

The Board's Role in Program Evaluation Capacity for Nonprofit Human Service Organizations

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The increasing call for accountability and competition for resources has given program evaluation more importance, prominence and attention within the United States nonprofit sector. As a result, some scholars indicate that the demand for program evaluation is growing as nonprofit organizations face the challenge of responding to external stakeholders such as funders, government agencies and accrediting bodies while developing their internal capacity to evaluate their programs. A nonprofit's stakeholders that have an interest in program evaluation, regardless of motivation, require a comprehensive understanding of evaluation capacity in order to understand their role in evaluation capacity building (ECB). One important stakeholder group is the board of directors. This study incorporates interviews with board chairs of nonprofit human services organizations and two case studies to gain a better understanding for their perspective on program evaluation regarding the board's role and responsibilities, and how the capacity to evaluate programs is impacted by the board's role and actions.

Program Evaluation and Nonprofit Management

There are several definitions of program evaluation including:

- "...the identification, clarification, and application of defensible criteria to determine an object's value (worth or merit) in relation to those criteria" (Fitzpatrick, Sanders & Worthen, 2004, p. 5)
- "...the application of ...approaches, techniques, and knowledge to systematically assess and improve the planning, implementation, and effectiveness of programs" (Chen, 2005, p. 3)
- "...a systematic process for an organization to obtain information on its activities, its impacts, and the effectiveness of its work, so that it can improve its activities and describe its accomplishments" (Mattesich, 2003, p. 3)
- "...the systematic collection of information about the activities, characteristics, and outcomes of programs for use by specific people to reduce uncertainties,

improve effectiveness, and make decisions with regard to what those programs are doing and affecting” (Patton, 1997, p. 23).

The similarities in these definitions are worth noting. First, program evaluation is a systematic process (drawing on information systems) for collecting information about the program. Second, it involves assessment, judging the worth or value of the program. Third, the ultimate purpose of program evaluation is to gather information used to improve the program. Program evaluation seeks to answer questions related to the effectiveness of a program. These questions tend to be grouped into three levels with the caveat that they are not exclusive, they overlap, and they are driven by who is interested in the answers within a political environment.

The *societal level* comprising elected officials, government agencies, large private foundations, the general public, and the media are typically concerned with programs’ broader impact on social problems and implications for policy. The *organizational level* comprises the top administrative stakeholders interested in the results of a program and how they can be used from a more bottom-line perspective. They may be a foundation program officer, United Way staff person, government administrator, accreditation representative or the ED and Board of the NHSO who might review the results in strategic planning sessions, board meetings, etc. to make organizational level decisions, utilize it for public relations or for acquiring funds. The *program level* comprises stakeholders such as the program director or manager; program staff and volunteers that deliver the program; and the consumers, especially in the case of empowerment evaluation where they play a primary role in the evaluation process. They are typically concerned with issues specifically centered on the program such as its design, theory, strengths, weaknesses, logistics, context, and process (Bamberger, Rugh & Mabry, 2006; Boulmetis & Dutwin, 2005; Brun, 2005; Chen, 2005; Festin & Philbin, 2005; Fitzpatrick, Sanders & Worthen, 2004; Mark, Henry & Julnes , 2000; Newcomer, Hatry & Wholey, 1994; Patton, 1997).

Program evaluation has become a major focus for nonprofit leaders, funders, accrediting organizations, board members, individual donors, the media and scholars (Brody 2002; Reamer, 1998; Salamon, 2002) over the past two decades. The demand for program evaluation is growing (Carman, 2007; Fitzpatrick, Sanders & Worthen, 2004; Hudson, 2005; Newcomer, Hatry & Wholey; 2004), and it is increasingly being used in the nonprofit sector as a component of organizational performance measurement (Patton, 1997; Poister, 2003). Program evaluation has been increasingly discussed in the nonprofit management literature over the past decade (Campbell, 2002; Fine, Thayer & Coghlan, 2000; Hoefler, 2000; Oster, 1995; Paddock, 2001; Poole, Davis, Reisman & Nelson, 2001; Smith, Bucklin & Associates, 2000; Thomas, 2005; United Way of America, 1996) and various reasons are cited for why it is an important component of nonprofit management for nonprofit organizations and their stakeholders. Program evaluation helps organizations determine whether their program has met its objectives and achieved desired results (Paddock, 2001; Smith, Bucklin & Associates, 2000; Thomas, 2005); provides a basis for comparison against similar modes of service delivery or industry “best practices” (Paddock, 2001); serves as a tool for making decisions about programs (Paddock, 2001; Smith, Bucklin & Associates, 2000; United Way of America, 1996); and enables an organization to meet the demands of its funders and other external stakeholders (Hoefler, 2000; Thomas, 2005).

Nonprofit organizations face the challenge of responding to the *external pull* from funders, government agencies and accrediting bodies while developing an intrinsically motivated *internal push* to build long-term capacity to evaluate their programs. This study examines nonprofit human service organizations (NHSOs) because they particularly operate in an environment of increasing pressure for demonstrating program

effectiveness resulting from the devolution of social services from government to the nonprofit sector, and more sophisticated evaluative information required by funders and accreditation requirements. Some suggest the ultimate responsibility for program evaluation in a nonprofit organization resides with the executive director (ED) (Alaimo, 2008; Thomas, 2005), as he or she is in the position to ensure that it is planned and executed with the proper levels of participation from key stakeholders, especially staff. Stakeholder involvement is important as it "...increases the likelihood that evaluation results will be used and that evaluation processes will continue" (Fine, Thayer & Coghlan, 2000; p. 334). Others suggest that the responsibility also resides with the board of directors who are responsible for ensuring that programs are meeting the needs of the constituency being served and that they are contributing to work towards the organization's mission (Burgess, 1993; O'Connell, 2003).

Role and Responsibilities of the Board

The board of directors of a nonprofit human services organization (NHSO) is a group of volunteers fiscally and legally responsible for the organization, ensuring it is managed efficiently and effectively, and overall accountable for the organization's work towards its mission (Block, 2001; O'Connell, 2003; Ryan, Chait & Taylor, 2005). The board works toward satisfying these core responsibilities through fulfilling the three standards of conduct – the *duty of obedience*, the *duty of care* and the *duty of loyalty* (Axelrod, 2005; Block, 2001; BoardSource, 2007; Burgess, 1993). The duty of obedience involves acting consistently within the organization's mission, purpose and applicable laws. The board fulfills the duty of care when it acts in good faith and in the organization's best interests when making decisions by staying informed, asking critical

questions and participating in governance. The duty loyalty is fulfilled when the organization's interests come first and above individual interests, and it avoids conflict of interest.

The board is charged with determining and advancing the organization's mission, setting policies, ensuring the organization has adequate resources, serving as a connection to the community through outreach, and providing oversight of management (Axelrod, 2005; Block, 2001; Hay, 1990; Oster, 1995; Smith, Bucklin & Associates, Inc., 2000). If an organization's programs represent the organization's work towards its mission, then one can argue program evaluation is therefore a board responsibility. Researchers and scholars vary on how they characterize this responsibility. They include the monitoring and assessing the organization's work towards its mission (O'Connell, 2003; Smith, Bucklin & Associates, Inc., 2000); the board being "...the evaluators of the accomplishment of the organizational mission and related objectives" (Hay, 1990, p. 154); and "...ensuring policies are in place to evaluate the organization's programs and services to determine if they advance the mission and are effective..." (Axelrod, 2005, p. 137).

Some scholars suggest that the board should evaluate the program regularly by probing and questioning to make sure the programs are sound, consistent with the mission and with what has been promised by the organization (Burgess, 1993; Carver, 2002); some suggest that the board is responsible for determining, monitoring and strengthening programs (BoardSource, 2007); while others suggest their participation be more hands-on with a role in the planning, monitoring and evaluation of programs (Scribner, 2004). O'Connell recommends that if the board or other internal stakeholders do not have the technical aptitude to evaluate their programs, then the board should hire external assistance (2003). Carver recommends that boards go beyond categorizing service delivery as a process to focus more on the difference programs make

in their consumers' lives (2002). This represents more of an outcomes model concerned with how consumers' lives are impacted by the program with respect to the intended changes in their condition, status or behavior. NHSOs and their stakeholders interested in responding to this external pull while developing their internal push for program evaluation must comprehend what is required for their capacity to effectively and efficiently evaluate their programs.

Evaluation Capacity Building

Evaluation capacity building (ECB) emerged as a concept in the late 1990's and is still a relatively new and expanding topic. It is growing within the evaluation profession and is only recently permeating the U.S. nonprofit sector and the field of nonprofit management. Evaluation capacity as a specific term, concept and construct is intended to frame what is necessary for an organization to evaluate something and, in the specific context for this study, the ability for a nonprofit human services program to be evaluated. It is defined as "...human capital (skills, knowledge, experience, etc.) and financial/material resources..." that are necessary for the practice of evaluation (Boyle & Lemaire, 1999, p. 5). Stockdill, Baizerman, and Compton define ECB as:

"a context-dependent, intentional action system of guided processes and practices for bringing about and sustaining a state of affairs in which quality program evaluation and its appropriate uses are ordinary and ongoing practices within and/or between one or more organizations/programs/sites" (2002, p. 8).

Engaging in ECB requires being mindful of organizational contexts, political hierarchies, power structures, and other aspects of the environment in which the program operates (Patton, 1997; Volkov and King, 2007). Stufflebeam in his *Institutionalizing Evaluation Checklist* breaks out the contextual factors in detail:

"Since evaluation systems are context dependent, take into account constituents' needs, wants, and expectations plus other variables such as pertinent societal values, customs, and mores; relevant laws and statutes; economic dynamics;

political forces; media interests; pertinent substantive criteria; organizational mission, goals, and priorities; organizational governance, management, protocols, and operating routines; and the organization's history and current challenges" (2002).

These descriptions of driving factors for ECB present issues and concern inherent in the core responsibilities of a board, particularly those focused on planning and setting policy for the organization.

ECB is a *guided* process because it is facilitated to be established and sustained, and to be successful it requires stakeholder involvement (Bamberger, Rugh & Mabry, 2006; CDC, 1999; Fetterman, Preskill & Catsambas, 2006; Stockdill, Baizerman & Compton, 2002). We can infer that board members are important stakeholders in ECB and that their role can help bridge ECB to evaluation use as the process involves "strengthening the motivation and capacity of managers, planners, policymakers, legislators, funding agencies, and public opinion to commission, assess, and/or use the findings of evaluations" (Bamberger, Rugh & Mabry, 2006, p. 164). The support, sharing the responsibility for, and participation from key leaders in the organization is cited as critical to successful ECB (Volkov and King, 2007). Stufflebeam explicitly calls for "stakeholder buy-in, participation, and support from all levels, e.g., by engaging representative panels to review evaluation plans and reports and working to assure that top management and governance are knowledgeable, supportive, and involved in the evaluation effort" (2002). Support for program evaluation from the board is a critical component of the process to mainstream it into the culture of the organization to where it becomes an *ordinary practice*, a regular routine that has become a basic assumption embedded in the culture of the organization. Mainstreaming evaluation is "...the process of making evaluation an integral part of an organization's everyday operations" and "...part of the organization's work ethic, its culture, and job responsibilities at all levels" (Sanders, 2003, p. 3).

Baizerman, Compton and Stockdill state that “The promise for ECB is limited by the lack of necessary financial and human resources” and that resources go beyond the knowledge and skills for evaluation to include what is necessary to facilitate ECB (2002, p. 21). Examples of the necessary *resources* to evaluate a program include people, facilities, funds, equipment, software, and time (Mesch & McClelland, 2006; Stufflebeam, 2002; United Way of America, 1996; Volkov & King, 2005). Organizations select and effectively utilize internal or external evaluation personnel and their expertise (Sonnichsen, 1999; Stufflebeam, 2002; Volkov & King, 2005; Werther, Jr. & Berman, 2001).

Funds are an important resource that ultimately can determine whether programs get evaluated. Government and private foundation grants occasionally have line item expenses to cover evaluations, but there is no clear, overall sense of whether these evaluations are being funded at the necessary levels determined by the nature of the programs being evaluated and what kind of information is desired. Scholars and practitioners have observed that evaluation project budgets typically do not have sufficient funds (Bamberger, Rugh & Mabry, 2006). If a NISO that treats program evaluation as an expensive luxury only for organizations that are well endowed with resources or for their organization only when an external stakeholder will pay for it, the organization is not likely to prioritize it, plan for it, budget for it and work towards long-term evaluation capacity. If an organization has the funds to pay for program evaluation but the culture doesn't value or support it, it may not occur. Lastly, an organization may not have the funds to pay for program evaluation but the culture supports it enough for them to plan and budget for it. The board, as the controlling body of the organization's resources, can be the driving group to prioritize, plan for and budget for program evaluation.

Structures are referred to here as the physical and mental processes within the NHSO that contribute to ECB. The establishment of an evaluation oversight group, sometimes called an evaluation work group, team, or advisory committee that can be the catalyst for stakeholder involvement, effectively utilize available human resources, and establish and move forward evaluation processes (King, 2005; Patton, 1997; Volkov & King, 2007; Wholey, 1994). This group should include a mix of program staff, board members, the evaluator and consumers if possible, but could also include consumers, program sponsors, collaborative partners, direct service volunteers, policymakers, local evaluation experts from colleges or universities, or other stakeholders invested in the organization's program. Stufflebeam reminds us that these stakeholders should possess skills and expertise necessary for the ECB process such as "field work, group process, interviewing, measurement, statistics, surveys, cost analysis, values analysis, policy analysis, public speaking, writing, editing, computers, communications technology, and project management" (2002).

The integration of evaluation into the organization's policies and procedures (Volkov & King, 2007) helps give evaluation a seat at the table and moves it toward being mainstreamed in the culture as a basic assumption. It also contributes to consistent and cohesive approaches to program evaluation (Milstein, Chapel, Wetterhall & Cotton, 2002). ECB involves the building of an infrastructure to support evaluation by facilitating learning and communication. Structures for learning may include training and coaching, access to evaluation learning materials, ongoing learning activities, and opportunities for reflective discussion about evaluations (Preskill & Russ-Eft, 2005; Preskill & Torres, 1999; Stufflebeam, 2002; Volkov & King, 2007). Communication systems should include feedback loops, a monitoring and tracking system, and distribution channels for disseminating information about evaluation processes and findings (Preskill &

Russ-Eft, 2005; Stufflebeam, 2002; Volkov & King, 2007). The board's role in setting policy can help ensure that program evaluation not only helps drive policy but that policies are developed and enacted to help drive ECB, program evaluation and evaluation use.

ECB is driven by context (Baizerman, Compton & Stockdill, 2002; Bamberger, Rugh & Mabry; Fetterman, 2005; Patton, 1997; Sufflebeam, 2002; Volkov & King, 2007), so organizations interested in building capacity for program evaluation should recognize their internal and external *organizational context*. There are many strategies for addressing an organization's internal context's for ECB. A balanced approach of building an internal supportive culture for ECB while integrating the demands from external stakeholders is recommended for addressing this context (Volkov and King, 2007). Support from the board could help the organization confront the demands of its external organizational context while helping it to marshal resources, build structures, and develop its internal organizational context for program evaluation.

Organizational culture is an important factor for the internal context for ECB and participation in program evaluation (Baizerman, Compton & Stockdill, 2002; Grudens-Schuck, 2003; Marais, 1998; Mesch & McClelland, 2006; Poole, Davis, Reisman & Nelson, 2001). An example of how culture can play into ECB is when an organization makes program evaluation a priority by conveying its importance to key stakeholders and by having its leaders participate in the process at some level (United Way of America, 1996). The leadership of the organization, including the board and the ED, can be the drivers of this process internally by modeling behavior and matching action to rhetoric, and reinforcing the prioritization with staff, volunteers and other key stakeholders that moves ECB and program evaluation more towards how the organization inherently operates and away from being extra tasks. Leaders desiring to help

develop and nurture this type of organizational culture should have a pulse of the organization's readiness and willingness for change, social norms and customs, history of the organization and its traditions, work and management styles, relationships and power, and the overall stability of the organization.

Methodology

This study seeks to understand what role the board of directors plays in determining the capacity to evaluate a nonprofit human service program. This primary research question is answered from primarily the board chair's perspective, as well as from other key stakeholders such as their EDs and program staff. It is supported by several secondary research questions such as: How do boards view program evaluation in relation to their role and responsibilities? What, if anything, motivates board members to engage in and/or support program evaluation? How do their motivations impact evaluation capacity? What specific actions have boards taken to be successful in building capacity for program evaluation?

One-on-one, in-person interviews with twenty board chairs of NHSOs were used to answer these questions. Ten each were randomly selected from the sample populations of NHSOs within the 20-county metropolitan statistical area (MSA) of Atlanta, Georgia and the 9-county Indianapolis, Indiana MSA. The populations were stratified by GuideStar's top five organizational income levels, taken from line 12 of their IRS 990 form, and the percentage of geographic spread within their MSA population by county. One-on-one interviews were also conducted with the executive directors and program staff of the same organizations to compare their responses. Semi-structured, pre-tested questionnaires with non-directive, follow up probes were used for all interviews which were tape recorded and analyzed using NVIVO7 qualitative

analysis software to uncover common threads, terms, concepts and themes, and differences within the board chairs and among all three stakeholder groups.

Limitations of the study

Limitations of this study include potential interviewer bias and variance that may naturally occur during in-person interviews. Interviews have also been characterized as a means for producing meaning, as the interaction between an interviewer and the respondent contributes to the social construction of reality (Berger & Luckman, 1967; Holstein & Gubrium, 1995). Selection bias was inherent in the purposive selection of the two organizations participating in the case studies in lieu of pure case study research which would call for a random selection and neutral analysis of the unit(s) of observation. Caution should be exercised for generalizing the results of this study due to the small sample sizes and limited geographic coverage. However, the primary goal of this study was not to be able to generalize data, but to inquire into what the determining factors are behind a complex issue that is driven by multiple stakeholders and has not been widely studied in hopes of contributing to a new research agenda.

Results

NHSO Characteristics and Levels of Engagement in Program Evaluation

The results of this study come from a total of 60 interviews conducted with board chairs, executive directors and program staff representing 20 NHSOs. The total revenue for the 20 participating NHSOs in fiscal year ending 2006 ranged from \$328,316 to \$27,184,548 with a mean of \$7,197,748 and median of \$3,403,145. The organizations varied in how long they existed by 2005, ranging from 117 to 8 years with a mean age of 45 years and median of 36. These 20 organizations represented the great diversity within the human services subsector including service delivery for early childhood development, the homeless, troubled and abused

youth, youth leadership programs, family programs, adults with development disabilities, adoption, senior citizens, rape victims, hunger and others.

The results of the interviews and a review of organizational documents and web sites yielded a variance in how active and comprehensive the NHSOs engaged in evaluating their programs. The data for this activity served as the basis for developing a simple typology of two levels of engagement these 20 NHSOs typically represented as shown below in Table 1.

TABLE 1 - Organization Rating Types for Levels of Program Evaluation Activity

ORGANIZATION TYPE	PROGRAM EVALUATION CHARACTERISTICS
TYPE I – 30% (6)	<ul style="list-style-type: none"> • Comprehensive and usually mixed evaluation methods reflecting a balanced approach • Program-driven and outcome-focused rather than predominantly driven by external stakeholders • Staff dedicated to evaluation and/or external evaluators conduct the evaluation • Evaluation results used primarily to improve programs • Demonstration of long-term commitment for and activity in program evaluation • Efforts to ensure the evaluation process improves and evolves
TYPE II – 70% (14)	<ul style="list-style-type: none"> • Primarily a single evaluation method usually comprising a consumer survey • Focus on consumer satisfaction and external stakeholder requirements • Staff conduct the evaluation on an ad hoc, as needed basis • Evaluation results used primarily for program alterations relating to process i.e. logistics, location, etc. • Sporadic commitment for and activity in program evaluation limited by lacking capacity and/or driven by changes in external stakeholder demands • Evaluation process changes little or not at all

n=20

These criteria were not pre-determined but instead based on the organizations’ activity in program evaluation. The simple typology is not definitive and its purpose is to illustrate the general divisions among the characteristics of the program evaluation efforts from the participating organizations. It is important to note that these divisions were not always exclusive, as a few organizations had a mix of characteristics between categories and arguably

overlapped a bit between Type I and Type II, or were seemingly in transition between these categories. Approximately one third of the 20 EDs interviewed expressed their desire to increase and expand their engagement in program evaluation but cited lacking resources as the major deterrent for moving forward.

Understanding and Perceptions of Program Evaluation

The perceptions of program evaluation from the 20 board chairs varied greatly, and overall there were no common characterizations of how they described program evaluation. However, a few observations are helpful in contrasting their perceptions with other stakeholder groups. First, terms normally associated with describing program evaluation were hardly used. Four board chairs referenced “outcomes;” three referenced “analysis;” three referenced “the effectiveness of the program;” two talked about “improving the program;” and one mentioned “measuring performance.” Second, more board chairs talked about issues centered on the resources for the program in terms of inputs and efficiency. They discussed allocating resources for the program and how resources were used in the program. Third, several board chairs seemed confused and either described the program or discussed the evaluation of the entire organization. Fourth, discussing the meeting of goals or objectives trumped discussion about the utilization of evaluation information which was only referenced by two board chairs. One provided her perception that most accurately matched the definition program evaluation among the 20 respondents:

“Looking at all components, and the processes, and outcomes of a program and looking at it as what works well as well as how you would improve that program.”

Only half of the board chairs provided their depictions of program evaluation with none of them stated more than once. Some included “mission centric,” “complicated,” “formal,” “rigorous,”

“objective,” and “difficult.” The 20 EDs primarily described program evaluation as an activity using terms such as “determining,” “measuring,” “looking at,” and “assessing” and they similarly depicted it as a challenging process using “important,” “compliance,” “responsibility,” “change,” “difficult,” “expensive,” “time consuming,” and “informal.” The majority of the 20 program staff framed program evaluation within the context of delivering services to consumers, something core to their job function. Within that context 40% of the respondents stated that it involved meeting goals or objectives, 20% referenced measuring outcomes, and 20% referenced measuring the effectiveness of the program. Other responses varied including “meeting program needs,” “acquiring feedback,” “determining how the program is delivered,” “changing,” “determining whether something is functioning properly,” and “financial stability” among others. One fourth of the program staff talked about improving the program and/or services delivered to their consumers. A few talked about meeting the requirements of funders, and one described it as an ongoing process. About half of the program staff indicated that program evaluation was presented a trade-off (opportunity) cost on their time, however all 20 stated they would still engage in having their programs evaluated if they were given a choice.

Program Evaluation and Mission

The board chairs were asked if program evaluation was related to their organization’s mission and the majority (95%) confirmed that program evaluation was linked to their organization’s mission. Some examples of their descriptions of this relationship include:

- “I would think that they are alpha and omega.”
- “It’s like the hand and the glove. You have to evaluate in order to know if you are fulfilling your mission. You don’t know if you have your mission covered if you don’t evaluate.”
- “Well yeah, theoretically the programs are there to fulfill the mission; right? So if the programs aren't doing that, then you're mission statement is kind of, a joke. So, you either have to revise the mission statement to reflect what you're actually doing, or if the mission statement is accurate and correct, then you

got to change your programs and get them in line with what you say you're really doing.”

Similarly, 90% of the EDs and 95% of the program staff made the same connection between their organization’s mission and program evaluation.

Boards and Accountability

Board chairs were asked to describe what accountability meant for the board as a governing body and separately what it meant to their organization. A summary of their categorical responses is shown below in Table 2.

TABLE 2 – Board Chairs’ Descriptions of Accountability

WHAT ACCOUNTABILITY MEANS	FOR THE BOARD AS THE GOVERNING BODY	FOR THE ORGANIZATION
Fiscal accountability	26.5%	0%
Following through on things the board promises to do	14.7%	N/A
Ensuring programs are effective	8.8%	30.0%
Being accountable to stakeholders (funders, consumers, partner organizations, community, and/or each other on the board)	8.8%	30.0%
Carrying out the mission and vision of the organization	8.8%	16.7%
Holding staff (including ED) accountable for carrying out their responsibilities and meeting their objectives	8.8%	0.0%
Overseeing the governance of the organization	8.8%	N/A
Legal accountability	5.9%	0.0%
Maintaining ethical standards	2.9%	6.7%
Promote the organization	2.9%	0.0%
Be a resource for staff – expertise, guidance, etc.	2.9%	N/A
Ensuring resources are used efficiently	0.0%	16.7%

n=20

Some examples of their actual responses included:

Accountability for the Board

- “We as a board are charged with assuring that programs are well executed. We need to have projects in place that allow us to achieve that assurance.”
- “I don't know that we have a very strong accountability structure in place for our board. We're not very good right now at following through on the things we say we're going to do.”
- “Well, we are responsible for the governance of the organization, and that includes having enough funds to run the organization as well as the programs.”

Accountability for the organization

- “Communicating to our supporters, the state, and all the key stakeholders that we are good stewards of their money and that we are focused on achieving the most appropriate results we can, given the set of factors that we're dealing with.”
- “Accountability would be to our villager to provide them the best care and make sure we meet all the rules, regulations, laws, codes and so forth that govern this operation.”
- “I think as an organization we are accountable to our clients and to the greater community. Accountability means we're helping survivors and victims of sexual assault deal with what has happened to them, and become better able to adapt in society and to claim their lives again.”

Boards and ECB

This section discusses the board’s participation in ECB. Issues related to their participation include what their top three priorities were; their ED’s and their own description of the board’s role in the program evaluation process; whether program evaluation has been discussed at board meetings; the board’s role in including program evaluation in strategic planning and the organization’s budget; and what they felt were the greatest challenges to having their organization’s programs evaluated.

The two most frequently cited top, second and third priorities for the board and board chair, from the board chair’s perspective, are displayed below in Table 3:

TABLE 3 – Top 3 Priorities for the Board and Board Chair

	TOP PRIORITY	SECOND PRIORITY	THIRD PRIORITY
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Board	1) Financial stability (30%) 2) Achieving the mission (15%)	1) Financial stability & Board management (tied) (20%)	1) Financial stability (25%) 2) Board management & Connections with constituency (tied) (15%)
Board Chair	1) Board management (20%) 2) Financial stability (15%)	1) Board management (25%) 2) Financial stability & Operations management (tied) (10%)	1) Board management (25%) 2) Financial stability & Connections with constituency (tied) (15%)

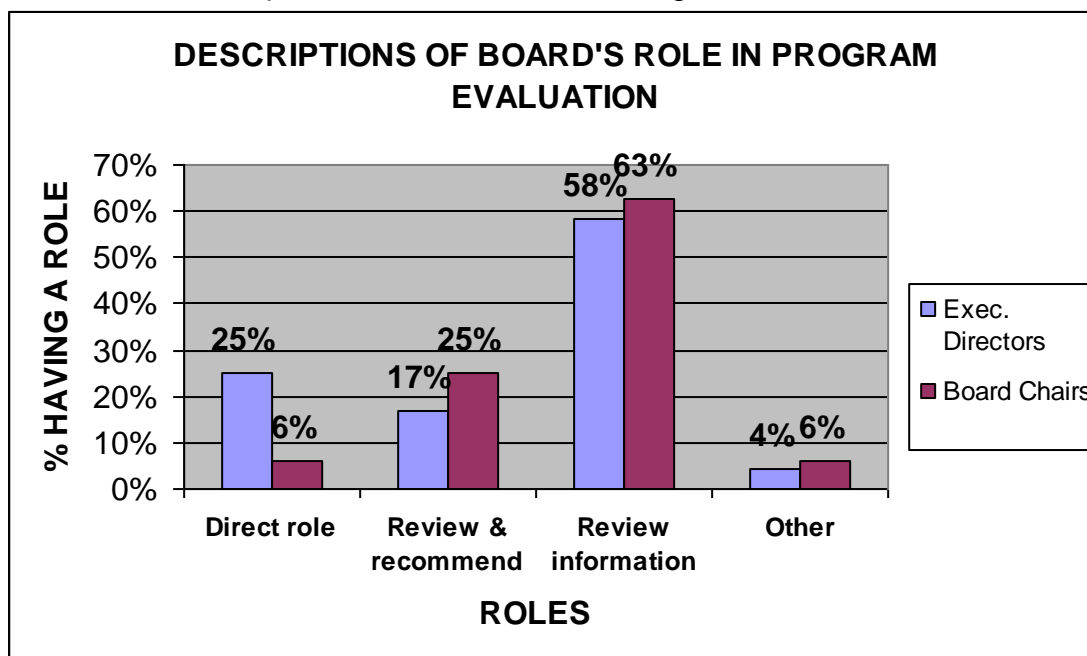
n=20

NOTE: 40% of the board chairs had the same top three priorities for the board and themselves

Other priorities included *Staffing, Program effectiveness, Capital improvements, Establishing the vision, and Integrity and professionalism*. The results shown in Table 3 are congruent with those in Table 2 as we would expect something not predominantly referenced as part of the board's accountability to also not be a priority. It is important to note with regard to ECB that only one of the 20 board chairs had program effectiveness as a priority, in this case his second priority. He was the board chair of a Type I organization. The results in Table 3 also reflect the similar emphasis in Table 2 on fiscal matters.

Board chairs and their EDs were asked if their boards had roles in program evaluation and if so to characterize their roles resulting in 60% of the EDs and 80% of the board chairs indicating their board had some role in the program evaluation process. Figure 1 below shows how they each described the board's role.

FIGURE 1 - Descriptions of Board's Role in Program Evaluation



KEY: Direct role = board directly participates in the evaluation process
 Review & Recommend = board reviews evaluation information and makes recommendations for goals, actions or improvement
 Review information = board reviews evaluation information provided through a report and/or presentation
 Other = "don't know," "funds the program," "committed to outcomes and quality," "oversight."

Approximately 38% of board chairs had some role in ensuring that program evaluation was included in their organization's strategic plan, according to their EDs. Of those, half referenced the board alone had this role, slightly less than one third referenced the board with the ED, and approximately one fifth referenced the board with staff including the ED. Half of the Type I NHSOs had their board have a role in ensuring program evaluation was in the organization's strategic plan while approximately 36% of the Type II organizations had their board in this role. The same percentages held true for Type I and Type II organizations based on their EDs indicating their board played a role in ensuring program evaluation was budgeted.

The majority of the board chairs (85%) indicated that program evaluation has been discussed at board meetings during their tenure on the board. The frequency for when it was discussed varied from as often to three to four times a month to annually, and 25% stated it was discussed at every board meeting. These frequencies can be misleading, as about half of the board chairs when affirming it as a meeting topic described it as a process such as evaluating annual business goals, strategic plans, or the finances of the organization. Conversely, the organization discussing it three to four times a month has an evaluation committee on the board, and two of the organizations discussing it every month have program assessment and quality assurance committees on their boards. All three organizations are Type I organizations. Half of the board chairs were satisfied with level their organization was engaged in program evaluation and half were not. Board chairs who were dissatisfied suggested what could be done to enhance the level their organization was engaged in program evaluation. Their suggestions included:

- Educate the board about evaluation (2)
- Conduct a consumer needs assessment
- Conduct a more in-depth evaluation with better evaluative questions
- Ensure program data is available more frequently
- Board should balance financial discussions with program related issues
- Staff should focus on evaluation as part of their work
- The ED should value program evaluation and make it a priority for the organization
- Develop meaningful outcomes to measure
- Formalize the evaluation process and ask the right questions

There are several reasons why half of the board chairs are dissatisfied with the level of their organization's engagement in program evaluation. The majority of these board chairs had previous instruction in evaluation and had higher educational levels indicating their dissatisfaction might be driven by a lack of rigor or comprehensiveness for the evaluations.

Some of their comments that appear to support this included, "we only informally evaluate our

programs;” “what we do I wouldn’t call program evaluation;” and “we really only solicit informal feedback from our clients.” The second most cited reason was that their organization didn’t have the resources to adequately evaluate their programs.

All board chairs were asked what the greatest challenges were for evaluating their organization’s programs. There responses included:

- Time – 8
- Cost – 6
- Expertise – 3
- Maintaining contact with consumers – 2
- Board’s ignorance for program evaluation – 2
- Making sure we have meaningful outcomes
- Limited focus of board for program evaluation
- Having consistent data available
- Staffing
- Meeting multiple demands from funders
- Cultural change for long-time employees
- Projecting consumer needs
- Confidentiality (sensitive consumer information)

The choice of time as the greatest challenge for program evaluation was also the most frequent choice for their EDs and program staff.

Board Chair Profiles

Table 4 below displays tenure and education information for the 20 board chairs.

TABLE 4 - Board Chair Profile Information by Organization Type

RATING CATEGORY	MEAN *TENURE	MEDIAN *TENURE	RECEIVED INSTRUCTION** IN EVAL.	HIGHEST LEVEL OF EDUCATION
TYPE I	8.2 years	6 years	100%	20% - Doctorate 60% - Master’s 20% - Bachelor’s
TYPE II	8.2 years	6 years	53%	53% - Master’s 40% - Bachelor’s 7% - H.S. grad

n=20

*Tenure is total years served on the board of directors

**Instruction could be a college course, part of a college course, a workshop, a seminar, learning on the job or more than one of these examples

We see here that that the tenure of a board chair does not impact their organization’s level of engagement in program evaluation, contrary to the EDs as indicated in Table 5.

TABLE 5 – ED Profile Information by Organization Type

RATING CATEGORY	MEAN TENURE	MEDIAN TENTURE	RECEIVED INSTRUCTION** IN EVAL.	HIGHEST LEVEL OF EDUCATION
TYPE I	12.8 years	10 years	100%	69% - Master's 31% - Bachelor's
TYPE II	10.4 years	8.5 years	68%	46% - Master's 46% - Bachelor's 7% - H.S. grad

This is likely because of the differences in each other’s roles within the organization and the factor of term limits for board members. Board chairs, while ultimately responsible for the organization, do not spend as much time with the organization’s operations as an executive director typically would.

Case Studies

Families First

The mission of Families First, located in Atlanta, Georgia, is “To strengthen and preserve families in partnership with them and their communities” (Families First, 2007). The organization works toward achieving this mission through seven program areas including adoption, foster care, residential services, employee assistance, counseling services, divorce education, and child visitation. In 1988, the organization was closing in on its 100th anniversary, and with an annual budget of about \$1.5 million, decided to conduct their very first capital campaign to fund new programs. The programs were based on the latest research on service delivery for family-based social issues. The organization also began to formally build capacity for and engage in program evaluation, eight years before the United Way’s outcome

measurement movement and about twelve years before literature on ECB appeared in publications.

Bert Weaver, the Executive Director of Families First in 1988, realized he needed a way to demonstrate the effectiveness of these new programs to the donors who took the risk of funding them. At that time, funders were beginning to ask critical questions about programs they supported and their effectiveness. He decided the time had come for the organization to formalize its approach to program evaluation. Weaver reflects, "I knew that we needed to get very serious about outcomes in saying this program works or it doesn't work. That's really what kind of got us going in that direction" (personal communication, January 23, 2007). Weaver recognized both the internal and external organizational contexts for program evaluation and identified what would be the driving forces behind both. In addition to personally supporting and sharing the responsibility for program evaluation, he also found an internal champion for it in Chris Valley, then their Director of Program Development and Research. Valley requested a full time employee dedicated to evaluation and reasoned that this new person "...would add a new dimension to agency efforts in monitoring program performance, marketing services to funders, and the possible redesign of services. It would be an invaluable support to agency program development" (personal communication, February 15, 2007). Weaver and Valley set out to generate interest and demand for program evaluation within Families First, so they presented their proposal to the board of directors. The board reacted positively to this new direction and voted to extract funds from the capital campaign to support the new position. In creating this new position, Families First was able to assign dedicated responsibility for ongoing development evaluation processes, and the assembling and engagement of a capable and credible evaluation team.

Hugh Potter, now with the Centers for Disease Control and Prevention (CDC), occupied Families First's new position of Director for Evaluation. Potter started out evaluating programs for teenage pregnancy prevention, domestic violence intervention and children whose parents had divorced. He was involved at the development stage of new programs which optimized his effectiveness as an internal evaluator and he incorporated strategies to foster buy-in, support and participation from program staff. For example, he discussed the programs with staff to get them to sharpen the focus of an evaluation question:

“Saying, ok here is what you're designing in this program. What do you really want to accomplish? We would sit down and figure out what it is that they considered a marker of success or a marker of failure. And then I would drive the social workers crazy by asking them how do you recognize it? And of course one of the things social workers are famous for saying is 'I know it when I see it.' And I would ask them how they knew and would just keep asking that question” (H. Potter, personal communication, February 7, 2007).

Potter confirmed that his strategies, along with the support from the organization's leadership, helped him successfully evaluate the programs and begin to build long-term capacity for program evaluation.

“I don't know if I can take any credit for this. I think you have to go back to the leadership in place at that time. One thing I will say, I was sort of part of junior management. But they really allowed me to come in and work with them and we did change management. I will say also some of the members of the board were really helpful here” (H. Potter, personal communication, February 7, 2007).

Weaver acknowledged that the board's support and involvement in the process was critical for its success, and he actively and personally worked with them not just to get their buy-in but also to get them personally engaged in the process. One of the fruits of Weaver's efforts was an evaluation oversight group called the Evaluation Committee, which remains today a board committee since inception over 20 years ago. It consists of the executive director, director of programs, director of evaluation, three board members and outside evaluation experts, usually

from local universities. The committee's purpose is "...to review, critique, comment, and recommend necessary changes in evaluation designs, procedures, and reports." Potter, Robert Fischer who came after him as the director of evaluation, and Peter Lyons, their current (external) evaluator and a professor from Georgia State University, all indicate the committee has been very helpful for their work.

Potter explains how he and some members of the advisory group worked to increase stakeholder support for program evaluation and ensure it remained a priority for the entire board.

"We built a good advisory group. This guy who headed it up was a vice president down at the IBM building. And one of the things he and I worked on is what we might call building a business case. We began to show how evaluation was part of the process of planned change, and that we were really about improving client services. And so I think what helped us was that we sold it on two levels. We sold it to the board as something that would make us a stronger provider of services in the community. And we went to the people inside to show them how they could do their work even better than they could adapt to" (H. Potter, personal communication, February 7, 2007).

Valley confirms the board's role in the ECB process. "This board was one of the most incredibly risk taking boards. They stepped forward when no one in this community was doing outcomes research. And the board said, okay we'll do it" (C. Valley, personal communication, February 15, 2007).

The efforts of Weaver, Valley and Potter followed Stufflebeam's recommendation to "promote and support stakeholders' buy-in, participation, and support from all levels ...to assure that top management and governance are knowledgeable, supportive, and involved in the evaluation effort" written almost 15 years later (2002). Families First's capital campaign in 1988, in addition to funding the new programs and the new evaluation director position, also established a program endowment fund that funded, among other things, evaluation expenses from its interest and investment earnings. The endowment has grown to its current amount of

more than \$1 million, and over the years it has ensured the program evaluation process at Families First has had sufficient funds, equipment and software. The endowment has enabled the organization to internally fund a myriad of evaluation projects, including some costly longitudinal studies, over the past 20 years satisfying Volkov and King's recommendation to establish a "revenue-generating strategy to support program evaluation, and assured long-term fiscal support and explicit, dedicated funding for program evaluation activities" (2007).

The interest, support and participation of the board back in the late 1980's remains today even though the board members have changed many times over the past 20 years. Their current board chair Mary Yates conveys how program evaluation has become part of the culture and ways of work by calling it "...a tradition at Families First" (M. Yates, personal communication, January 30, 2007). Potter sums up his experience at Families First and attempts to put it into perspective within the world of nonprofit management.

"I really do look at what the leadership Chris, Bert, Pat and others did as incredibly visionary. It is something where I look around the nonprofit world that I work in now, between criminal justices and public health, and really don't see many places that have that kind of vision. And I work with organizations from all around the country. In many regards I look back at what I got to do at Families First as almost an ideal situation" (personal communication, February 7, 2007).

Decatur Cooperative Ministry

Decatur Cooperative Ministries (DCM), located in Decatur, Georgia, provides a continuum of services to at-risk and homeless families. Their mission reads: "Decatur Cooperative Ministry serves our neighbors in need. Together, we strive to end homelessness, empower our community through education, and celebrate our faith-based diversity" (DCM, 2007). The organization, founded in 1969, has an annual budget of approximately \$500,000.

The organization's strategic plan for the period of 2003-2006 contained four primary goals, one concerning effective and efficient program services, so DCM embarked on evaluating all three of its programs – Project Take Charge, Hagar's House and Family Transitional Housing.

Beth Vann became DCM's Executive Director in 2001. The organization already had an evaluation oversight group in place with their Program Assessment Committee comprised of board members, staff and volunteers. The charge for the group is to "Conduct comprehensive assessments and evaluations of DCM programs, services and organizational effectiveness; develop a process and a schedule to evaluate various programs; present written reports and recommendations to the board and staff for proposed areas of improvement." The committee was developed by board member Sarah Gill who worked for a large evaluation consulting firm in the Atlanta area. Sarah assembled the initial group consisting of volunteers from the community including two evaluators at the CDC and several graduate students from the Rollins School of Public Health at Emory University.

The committee was fairly new at the time of Vann's hiring, and formal evaluation of DCM's three programs was new to the organization. Vann notes that Sarah "...was willing to really drive the process where I could be part of the process, but it wasn't that I had to drive it" (B. Vann, personal communication, December 18, 2006). Vann admits if she had to be the driver of the program evaluation process, it likely would not have happened because of her responsibilities of managing crises, being short staffed, and keeping the organization financially healthy. She also attributes the board's interest in critically looking at the programs as a driving force, allowing her to "...want to look at the programs harder, as well as look at the whole organization and its structure" (B. Vann, personal communication, December 18, 2006).

Vann did, however, personally share the responsibility for ECB by participating in evaluation team meetings and ensuring program staff participated in the process and worked with the evaluators. Vann established and conveyed the expectations of the program staff and their roles in the evaluation process. She did this by meeting with the program staff as a group and individually to 1) explain why the programs were being evaluated; 2) ensure they understood that having quality evaluations conducted by qualified evaluators volunteering their time was an opportunity the organization could not pass up; and 3) emphasize how important their cooperation and participation in the process, especially for working with the evaluators, was critical to the success of the evaluations. Vann summarized her efforts, “So it was just getting everybody on board and making the time and allowing the time for that” (personal communication, December 18, 2006). She modeled behavior by personally attending evaluation team meetings and helping them coordinate the evaluation process. Vann added, “It was really just letting the staff know, getting buy in, hearing what their thoughts were, and creating the time, access and space to do it” (personal communication, December 18, 2006).

Vann also worked to promote stakeholder buy-in for the process at the board level. Today, a requirement for serving on the DCM board is serving on at least one of the three program work groups consisting of board, staff and volunteers. These groups serve to discuss consumer needs, program logistics, and ultimately program improvements in conjunction with the Program Assessment Committee. This expectation is clearly conveyed and reinforced with prospective, new and existing board members. Current board chair Bob Stubbs laments,

“I’ve been quite impressed with the evaluations that I’ve seen. I’ve been on the board two years now. I’m going on my third year. But I think like with anything, you can get these wonderful studies, and if you don’t do anything with it, it’s a waste of everybody’s time... Candidly, in the two that I’ve been involved in, there weren’t any real major shortcomings. I guess part of the reason is that the program has developed over a period of time where most everyone is sort of comfortable with it. And to some degree I guess

the bugs are out. But that's not to say we can't do things better. And I know that we've gotten some recommendations.” (personal communication, January 29, 2007).

The collaborative and participatory framework for program evaluation established by the evaluation team and Vann involved staff, board and volunteers has helped the small nonprofit engage in ECB and begin to engrain program evaluation into the culture of the organization. The question remains for the board, however, as to what happens if DCM is unable to have qualified, professional evaluators to serve on the assessment committee and volunteer their time. Strong commitment exists from Vann, her board and staff for continuing to have programs evaluated which presents the organization with the challenge of ensuring that commitment can be realized in the future.

Conclusions, Implications for Practice and Further Research

The Board's role in ECB is underutilized

A board of directors of a nonprofit organization is responsible for setting, advancing and assessing their organization's work towards their mission. Program evaluation is a tool to assess such work, so we can conclude that program evaluation and building capacity for it as the ultimate controllers of the organization's direction and resources are part of their responsibilities. The results of this study however show that the board's role in ECB for their organizations is not being used to maximize their contributions. There are several factors that appear to be hindering this objective.

First, the content of the ED, board chair and program staff interviews conveys a disparity in the understanding of program evaluation that leads to the board's intentional or unintentional separation of policy and programmatic responsibilities. Second, the majority of EDs, board chairs and program staff confirmed their boards primarily focused on fiscal matters.

Approximately 27% of the board chairs indicated fiscal matters were a part of the board's accountability making it the most frequent response. Financial stability was the board chairs' most frequent response for their top, second and third priorities, while only one board chair included program effectiveness as a priority. Third, in spite of the fact that 95% of the board chairs explicitly connected program evaluation to their organization's mission, similar to the EDs' who successfully cascaded that value orientation to their stakeholders and lead Type I organizations, only those board chairs who took an active role in ECB beyond just reviewing information, lead Type I organizations. The two organizations in the case studies as well as the majority of the Type I organizations had working evaluation committees on their board.

If the board realizes its responsibilities also include program evaluation, they are more likely to participate and contribute to successful ECB. Through this understanding, program evaluation can become a priority for boards that tend to focus on financial, governance, and policy issues while categorizing program evaluation as an operations matter better left to staff. Boards can enhance their relationships with their EDs through working together to build evaluation capacity including, but not limited to, incorporating it into strategic planning, marshalling the resources necessary for it and impacting the organization's culture for prioritizing and using evaluation. They can also use program evaluation as a means to keep the board and other stakeholders focused on the organization's mission and consumers they serve.

Education matters

The majority of the board chairs' perceptions of program evaluation demonstrated a lack of understanding for the concept and process. All of the Type I board chairs had some instruction in evaluation while only about half of the Type II board chairs had such instruction. The majority (80%) of Type I board chairs also had advanced college degrees while only about

half of the Type II board chairs had advanced degrees. These factors were congruent with the backgrounds of their EDs and program staff indicating that previous instruction in evaluation and higher levels of education increase the chances of effective ECB. If the board does not have working knowledge of program evaluation, and realize its importance as a policy and management tool, they are likely to not engage in ECB and leave it up to their ED and staff.

NHSOs might consider encouraging higher education opportunities for their staff as well as professional development opportunities for their board members that might better equip them to engage in meaningful program evaluation and ECB. Another option is to include program evaluation in the board's orientation and training. Board training programs that exist through the United Way and state associations of nonprofits might consider having workshops on program evaluation and ECB for aspiring and existing board members. The 100+ graduate programs in nonprofit studies or nonprofit management across the U.S. might consider incorporating evaluation courses so practitioners will not only be equipped to manage people, finances, market their programs, and raise money for their programs but also demonstrate the effectiveness of their programs.

Implications for Further Research

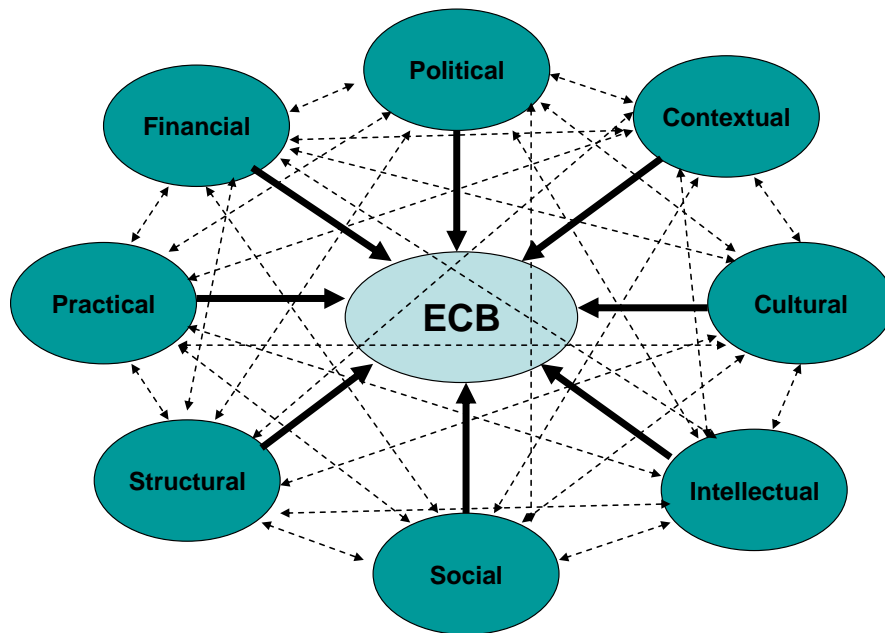
Scholars, researchers and practitioners have been discussing for more than a decade how nonprofit organizations are experiencing more attention, focus and requirements for the evaluation of their programs. This trend has particularly put pressure on nonprofit human service organizations due to the added dimension of the devolution of government and the advent of accreditation. Motivations behind this movement may be driven by the increasing call for accountability, increasing competition for resources, quality signaling, public relations, a mission-driven sincere desire to effectively serve consumers, social justice or a mix of these

reasons. This study does not intend to parse out these motivating factors to suggest that boards need to further address why they want programs evaluated based on external and internal influences, as this is an area that warrants further study.

This study suggests that a board's realization of their responsibility for program effectiveness, understanding of program evaluation, realization that it serves as a management tool to assess the organization's work towards its mission, and direct support for and participation in the process will contribute to successful ECB. If boards desire accurate, meaningful, practical, useable, and feasible evaluations of programs they must work with their EDs and program staff to determine what will be necessary for them to occur.

ECB is an emerging and complex topic requiring an understanding of the multiple factors that impact it and each other as shown below in Figure 2.

FIGURE 2 – Considerations and Implications for ECB



Successful ECB requires stakeholders to have an understanding of these factors and their impact, and the board as the governing body ultimately responsible for the organization, with the ED, is in a position to set the tone to enable, foster and support such understanding. Additional research on the dynamics, stakeholder roles and relationships, and environments for ECB can help NHSOs more holistically answer the question for what it takes to evaluate their programs.

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