Elevate, Evaluate: A Learning Platform for Program Self-Evaluation

ELEVATE

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Elevate, Evaluate is a **program evaluation** training and technical assistance platform designed for **community-based organizations** (CBOs) that provide mental health support for marginalized communities.

Elevate, Evaluate includes **educational courses**, reference materials organized in a **resource library**, and an **online community** for networking with other organizations and researchers who share a similar vision and values. These tools and resources are needed to help CBOs measure the impact of their services, so they can make informed decisions about future programming.

Our goal is not necessarily to improve their mental health, but to improve their connectedness to their community and their confidence in their jobs."

- CBO Representative

Program evaluation is a formal process designed to assess a program's impact and inform decisions about future programming based on the results. Evaluations use systematic collection and analysis of qualitative and quantitative data to document operations and outcomes.

Community-based organizations (CBOs) are formal, private non-governmental organizations that often rely heavily on a skilled but low-wage or volunteer workforce. CBOs offer behavioral health services and play an important advocacy role in local communities. They fill gaps in the system, particularly for marginalized and stigmatized communities.

Survey

data informs design and development

Live & Learn, Inc., a peer-run research organization in the United States, conducted a <u>Phase I SBIR</u> project to understand the program evaluation needs of CBOs, and technical specifications for Elevate, Evaluate. Program evaluation links processes to outcomes in real-world settings, and helps organizations invest in evidencebased services. This report details the findings from a survey and interviews with CBO representatives from across the US.

We asked 44 CBOs across 21 states about their current experiences, competencies, and needs around program evaluation, as well as their interest in using a product such as Elevate, Evaluate.

Most of these organizations were small in terms of staff, service recipients, and budgets. They were frequently staffed by people with lived experience and provide essential social and behavioral services to underrepresented populations, such as peer support and community outreach.

The survey results showed that 57% of CBOs had conducted evaluations in the past, and the other 43% were interested in doing so. Sixty-four percent of organizations reported having program evaluation, quality improvement, or program analyst staff, but many still required training in evaluation methodology.

Self-evaluation is an evaluation by the people who design and implement the program. A selfevaluation lets CBOs retain control of which data are important, how they want to collect and use it, and ensures that the program is reaching its goals and objectives.



Most report prior evaluation experience

More than half of the organizations that had conducted evaluations in the past (57%) worked with an external evaluator, while the remaining 44% reported doing a **self-evaluation**. Of those that worked with an external evaluator, 13% had no involvement in the evaluation. Program staff provide important feedback to the evaluation process, but need the skills and knowledge to be actively involved and to use evaluation results in their work.



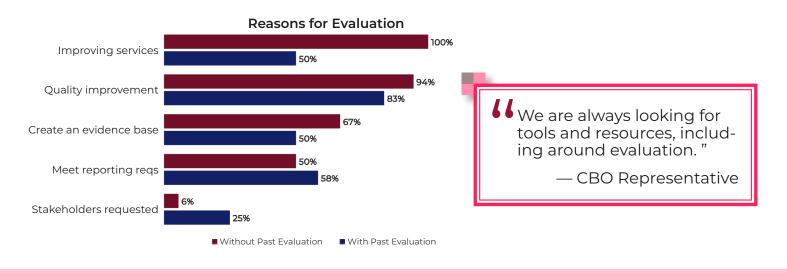
CBOs reported the reasons they conducted past evaluations or were interested in conducting them in the future.

Only 31% of CBOs reported that an evaluation was requested by community stakeholders. This suggests that CBOs

The top reasons for past evaluations:

- Quality improvement (83%)
- Meeting reporting reqs (58%)
- Create an evidence base (50%)
- Improving services (50%)

are not engaging with their community to plan useful evaluations that may also be of interest to those they serve.



Need for planning and analysis

Elevate, Evaluate aims to help CBOs surmount obstacles to program evaluation. Those who had been evaluated before seemed to have fewer barriers to conducting evaluation than those without prior experience.

72% of non-evaluated CBOs had inadequate staff, funding, and time; 67% lacked the necessary tools and knowledge of program evaluation. Participants needed help in securing support for data analysis, summarizing and utilizing qualitative data, creating QA/QI roles, and running analysis (including what data to collect and how to interpret it).

CBOs with evaluation experience had limited time and faced challenges with staffing, software/hardware, evaluation knowledge, and funding.

This data informs the Elevate team on how to create learning modules that provide practical skills and a sense of community to address these issues. Participants were interested in strategies to engage people with lived experience, and increase diversity and collaboration.



Examples of additional areas CBOs would like to evaluate include:

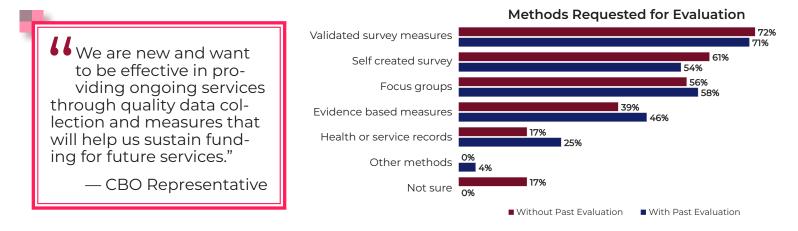
- Cultural connections for Native American populations in urban areas.
- Reducing the need for involuntary commitment after crisis support/ intervention.
- Data on improved outcomes in housing, substance use, and law enforcement interactions.
- Helping build the peer support workforce.

Favor survey and interview methods

The most popular data sources for program evaluation for both previously evaluated CBOs, and of interest for nonevaluated CBOs, were validated survey instruments, surveys created by the CBO, and interviews/focus groups.

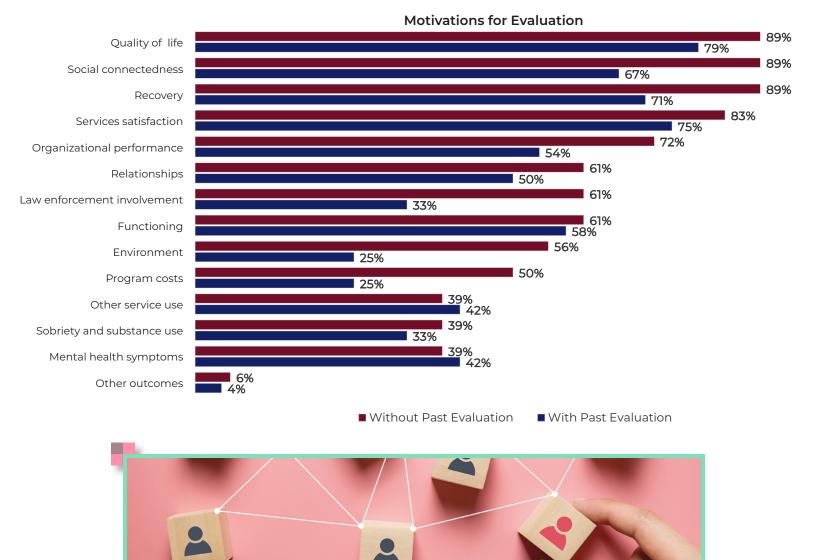
Only 25% of CBOs used health or service records, while 17% were interested in them. Electronic health record systems have not been designed for peerrun organizations, which presents an obstacle for using this type of data in program evaluation.

Focus group participants were interested in data collection methods that reduce the burden on staff or service recipients (i.e., easy, brief, accessible). Some of the specific measurement tools that CBOs had used included the Recovery Markers Questionnaire, Family Environment Scale, Youth Experience Survey, FACIT fidelity scale for peer-run organizations, and anti-stigma measures.



Person -centered outcomes are the priority

Survey participants were asked to pick outcomes they had seen or wanted to see measured (for CBOs that haven't done evaluations yet). The chart shows the interest level of both CBOs with and without evaluation experience. Quality of life, social connectedness, recovery and service satisfaction were the most popular choices.



Desire tools

Overall, 63% of survey participants were interested in using the Elevate, Evaluate platform. The interest was even higher (77%) among CBOs that had not conducted a program evaluation in the past. CBOs expressed concerns around HIPAA, costs of the platform, and having available time to use the platform, given that time is already a barrier for performing evaluations. These concerns will be addressed in Phase II development.



The survey results will shape Elevate, Evaluate to teach the importance of evaluation, provide input, and suggest strategies for engaging stakeholders.

Common motivations for evaluation were quality improvement, to secure/ improve funding, build community, and share with other organizations and service users.

Participants need training to understand evaluation needs, identify outcomes, select validated measures, and overcome barriers. Elevate, Evaluate aims to create standards for measurement and analysis, making it easier to collect evidence for service effectiveness. Elevate, Evaluate will help save time, improve results, and help CBOs become better advocates.

CBOs expressed interest in using the courses either to learn on their own or to share with staff. Many wanted an automated data analysis tool and were eager to network with other organizations to share knowledge. They also wanted access to answers and expert advice. Respondents were interested in a documentation library for how to use and understand survey items.

Thanks to everyone who took part in the survey, focus groups, and advisory panel.

See you in Phase II!