyond your program that might affect the outcomes you have chosen. You select the comparison group before you begin your program, and the comparison group participants are not involved in your program. The more similar the comparison group participants are to your program participant group in demographic categories, the better. When the demand for services is higher than the ability to provide services, sometimes people on the waiting list can serve as the comparison group. It is important that the same measurements be done on the comparison group at the same time as the group that is participating in your project.

Comparison groups are beneficial especially when circumstances beyond your control occur during your project. Imagine that a nearby factory emitting environmental pollutants was closed during a project studying children with asthma and their absences from school. Without a comparison group, you wouldn't know if your program or the factory closure was responsible for any decrease in school absences among children with asthma.

◊ **Pre- and post-test measurements** can be used to compare how the person was before (pre) your program and how they are after (post). When pre- and post-test measurements are used, the "pre" measurement must be done before the person participates in your project to provide a baseline measurement. In the instance of studying childhood asthma and school absences, a pre- and post-test would not have made it possible to differentiate the effect of the factory closing from the effect of your treatment because both occurred at the same time. This is one of the limitations of pre- and post-test measurement. Because of this, it is important to keep track of and describe other factors that might influence your outcome. It may also be desirable to do more than one post-test measurement.

◊ **Benchmarking** involves comparing local, state, or national data to the data you will collect for your project. If you find local, state, or national data you would like to use for comparison, make sure these data come from the same questions that you will use to generate data for

your project. The Health Foundation has or can help you find various local, state, and national data, reports, and studies available for use as benchmarks.

E. **Data collection (including who and how).** This column will list the person who is responsible and accountable for collecting the data for this specific outcome. In addition, you will outline how the data will be collected and how you will use it, if appropriate. You and your Program Officer will discuss what you should include in this column. In addition, your Program Officer may suggest that you contact the Health Foundation's Director, Health Data Improvement for assistance.

F. **Target date to evaluate the outcome.** This is the date when the evaluation for this specific outcome will be completed. You may want to gather interim outcome data to prepare a report that coincides with the funding cycle of future funders. If so, include both the interim report date and the final evaluation date.

A partially completed plan for our sample objective is included below.

Sample Outcome Evaluation Plan

Project Objective: Provide high-fidelity ACT services to 50 people with SMI

A. Outcomes	B. Indicator(s) of the outcomes	C. Specific instrument and data sources for the indicator(s)	D. Comparison(s) if applicable	E. Data collection (including who and how)	F. Target date to evaluate the outcome
Improved mental health status	Number of clients with a positive change on the BASIS-24	Behavior and Symptom Identification Score (BASIS-24)		Team leader will monitor and record data collection	Admission (baseline), 6 months, 1 year, 2 years
Improved mental health status	Mean scores on the BASIS-24	BASIS-24	Admission (baseline) score on BASIS-24	Team leader will monitor and record data collection	6 months, 1 year, 2 years

Preparing the Final Outcome Evaluation Report

Below is the format for your grant's Outcome Evaluation Report. This report is a continuation of the Final Process Evaluation Report.

For the Final Outcome Evaluation Report, you will be asked to:

+ Identify the results of each outcome in your Outcome Evaluation Plan. Incorporate the information from previous annual reports (if applicable) and add the final year's outcomes and results. Use the format on the next page. If you wish to clarify the results, provide a brief narrative statement.

Project Objective: _____

Outcomes	Results

- Identify what you learned as a result of the grant, including things that made the project easier (facilitators) or harder (barriers), policy implications, and system changes.
- Identify what follow-up activities or programmatic changes are indicated by your experience.
- Include a brief story (250–300 words) that illustrates what effect this program had on an individual or system served.

You will receive a detailed e-mail containing information about your grant requirements, including what reports are due and when, after the Health Foundation receives the signed copy of your Grant Agreement.

Special Cases: Planning Grant, RFP, Cluster, and External Evaluations

Sometimes, the Health Foundation requires grantees to perform special types of evaluation. Special cases of evaluation include planning grant, RFP, cluster, and external evaluations.

Planning Grant Evaluation

Planning grants assist grantees in assessing needs, formulating goals with measurable objectives, determining feasibility, designing programs, and developing resources to solve a problem. The outcome of a planning grant is usually the written plan you will follow to start or change a program that addresses the health needs of your community.

The Health Foundation is interested in knowing the facilitators and barriers to your planning process. What made planning easy (facilitators) and what made planning difficult (barriers)? In your final report to the Health Foundation, you will evaluate your planning grant by summarizing these facilitators and barriers.

Some things to think about are:
- Did you have access to the resources you needed for planning (i.e., data, experts, providers, community input, etc.)?
- Were the people working on the plan knowledgeable in what was necessary to develop the plan?
- Did the planning team demonstrate cultural sensitivity and competency when working with each other and in terms of the plan?
- Were providers, consumers, and community members part of the planning team?
- Were people on the team willing to participate productively in the planning process?
- What is the quality of the final plan? How well do you think it will help you implement the project?
- Can the plan help generate support from the community and other funders for your project?

The following report is an example of the facilitators and barriers that an organization might have encountered while planning a project to enroll qualified uninsured children in the CHIP program. This example is shorter than most planning grant evaluations would be.

Facilitators
Head Start, Family Resource Center, and school-based health personnel expressed enthusiasm for the program and were willing to help with the planning. In addition, we had a number of parents who were also involved. Attendance at planning meetings was relatively high because we worked hard to schedule meetings that accommodated everyone's calendars. If someone could not make a meeting, that person usually took it upon him or herself to find out what had happened and offer input and suggestions. The final plan is very good, and we think it will make implementation run smoothly. In addition, the plan has been shown to the agencies we will target for enrollment, community leaders, and physicians, and has gotten good feedback from the first two groups.

Barriers

Although we had many people who are willing to help plan, none of them have experience with CHIP enrollment, which means we had to get some experience with enrollment before we could seriously begin planning. In addition, physicians were hesitant to help plan this project because they are unwilling to accept CHIP patients. They noted apprehension about the low rate of Medicaid payments and the possibility of being overwhelmed with new patients if such a program were implemented. We took these issues into account while planning, but without a physician on the team, it was difficult to know if we addressed them properly. We have shown the completed plan to some physicians, but the plan did not generate much interest. We know we must increase our efforts to bring physicians into this project if we hope to implement it successfully.

RFP Evaluation

When the Health Foundation releases a Request for Proposals (RFP), it usually intends to fund two or more projects that fit within the theme of that RFP. As part of this process, the Health Foundation prefers to evaluate grants awarded for an RFP in a similar manner to learn as much as possible about the different ways of approaching the same problem.

An RFP Evaluation may require three types of evaluations: Process, Outcome, and Cluster. Instructions for the Process and Outcome Evaluations are included in this booklet, and your Program Officer will help you with the Cluster Evaluation (see description below). Please talk to your Program Officer before beginning the process and outcome evaluations to see if there are any special criteria you should consider as you develop your evaluations. Because we want the evaluations that result from RFP projects to be similar, the evaluation planning process may begin before the grants are awarded to make sure that all agencies understand what will be expected. If necessary, your Program Officer will guide you through the evaluation planning process as you are creating your proposal.

Cluster Evaluation

Cluster evaluations look at a number of grants at the same time. Cluster evaluations may include projects with the same strategies focusing on different outcomes, different strategies focusing on the same outcomes, or projects that illuminate separate pieces of a larger picture.

Cluster evaluations vary depending on the situation and may include external, self-designed, or Health Foundation-developed evaluations. Typically, the projects in the cluster use common definitions and measurements to make it possible to compare the strategies and outcomes from each project. The Health Foundation will share results and may ask participants to meet to discuss what each organization did and what they learned. Your Program Officer will work with you further if you are part of a cluster evaluation.

External Evaluation

At times, The Health Foundation itself may evaluate a project or a series of similar projects in depth, or we may ask an outside evaluator to evaluate a project. This provides an independent, objective, external look at the project and its accomplishments. The Health Foundation or the external evaluator designs the evaluation and may require you to cooperate in the collection of data. Results of the evaluation will be shared with you and your organization. You are also encouraged to collect information about your project independently if you feel this information is important for your organization. Your Program Officer will work with you further if you are required to do an external evaluation.

Questions Frequently Asked by Grantees

Grantees often ask questions about the evaluation process. Some of the most common questions and our answers follow. If you have additional questions or need further clarification, do not hesitate to contact your Program Officer. In some cases, your Program Officer may refer you to the Health Foundation's Director of Evaluation, who can also help you with your evaluation.

Why do we have to do the evaluation?

Evaluation is a condition of being funded by the Health Foundation because it is a way of helping organizations to tell their story in a powerful way. In addition, evaluation helps to clarify and validate learnings from projects so they can be shared with others. Evaluation also helps us to know if we are on track with projects to achieve the desired outcomes. Demonstrating accountability is important to grantees and to the Health Foundation.

By when do I need to have my evaluation completed?

The evaluation plan must be approved by the Director of Evaluation 60 days after the grant is awarded.

Who will perform the evaluation?

In most cases, you or someone in your agency can perform the evaluation. The Health Foundation offers workshops on our evaluation process and on data collection and analysis. Please visit our web site at www.healthfoundation.org/events/bytopic.html for a list of workshops and when they are held. In addition, Health Foundation staff are available to meet with you to discuss your evaluation and data questions. You may also enlist the help of volunteers or temporary paid staff, depending on the nature of the evaluation. For some evaluations, an outside evaluator may be necessary (see the next question). Your Program Officer can help you decide who will perform your evaluation. If you or someone on your staff is doing the evaluation, be sure to allocate ample time in that person's schedule to perform the evaluation, keeping in mind that time spent on the evaluation will take time away from the person's other duties. Evaluation results would be shared and discussed with the project team on a quarterly basis to make sure the proejct is on track. Regardless of who does the evaluation, remember to include the particular functions associated with carrying out the evaluation in job descriptions and in the budget.

What if I want to use an outside evaluator?

Depending on the scope of your evaluation, you may feel you need expert consultation regarding an instrument or want to hire someone to analyze your data. Or, you may know of a person who specializes in the type of evaluation you are doing and you may want to work with that person on your project. Outside evaluators can be valuable, but there are some things to consider before you decide if an outside evaluator is right for your project.

Keep in mind that the expert on your program and your community is you. Because you know your project and clients, you may see connections in the data that would be missed by an outside evaluator who would not be as familiar with the project and clients. It is also important to remember that your project is a program of service delivery, not a research design. The data that come from the evaluation will primarily be used to show your clients, community, and funders that your project was successful in improving the quality of service you provide. While your evaluation may be shared with other organizations who can learn from it, this should not be the main reason for performing the evaluation.

Before you decide to use an outside evaluator, develop a specific job description for the evaluator's position. This will clarify exactly what you are looking for and help you decide if an outside evaluator is right for your project. You may find after writing the job description that you have someone on your staff already who can perform these tasks, or you may find that an outside evaluator is necessary. If you decide to hire an outside evaluator, consult your Program Officer. He or she may know of evaluators who would be a good fit for your project and can assist you in finding evaluators. Also, talk to your colleagues to see if they have had successful experiences with evaluators.

What if my project does not go as I planned?

First, realize that you are not alone. Many grantees at one time or another have found their projects getting off track due to circumstances beyond their control. Once you realize your project is not on target, contact your Program Officer. He or she can give you assistance in getting back on track. This assistance may include tips and suggestions from other grantees who have been in the same situation. Although frustrating, the barriers you encounter while carrying out your project often conceal an important lesson that can help you—and other grantees—in the future. Regardless of how large the barriers are, the Health Foundation is vested in your success and will assist you in accomplishing your objectives in every way possible.

What if I want to do a qualitative evaluation?

Qualitative evaluation is the systematic collection and analysis of subjective narrative material, historical documents, and observations, whereas quantitative evaluation looks at numbers and data. The result of a qualitative evaluation is not a collection of numbers but a collection of themes, thoughts, and ideas. Which approach is best for your project depends upon what you are trying to find out. For instance, if you want to know whether the percent of people with health insurance increases when a particular program is put in place, you would use a quantitative evaluation and collect data. If you wanted to understand the experience of living without health insurance, you would perform a qualitative evaluation and collect the stories of people who have not had insurance. You do not have to choose one or the other; evaluations often include a combination of quantitative and qualitative evaluation.

Qualitative evaluation is used to increase understanding in an area. Often it is exploratory and is done before there are much data available for a subject. Like any other type of evaluation, qualitative evaluation has specific criteria that must be met to ensure credibility. There are evaluators who specialize in qualitative approaches to evaluation; your Program Officer can assist you in finding one if necessary.

There are many methods of performing a qualitative evaluation, including subjective narratives, one-on-one interviews, group discussions, and focus groups. All methods involve asking questions of varying specificity and having people respond. The responses are usually recorded, and after the session the conversations are transcribed. The evaluator then listens to the responses and identifies themes in what respondents said.

Which are the best outcomes to measure for my project?

Choosing your outcomes is one of the most important decisions you will make about your evaluation. The information generated by evaluating your outcomes will be vital to seeing if your project was successful. You probably have a number of outcomes you would like to see happen as a result of your project, but in the interest of time, it is usually better to narrow that list down to only a few. However, it is often very difficult to narrow down that list. First include the Health Foundation's required

outcomes. We will let you know which specific outcomes you are required to collect. If you are unclear about the required outcomes or how they are measured, please talk to your Program Officer.

As you consider additional outcomes, ask yourself the following questions:

- Who are the people that you are trying to help/serve? What will they want to know about the effectiveness of your project?
- Who will determine whether your program continues after the initial grant period? The community? Your Board? Funding agencies?
- What would convince people to continue funding your program once the initial grant period is over?

Perhaps the most important consideration in prioritizing your outcomes is program sustainability. You will eventually need to replace Health Foundation funding. Ask yourself what data would be of interest to your potential funders. Keep in mind that funders are often interested in quality programs that result in better health at a lesser or equal cost. Or, they need data to justify moving funding away from less effective programs and into yours. While sustainability is important, you may have other outcomes that are valuable for your agency. Remember to be realistic, use your time wisely, and choose only the questions that will give you the most important information for your agency. Your Program Officer can assist you as you decide which outcomes you will measure.

What if my project doesn't fit on the evaluation scheme?

In some cases, it may be difficult to fit a project to the level of evaluation you have been assigned. If you are having trouble developing your evaluation, speak with your Program Officer. He or she and the Health Foundation's Director of Evaluation can help you devise an evaluation that best fits your project.

Do I have to do both a final report and an evaluation?

The evaluation report is one part of the final report to the Health Foundation. Prior to the time any reports are due, we will send detailed instructions for the annual and final reports, which include sections for evaluation reports. In addition, you may have a standardized form to submit data on the outcomes required by the Health Foundation.

Can you share some examples of evaluations?

We have a number of examples of evaluations on our web site at www.healthfoundation.org/resources/ evaluation.html., including examples for each focus area and for different types of grant (planning, start-up, service provision, systems change, etc.) Some brief examples are included below.

- An agency was evaluating their implementation of the Children's Health Insurance Program (CHIP). The short-term outcome was how effective its enrollment recruitment efforts were, which it tested by asking people who signed up how they had heard about the program. The intermediate outcome was the number enrolled in CHIP, and the agency looked at the numbers who enrolled during the project as well as Medicaid enrollment statistics for children for several years before the program. The agency compared these numbers to its enrollment numbers. The long-term outcome was the number of enrolled children who received needed healthcare, which was tested by calling parents with children enrolled in CHIP and interviewing them on their ability to secure needed services. The agency found that although the number of children enrolled in CHIP increased, many enrolled children did not receive care due to a lack of primary care providers and lack of parental sophistication in navigating the healthcare system.

- An agency wanted to improve the treatment outcomes of adolescents who are abusing substances by developing home-based treatment services using multi-dimensional family therapy. The agency wanted to reduce binge drinking and drug use, reduce alcohol- and drug-related arrests, and improve peer and family relationships. To measure these outcomes, the agency compared data obtained from the adolescents before, during, and after treatment.

- An agency decided to implement an in-home crisis stabilization program for people with severe mental illnesses. Careful records were kept of the services used by each client, the number of days each client received services, and the people delivering the services. The agency compared hospitalizations, use of emergency room, incarcerations, and work days lost for clients before and after they used the in-home services. The agency also compared the program to a similar program that did not have an in-home crisis stabilization program.

There are many other examples. Please check our web site at www.healthfoundation.org/resources/evaluation.html or call your Program Officer for additional examples.

Where can I find an example of a systems logic model and evaluation plan?

Please check out web site at www.healthfoundation.org/resources/evaluation.html for an example of a systems evaluation, as well as many other examples.

Sample Logic Model and Evaluation Plan

Complete samples of the logic model and Process and Outcome Evaluation plans are on the pages that follow.

For more examples of logic models or evaluation plans, please visit our web site at www. healthfoundation.org/resources/evaluation.html, or contact your Program Officer.

Logic Model

Define the problem

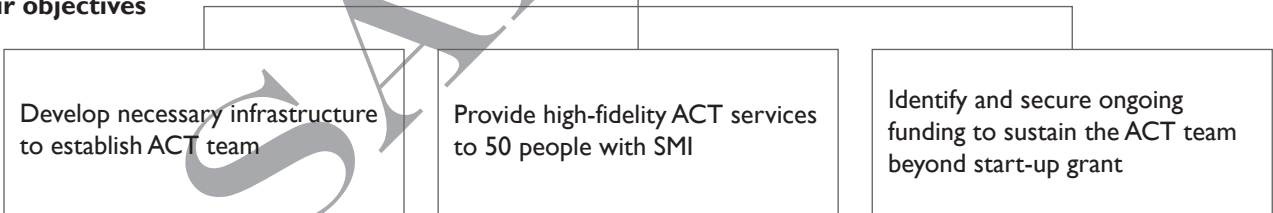Some adults with severe mental illnesses in the community do not benefit from traditional mental health treatment

Define the intervention

An Assertive Community Treatment (ACT) team approach is effective in meeting the needs of these individuals

Your goal

To improve the mental health and quality of life of people with SMI by providing high-fidelity ACT services

Your objectives

Develop necessary infrastructure to establish ACT team

Provide high-fidelity ACT services to 50 people with SMI

Identify and secure ongoing funding to sustain the ACT team beyond start-up grant

Your outcomes

- Improved mental health status
- Improved quality of life

Process Evaluation Plan

Project Objective: Develop necessary infrastructure to establish Assertive Community Treatment (ACT) team

A. Performance targets (activities)	B. Data source(s) showing that the activity has occurred	C. Method(s) by which the data will be collected, including the person responsible	D. Target date(s) to accomplish the activity
Contract with training center for 40 hours of training, 120 hours of technical assistance on ACT, and fidelity assessments	Signed contract	CEO will have on file	April 30, 2009

Process Evaluation Plan

Project Objective: Provide high-fidelity ACT services to 50 people with SMI

A. Performance targets (activities)	B. Data source(s) showing that the activity has occurred	C. Method(s) by which the data will be collected, including the person responsible	D. Target date(s) to accomplish the activity
Admit 10 clients per quarter until the ACT team serves 50 clients at any one time	ACT plan in individual clients' case records	Team Leader will review records	September 30, 2009 December 31, 2009 March 31, 2010 June 30, 2010 September 30, 2010
Training center will administer fidelity checks at baseline and annually unless required more frequently by the state or by the results of the fidelity assessment	Fidelity Assessment Report	Team Leader will have reports on file	September 30, 2008 (baseline) September 30, 2009

Process Evaluation Plan

Project Objective: Identify and secure ongoing funding to sustain the ACT program beyond the start-up grant

A. Performance targets (activities)	B. Data source(s) showing that the activity has occurred	C. Method(s) by which the data will be collected, including the person responsible	D. Target date(s) to accomplish the activity
ACT program will generate Medicaid funding: $100,000 in Year 1 and $200,000 in Year 2	Annual financial statement	MACSIS claims report recorded by Financial Manager	December 31, 2008 December 31, 2009
Generate contributions from fundraisers: $25,000 in Year 1 and $40,000 in Year 2	Annual financial statement	Financial report recorded by Financial Manager	December 31, 2008 December 31, 2009
Promote success of program at state and local level: send letter on project to mental health board annual and present at one state conference	Copies of letters and presentations	Team Leader will have on file	December 31, 2008 December 31, 2009
Keep CEO informed of ACT including client outcomes through quarterly reports and invitation to client visit once a year	Print our of quarterly reports and record of client visits	Team Leader will have on file	March 31, 2008 June 30, 2008 September 30, 2008 December 31, 2008 March 31, 2009 June 30, 2009 September 30, 2009 December 31, 2009

Outcome Evaluation Plan

Project Objective: Provide high-fidelity ACT services to 50 people with SMI

A. Outcomes	B. Indicator(s) of the outcomes	C. Specific instrument and data sources for the indicator(s)	D. Comparison(s) if applicable	E. Data collection (including who and how)	F. Target date to evaluate the outcome
Improved mental health status	Number of clients with a positive change on the BASIS-24	Behavior and Symptom Identification Score (BASIS-24)		Team leader will monitor and record data collection	Admission (baseline), 6 months, 1 year, 2 years
Improved mental health status	Mean scores on the BASIS-24	BASIS-24	Admission (baseline) score on BASIS-24	Team leader will monitor and record data collection	6 months, 1 year, 2 years
Improved quality of life	Number of clients with a positive change on the Ohio COnsumer Outcomes, Part 1	Ohio Consumer OUtcomes, Part 1		Team leader will monitor and record data collection	Admission (baseline), 6 months, 1 year, 2 years
Improved quality of life	Positive change in Ohio Consumer OUtcomes, Part 1	Ohio Consumer OUtcomes, Part 1	Admission (baseline) score on the Ohio Consumer Outcomes, Part 1	Team leader will monitor and record data collection	6 months, 1 year, 2 years

Forms

All of the forms you will need to complete your evaluation are included here. Feel free to photocopy any of these forms as needed. In addition, you can request the forms from your Program Officer or download them from our web site at www.healthfoundation.org/resources/evaluation.html.

If you have any questions, do not hesitate to contact your Program Officer.

Logic Model

Define the problem

Define the intervention

Your goal

Your objectives

Your outcomes

Process Evaluation Plan

Project Objective: _____

A. Performance targets (activities)	B. Data source(s) showing that the activity has occurred	C. Method(s) by which the data will be collected, including the person responsible	D. Target date(s) to accomplish the activity

Outcome Evaluation Plan

Project Objective: _____

A. Outcomes	B. Indicator(s) of the outcomes	C. Specific instrument and data sources for the indicator(s)	D. Comparison(s) if applicable	E. Data collection (including who and how)	F. Target date to evaluate the outcome