

Summary evaluation of the Montana Faith-Health Demonstration Project

A Compassion Capital Fund Project

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Summary

The Compassion Capital Fund is a White House initiative established by Executive Order of President George W. Bush only nine days after his 2001 inaugural address. The Fund was created according to the United States Department of Health and Human Services, "to help faith-based and community organizations increase their effectiveness, enhance their ability to provide social services to serve those most in need, expand their organizations, diversify their funding sources, and create collaborations to better serve those in need."

The Montana Faith-Health Demonstration Project received a grant of \$614,555 per year for three years to support the efforts of the Montana Office of Rural Health at Montana State University, and later with St. John's Lutheran Ministries to work with faith-based and community-based nonprofits across the state through the granting of sub-awards, training, technical assistance, and one-on-one coaching. This report examines progress toward project goals during all three years of operation.

Montana State University and St. John's Lutheran Ministries disseminated calls to faith- and community-based organizations for proposals including guidelines and a deadline for submission. Applicants who were interested responded. The total number of participating organizations was 223.

Persons served

Community and faith-based organizations that received Compassion Capital Fund grants through the Montana Faith-Health Demonstration Project served **24,941** individuals over the course of their most recent 12-month grant period. Services were most often provided to the working poor, families and children in poverty, at-risk children ages 12 and under, uninsured individuals, unemployed individuals, American Indians, ex-offenders re-entering society, homeless and rural home-bound individuals.

For organizations that were able to provide client or participant counts both before and after the grant period, 43 percent of organizations showed an increase in the number of persons served following the receipt of the grant award, 30 percent showed no change and 26 percent showed some decline in service volume.

Training and technical assistance

Over the course of the Compassion Capital grant, training and technical assistance was provided to 223 organizations including 167 that did not receive sub-award funding from the project. Of the 54 that did receive financial support, more than three-quarters (76%) attended trainings and over half (56%) received technical assistance or coaching offered by the project, usually through Commonweal Consulting. The three most common types of assistance provided to grantee organizations were:

- Support in collaborating or networking with other organizations (61%)
- Assistance with fundraising, resource development, or grant writing (51%)
- Help with developing or implementing programs or services (35%)

More than 90 percent of grantee organizations said that the services provided by the Montana Faith-Health Demonstration Project met their expectations and an equal percentage reported that the staff or consultants who delivered services were knowledgeable and skilled.

Changes within grantee organizations

Sixty-three percent of grantee organizations described ways in which their organizations had changed over the course of their involvement in the Montana Faith-Health Demonstration Project. The comments from grantees (below) illustrate the range of these changes:

We have been able to reach out to more communities statewide. We have been able to add 150 additional volunteers. It's made a huge difference.

It's now a formalized organization with direction and purpose. Before, we were just a loose knit group of volunteers.

We've become more solid, increased our board memberships.

Our capacity to go to clients to provide services is greatly increased.

We were able to collaborate with a sister agency on this grant.

Some indicators of increased capacity of grantee organizations since their involvement with the Montana Faith-Health Demonstration Project

- Two-thirds (67%) established new partnerships or collaborations.
- Almost two-thirds (65%) applied for or received new funding or in-kind support. Overall, grantees report that they have received just over 1.3 million dollars in new funding or in-kind support since involvement with the project.
- Over one-half of the grantee organizations (57%) reported an increase in the number of volunteers providing service. In this group, the typical organization reported 10 new volunteers.
- Almost one-quarter of the grantee organizations (24%) increased their number of paid staff. For this group, the median increase was 1.75 FTEs.
- Over one-half (58%) increased their annual program budget. For this group, the median size of the increase was slightly more than \$17,000.

Multi-year funding benefit

The study also showed that participating organizations that received sub-awards over multiple years experienced greater growth in funding and service capacity than organizations that received single-year grants.

Conclusion

Study results suggest that the Montana Faith-Health Demonstration Project realized substantial success in identifying and recruiting faith- and community-based service organizations. The study also shows that the typical grantee was able to improve their funding base, establish new partnerships, increase volunteer support, and improve organizational structure or capacity in one or more targeted areas.

In addition, over 40 percent of the organizations were able to increase the number of persons served over the grant period and 24 percent reported an increase in the number of paid staff at the end of the grant period.

It will be helpful for future efforts to focus on sustaining the gains made during the capacity building period. In addition, grantees should continue the pursuit of both private and public dollars in cases where capacity building efforts have proven successful.

Background

The Compassion Capital Fund was created to support capacity-building efforts among faith- and community-based organizations seeking to strengthen and support health and social service activities. In Montana, very few faith- and community-based organizations had ever received federal funding for that purpose. In 2001, 15 faith and health organizations formed the Montana Faith-Health Cooperative with a goal to address the wide range of unmet needs of underserved rural populations throughout the state, with the hope that partnerships and collaborations would be a solution to this problem. This cooperative wrote the proposal and sought grant funding through the Montana Office of Rural Health at Montana State University and received \$614,555 per year for three years. The Montana Faith-Health Demonstration Project supported the efforts of Montana State University, (the intermediary for the first two years of the project) and St. John's Lutheran Ministries (the intermediary for the third year), to work with faith- and community-based nonprofits through the granting of sub-awards for training, technical assistance, and one-on-one coaching. This report examines the achievement of project goals during the three-year period of operations.

The change in organizational leadership occurred at the end of the second year of the grant when the Montana Faith-Health Cooperative, Montana State University at Bozeman, and the Montana Office of Rural Health were named as co-defendants in a civil action filed by the Freedom from Religion Foundation. The suit was based on the involvement of a state institution, the Montana Office of Rural Health, in funding a parish nurse training program with public monies. A judge ruled that certain training materials used by the Parish Nurse Program violated the principle of separation of church and state and ordered the cessation of the project. A short time later, St. John's Lutheran Ministries, a member of the original Faith-Health Cooperative, agreed to assume fiscal responsibility for the Compassion Capital Fund Grant. The project resumed operations approximately six months later under the fiscal sponsorship of this organization and the project's new director, Heather Fink. This hiatus in program operations delayed the timing of the projects third Rural Health Summit and postponed summative evaluation activities until the spring of 2005.

Introduction

The Montana Faith-Health Demonstration Project received funding in the fall of 2002 from the U.S. Department of Health and Human Services' Compassion Capital Fund to help enhance and expand the role of faith-based and community-based organizations in providing health and social services to the underserved and most needy individuals and families across Montana. The goals specified in the Federal Register emphasized services to at-risk youth, people experiencing homelessness, immigrants, ex-offenders and their families, as well as those making the transition from welfare to work.

As part of the initial application process, and following the initial award to the Montana Faith-Health Demonstration Project, efforts were made to assess human service needs across the state of Montana. This assessment effort included the use of existing data related to insurance coverage, poverty rates, geographic isolation, transportation infrastructure, and resident demographics. In addition, the project launched a survey to establish a baseline level of health and social service needs and the extent to which churches were involved in addressing those needs.

The Montana Office of Rural Health at Montana State University, the intermediary during the first two years, partnered with local consultants and businesses to provide capacity building assistance. As a part of this award, free training workshops, individualized technical assistance and sub-awards were available to help organizations, groups, networks, coalitions, and ministries.

The design of the Montana Faith-Health Demonstration Project included the following components:

- *Needs Assessment*: as described above and conducted to determine what kinds of services were already provided, as well as the level and kinds of help needed within the targeted communities. It further examines what is being done about those needs.
 - *Individualized Technical Assistance Plan*: provided grant recipients an opportunity to develop plans and receive training, technical assistance, and specialized coaching from consultants to build capacity, and learn how to use the funding effectively. Generally, this activity takes place on-site at the offices of the participating organizations and/or through on-call remote assistance.
 - *Training workshops*: conducted to provide supplemental information on subject areas that coincide with the capacity-building and sustainability goals.
-

- *Networking and Meetings*: held in the form of town hall meetings, summits and forums for participating organizations to get to know one another, discuss relevant issues, foster collaborative relationships, identify best practices, and connect with local funders, leaders, and professionals.



Process for recruitment of organizations

Faith- and community-based organizations from across the state of Montana working in any of the social service areas identified by the Compassion Capital Fund were invited to apply for sub-awards, training, and technical assistance. The Montana Faith-Health Demonstration Project sent an announcement of application to a database of state-wide churches and other faith-based organizations as well as community-based organizations each year, informing them about this opportunity. Additionally, a press release was put in newspapers across the state each year. In the second year, public service announcements were widely aired on television and radio throughout the state.

Selection of interested organizations

Organizations that were interested in applying for sub-awards were required to submit applications to the Montana Faith-Health Demonstration Project in October 2002, 2003, and 2004. In order to be selected for the project, organizations had to meet certain eligibility requirements and go through a screening and scoring process. The following criteria were applied by a committee made up of some individuals from the project's board, the Montana Faith-Health Cooperative, as well as other individuals nominated by the board.

Organizations seeking sub-awards had to demonstrate that their:

- Organization was an established faith-based or community-based organization (they were not, however, required to have official non-profit 501(c)(3) status with the Internal Revenue Service)
 - Program(s) addressed an unmet health and social service need of individuals and/or families in Montana. Program(s) would build capacity within the organization to develop and/or expand delivery of a health and social service
 - Mission and goals fit within the overall mission of the Montana Faith-Health Cooperative
 - Organization would be willing to participate in training workshops, technical assistance activities as appropriate, and site visits
 - Program(s) had the resources and background to accomplish the project
 - Program(s) fit within the scope of the Montana Faith-Health Demonstration Project, as well as helping to achieve the principal and subordinate objectives
-

- Organization had done preliminary work in their area of focus
- Funding request was reasonable
- Organization had a plan for sustainability
- Organization would be prepared to use funds in the allotted time frame.
- Organization would attend Orientation and Check-In Sessions
- Organization would certify that their staff would abide by "Guidance to Faith-Based and Community Organizations Partnering with the Federal Government" (a publication of the U.S. government specifying what would be allowed and disallowed in such partnerships)

Following selection by the review committee, announcements were made to grant recipients in March, 2003, January, 2004, November, 2004 and January, 2005.

Montana Faith-Health Demonstration Project provided an initial orientation session for those organizations that received sub-awards. Participants completed an organizational plan for training and technical assistance to build capacity and to learn how to use the funds effectively to improve or sustain their organization's performance.

Diversity of organizations

There were more than 223 organizations that received technical assistance, training and/or sub-awards over the three-year grant period. Included in that number were a total of 56 organizations that received grants or sub-awards.

Four faith-based organizations; T.E.A.M. Mentoring, Carroll College Parish Nursing, Northern Rockies Institute of Theology, and Montana Association of Churches participated in the project non-competitively and received programmatic funding to help them expand as well as provide capacity building support to the grantees and other participating organizations throughout the state. T.E.A.M. Mentoring participated in the first two years of the project and received a total funding amount of \$120,000. It is a volunteer-based outreach program that recruits and trains mentor volunteers, and works with prisoners re-entering society. During the project, they conducted their prisoner community re-entry program on a larger scale, established support teams in new areas of the state, and built their support team trainings. Carroll College Parish Nursing participated in the first two years of the project and received a total funding amount of \$65,431.45. This organization provided continuing education courses to parish nurses and health ministers as well as small start-up grants to health ministry teams statewide. Northern Rockies Institute of Theology participated in the first year and received a total funding amount of \$15,000.

This organization provided teleconference training to interested faith- and community-based organizations regarding health and social service issues. Their trainings are designed for clergy, lay people and social service professionals. All of these organizations promoted the sub-award program to their constituents and supported the awareness and networking of the project. T.E.A.M. Mentoring and Carroll College Parish Nursing were included in the follow-up interview.

In addition, there were more than 167 organizations that received technical assistance or training without a financial award or grant. Sessions were provided to participating organizations through workshops that focused on specific capacity building areas, networks within the broader community, and one-on-one coaching. The primary service providers were Commonweal Consulting LLC, staff of the project, T.E.A.M. Mentoring, Carroll College Parish Nursing, and Northern Rockies Institute of Theology.

Sub-award grant sizes

Across the state, organizations received sub-awards or grants totaling \$566,329.63 for three years. The awards included \$129,279.15 in the first year, \$175,450.08 in the second year and \$261,600.40 in the third year of the project. The median amount awarded was \$7,500.00. The minimum grant was \$700.00 and the maximum grant was \$20,000.00.

Length of participation

There were 56 organizations that received grant funds. Twenty-three organizations participated only in the first year of the project. Sixteen participated only in the second year and 17 participated only in the third year. Of the 56 organizations, three participated in the first and second year, three participated in the first and third year, 10 participated in the second and third year, and three organizations participated in all three years. Two out of the three organizations that participated in the first and second year were T.E.A.M. Mentoring and Carroll College Parish Nursing.

	Total number of organizations	Total organizations funded each year			Organizations funded for multiple years			
		Year 1	Year 2	Year 3	Year 1 & 2	Year 2 & 3	Year 1 & 3	Year 1, 2, 3
Number of Organizations	56*	23	16	17	3	10	3	3

* Includes Team Mentoring and Parish Nursing.

Training and Technical Assistance

The Montana Faith-Health Demonstration Project hired a lead consulting agency to provide technical assistance and training for the three-year grant cycle. The components of the capacity building plan included:

- Orientation meetings to explain the technical assistance and training process which included developing individualized plans for the grantees.
- A forum coordinated to focus on the scope of rural health problems and to discuss what faith- and community-based organizations could do to help improve access to health care.
- Assistance with town hall meetings and on-site consultation.
- Technical assistance and training to the grantees.
- A monthly newsletter to the grantees about other technical assistance opportunities.

Commonweal Consulting LLC, provided seventeen two-day trainings across the state, covering topics such as fundraising and grant writing, forming and managing nonprofit organizations, board and staff roles and responsibilities, and building community support. Up to 15 hours of ongoing technical assistance was offered through on-site meetings and on-call remote assistance, by phone or e-mail, for those who attended the trainings. The topics of focus were strategic planning, board and organizational development, outcome based evaluation, developing a communications plan, as well as grant proposal development and fundraising consultation. More information on these topics was provided to organizations through monthly electronic newsletters and articles regarding successful projects, grants received by local organizations, funding opportunities, fundraising and management tips and other available trainings and meetings.

Other opportunities for training and technical assistance occurred at conferences such as the Faith-Health Summit which enabled organizations to meet stakeholders of the project such as government officials, healthcare providers, and community residents to share ideas and information about the needs of rural Montana, learn about grant sources, best practices, and how to plan for the future.

The annual summits also allowed participating organizations to showcase their methods and achievements, share best practice knowledge, and discuss aspects of service development and delivery that were challenging in rural and frontier areas.*

* Frontier is a specific population density term referring to areas of the state with fewer than two persons per square mile.

Detailed listing of grantees

The following table lists the organizations receiving sub-awards, the amounts received in each year, and the activities pursued.

1. Detailed listing of grantees

Organization	Awd Yr 1	Awd Yr 2	Awd Yr 3	Awd Total	Description
Alzheimer's Association Montana Chapter		\$11,886.23	\$6,500.00	\$18,386.23	Salary to expand promotion & education; conduct Memory Walk & needs assessment
American Foundation for Suicide Prevention MT Chapter		\$12,000.00	\$4,500.00	\$16,500.00	Travel and services to support QPR trainings and coordination
Anaconda PCA Family Resource Center			\$10,000.00	\$10,000.00	Expand capacity-establish Children's Center
Angela's Piazza	\$10,000.00	\$12,000.00	\$700.00	\$22,700.00	Staff trainings on domestic violence, youth self-esteem, & adult substance recovery
A.W.A.R.E., Inc.			\$18,769.00	\$18,769.00	Model for Parent Support/Advocacy Groups for Children w/ Emotional & Behavioral Challenges
Befrienders, Inc.			\$2,845.00	\$2,845.00	Training for Elderly-Visiting Volunteers
Big Brothers Big Sisters of Flathead County			\$9,000.00	\$9,000.00	Training for leadership to attend a fundraising conference and conduct PR events
Big Brothers Big Sisters of Montana			\$20,000.00	\$20,000.00	Recruit 250 additional at-risk children through PR campaign
Boys & Girls Clubs of Lewistown			\$10,000.00	\$10,000.00	Support of Volunteer Coordinator position and activities
Boys & Girls Club of Red Lodge	\$5,000.00			\$5,000.00	Smart Moves - curriculum youth prevention program
Bozeman United Methodist Church	\$6,000.00			\$6,000.00	Supply showers, health screens & snacks, volunteer follow-up
Carbon County Domestic and Sexual Violence Services			\$9,112.00	\$9,112.00	Educate clergy and congregations about domestic violence/teen dating violence
CASA-CAN Children's Advocate Network			\$10,000.00	\$10,000.00	Volunteer recruitment, office support and supplies
CASA-GAL (Seventeenth Judicial District Court Appointed Special Advocates)			\$5,000.00	\$5,000.00	Volunteer support/retention, training, and office supplies
Central Montana Community Health Center			\$9,975.00	\$9,975.00	Start-up costs: apply for 501(c)(3), office supplies and space, insurance, etc.
Child Care Connections, Inc.		\$11,993.00	\$9,595.40	\$21,588.40	Approaching businesses to help low-income employees w/childcare issues

1. Detailed listing of grantees (continued)

Organization	Awd Yr 1	Awd Yr 2	Awd Yr 3	Awd Total	Description
Custer County Health Dept.		\$3,840.00		\$3,840.00	School nurse 3 hrs/2 days per week, pre-adolescents 4th-6th grades
Families First		\$4,977.85		\$4,977.85	Montana families struggle with declining incomes, increasing costs, and a lack of services. Often ministers and pastors, sometimes without deep knowledge of child development or family dynamics, provide key support. Families First proposes three workshops.
Family Service Inc		\$12,080.00	\$9,600.00	\$21,680.00	This is a capacity building application to allow the hiring of a .5 FTE Coordinator of Vision Services. Coordination will allow an expansion of services, while also streamlining and reducing duplication of services, simultaneously preventing blindness.
Flathead Food Bank Inc		\$7,500.00		\$7,500.00	The ability to stabilize, expand and salvage the current system to ensure all seniors in need will be able to receive monthly commodities.
Gallatin County Council on Aging	\$5,000.00		\$3,066.0	\$8,066.00	Gallatin County CNA training program
Gallatin Valley Food Bank		\$10,072.00	\$10,000.00	\$20,072.00	Assist neighboring county in developing volunteer, community-based food pantry
Glendive Medical Center	\$4,346.00			\$4,346.00	Train 10 parish nurses
Habitat for Humanity of Missoula		\$2,690.00		\$2,690.00	Build capacity of Habitat for Humanity to recruit and train volunteers through implementing Crew Leader Training and Speaker's Bureau Training, which will enhance the number of skilled Habitat volunteers. Upgrade of office to enhance outreach
Head Start, Inc.			\$9,800.00	\$9,800.00	Support low-income parents in developing skills and obtaining employment
Helena Suicide Prevention Coalition			\$5,000.00	\$5,000.00	Train in suicide prevention/intervention skills and grow capacity to care for suicidal
homeWORD			\$10,000.00	\$10,000.00	Anti-predatory lending outreach and education
Life's End Institute: Missoula Demonstration Project		\$12,000.00	\$5,600.00	\$17,600.00	Salary and supply support to expand and enhance Caring Circles program
Lutheran Church of Sunburst		\$3,435.00		\$3,435.00	This project will expand and supplement our newly implemented senior citizen's center and congregate meals program for the elderly of North Toole County, Montana.

1. Detailed listing of grantees (continued)

Organization	Awd Yr 1	Awd Yr 2	Awd Yr 3	Awd Total	Description
Madison County Volunteer Hospice	\$6,005.00			\$6,005.00	Structure, train and recruit staff to provide additional integrated home healthcare-Madison Co
Missoula Coalition for Suicide Prevention	\$5,000.00			\$5,000.00	Hire part-time coordinators; begin expanding capabilities
Missoula Food Bank	\$5,000.00			\$5,000.00	Launch & maintain local hunger council to unify food resources, information and research, volunteer efforts and strategic planning of 9 anti-hunger organizations in Missoula
MT Council for Families	\$7,300.00			\$7,300.00	Hold a two-day prevention summit
National Coalition Building Institute of Missoula (NCBI)		\$7,856.00	\$6,254.00	\$14,110.00	Respect Club (middle school barrier breaking) expansion
Northern Cheyenne Elderly	\$7,500.00			\$7,500.00	Research, education, and access
Parish Nursing	\$34,798.45	\$30,633.00		\$65,431.45	Provides continuing education course for basic preparation of parish nurses and health ministers.
Poverello Center Inc	\$11,115.00		\$4,500.00	\$15,615.00	Provide nursing services 3 days a week, expanded from 1 day; put in a sink
Ravalli County Head Start	\$3,035.00			\$3,035.00	At-risk preschool summer mental health programming
Rural Employment Opportunities, Inc	\$6,000.00			\$6,000.00	Rural mobile technology and training to provide skill development and educational opportunities in rural communities
Rocky Mountain Development Council			\$9,995.00	\$9,995.00	Support Team Formation through workshops
Sanders County Coalition For Families			\$10,000.00	\$10,000.00	Staff training and strategic planning; assisting with geographical program expansion
Shields River Lutheran Health Ministries	\$4,800.00	\$11,070.00	\$8,200.00	\$24,070.00	Volunteer coordinator salary and other minor training and office expenses
St. Albert Parish Health Ministry	\$1,402.15			\$1,402.15	Survey parishioners to identify unmet needs
St. Philip Bonitus Catholic Church	\$9,300.00		\$5,000.00	\$14,300.00	Hire coordinator for volunteer transportation and other services
St. John's Lutheran Ministries	\$7,000.0			\$7,000.00	Youth and single-parent employee programming, education, mentoring

1. Detailed listing of grantees (continued)

Organization	Awd Yr 1	Awd Yr 2	Awd Yr 3	Awd Total	Description
St. Vincent Healthcare Foundation		\$11,000.00		\$11,000.00	Train parish nurses statewide as advance care planning facilitators by providing them with the "Respecting Choices" training and certification. This is a CEU approved program.
Sunburst Community Service Foundation, Inc.		\$10,890.00	\$8,676.00	\$19,566.00	The Sunburst Community Service Foundation seeks to link faith, health and community organizations to develop a program capable of being duplicated in other communities to address the unmet needs of families being confronted with end of life issues.
T.E.A.M. Mentoring, Inc.	\$55,000.00	\$65,000.00		\$120,000.00	Recruits volunteers and provides training for them and develops them into teams. Volunteers provide accountability, friendship, encouragement, assistance in job seeking, budgeting, role modeling, etc. TEAM works with ex-prisoners.
Voices of Hope		\$6,696.00	\$5,357.00	\$12,053.00	Volunteer recruitment and training support
Volunteer Neighbors	\$5,414.00			\$5,414.00	Providing services to frail and elderly
Western Montana RiteCare Language & Literacy Clinic			\$1,775.00	\$1,775.00	Assessment tools to better diagnose of communication skill level in children
Women's Opportunity and Resource Development Inc (Word)		\$9,800.00	\$7,840.00	\$17,640.00	Form and develop a teen parent leadership group
Women's Resource Center	\$6,000.00	\$5,800.00		\$11,800.00	The Girls Rock Project will address the unmet needs faced by at-risk adolescent girls throughout Northeastern Montana, and promote protective factors that will build resiliency and potentially decrease the likelihood of girls engaging in unhealthy or harm.
Yellowstone AIDS Project			\$8,650.00	\$8,650.00	Supplies for capacity building including media, furniture, refrigerator, and van costs
Youth Inc.	\$7,062.00	\$7,864.00	\$6,291.00	\$21,217.00	Assess needs of elderly & Involve youth in serving those needs
Youth Works	\$7,000.00			\$7,000.00	Family group conferencing; mentoring, service learning individual support services

Project goals

The Compassion Capital Fund Montana Faith-Health Demonstration Project seeks to enhance and expand the role of more than 223 faith- and community-based organizations across six regions of the state to provide social services to the most underserved and needy.

More specifically, the project seeks to:

1. Assist grantee organizations to respond to service needs identified in initial statewide assessment
2. Assist grantee organizations to expand service capacity
3. Increase the possibilities for faith and community-based organizations to be involved in partnerships and collaborations
4. Provide training and technical assistance and other forms of support that improves organizational infrastructure and capacity
5. Assist grantee organizations to secure additional funding sources to sustain successful practices
6. Encourage and facilitate replication of appropriate models and 'best practices' that help meet the needs of low income individuals, families and the underserved
7. Assess grantee satisfaction and perception of future needs

Study methods

Wilder Research staff met with project stakeholders in 2004 to design a summative evaluation for the Montana Faith-Health Demonstration Project. The Project Administrator and key stakeholders also reviewed and provided feedback on the overall study plan before it was implemented.

The evaluation plan included an initial survey of key staff and volunteers involved in developing the proposal and providing capacity building services for the project. The stakeholder survey was designed to collect information about specific staff roles, the main goals and objectives of the project, and opinions about project challenges and accomplishments.

In addition, survey center staff at Wilder Research completed follow-up interviews in August and September, 2005, with organizations that had received sub-awards and capacity-building assistance.

The Montana Faith-Health Demonstration Project staff also provided background and contact information for grantee organizations as well as other materials detailing project activities.

This report reviews the extent to which sub-awardees have identified and obtained new funding sources, strengthened organizational infrastructure, increased organizational capacity and enhanced service capabilities.

Data sources

The primary data sources for this progress report are:

- Key stakeholder interviews, including several founding members of the Montana Faith-Health Cooperative
- In-depth telephone interviews with representatives of organizations that received sub-awards
- Needs assessment information gathered by the Montana Faith-Health Demonstration Project
- Documents, training materials and other related notes and records

Methods and response rates for each are described below.

Key stakeholder interviews, including a number of the founding members of the Montana Faith-Health Cooperative

Key stakeholder interviews were conducted by Wilder Research staff in May, 2005. The primary purpose of this interview was to learn more about the Montana Faith-Health Demonstration Project through members of the Montana Faith-Health Cooperative and staff regarding their involvement in the project, goals and objectives, capacity building efforts, successes and challenges, and lessons learned. Results were used to help design the interview for the organizations that received sub-awards.

In depth telephone interviews with representatives of participating organizations

Follow-up telephone interviews were conducted by Wilder Research survey center staff in August and September, 2005. The primary purpose of this interview was to collect information from participating organizations that received sub-awards specific to fundraising opportunities, capacity building, and service delivery. The interview focused on progress made toward accomplishing capacity-building objectives, the number of people served, the sources and amounts of new public and private funding sought and secured since beginning work with the project, and progress made in tracking service levels and evaluating benefits to participants. The interview also asked organizations' representatives to describe challenges and successes associated with their efforts.

Needs assessment provided by Montana Faith-Health Demonstration Project

A survey was designed at the onset of the project to collect information from churches and faith- and community-based organizations to determine the extent to which health and social service needs were being met across the state. It was also intended to describe the extent to which faith- and community-based organizations were involved in these efforts. Demographic information was also collected and additional questions were included to learn if organizations wanted to expand their services and if they needed help addressing community needs.

Review of other existing documents and materials

The Montana Faith-Health Demonstration Project provided a bound compilation of background information on all the organizations receiving sub-awards including descriptions of the organizations' area of focus and funding amounts. They also provided grantees' contact information and descriptions of service areas over the three-year period.

Key Stakeholder Interview

The stakeholder interview was designed by Wilder Research to learn more about creation of the Montana Faith-Health Demonstration Project, the project goals and objectives, staff and volunteer roles and responsibilities, capacity building efforts, perceived successes and challenges, as well as lessons learned.

Staff from Wilder Research interviewed nine stakeholders during May, 2005. Results show that the cooperative came into existence in 2001 partly because there were very few faith- and community-based organizations in Montana receiving federal funding to help build capacity or to support and strengthen service programs. They also came together to address unmet needs of underserved populations across the state, hoping that partnering and collaborating would be one way to solve this problem. The Montana Faith-Health Cooperative served as the initial Advisory Board during the start-up of the project.

In addition to gathering information on the historical background of the project, interviewers asked stakeholders a series of questions about what they thought could be accomplished with the Compassion Capital Fund in Montana. Many of the respondents said that at the beginning they thought the Compassion Capital Fund could strengthen or empower organizations; in other words, build capacity. Some of the respondents elaborated further, saying that this would be accomplished through training, technical assistance, network and collaboration building, and fundraising. Respondents also mentioned that they thought the Compassion Capital Fund could help address unmet needs in Montana; these included addressing social service, health, and mental health needs and filling gaps in current services.

The respondents were asked where they think the Montana project has placed the greatest emphasis. Most respondents thought that the Montana project's emphasis was on organizational development and technical assistance. Common types of development and assistance mentioned were help with structuring the board, fund development and grant writing, applying for 501(c)(3) status, and training. Respondents reported that the sub-awards were an important component, supporting organizational development as well as service delivery and possible service expansion.

Respondents were asked to identify areas in which the project has been most successful. Most of the respondents mentioned the project's intermediary role as a funder, noting that organizational capacity to serve clients was increased as a direct result of sub-award funding. Respondents reported that organizations' capacity to write grants and access to grant money was increased through the Montana project. Networking and collaboration were also reported by respondents as successes of the Montana project; they spoke of bringing together faith, health, and social service agencies across the state, which led to a sense of community among providers and a better awareness of community needs and how

they could be met. Respondents also reported training and technical assistance as a success, especially that which focused on fundraising, grant writing, networking, or collaboration.

Respondents were asked to identify the major barriers for success in the Montana Faith-Health Demonstration Project. Most of the respondents indicated that geography was a major barrier; Montana's size and sparse population created isolation and made it difficult to get together for meetings or trainings. Respondents reported that organizations instead had to rely on telephone and email contact, noting that face-to-face contact would have been more effective. Most of the respondents also reported that the lawsuit was a large barrier to the success of the Montana project, specifically the transition from one intermediary to another and the delay in work associated with this change.

The respondents were asked to give their suggestions about what the project should do differently if it were starting over. A variety of things were suggested by the respondents, but there was clear consensus on the idea of avoiding a lawsuit. Suggestions for doing so included getting legal help or counsel, using a different fiscal structure, or avoiding the appearance of church ownership in the project. Other suggestions made by the respondents included: more technical assistance, more formal information gathering, more money, more transparency of the finances, and an increase in partners, including state agencies.

Most stakeholder respondents reported that they thought the organizations that had been helped would be able to sustain their progress after the Compassion Capital funds are gone, although this was not expected to happen for all participating organizations. Respondents were then asked what kind of help they thought the grantees will need to sustain their progress. Almost all of the respondents reported that funding was needed to help sustain these organizations. Responses included: time to search out local funding, seed money to help write grants, funds for a statewide conference, and access to future sub-awards. Respondents indicated that networking, maintaining networks, and partnerships were important to the sustainability of the organizations along with ongoing leadership development, advice, counsel, and mentoring to build capacity and create strong leadership in the organizations.

Needs Assessment

The purpose of the needs assessment was to determine the level of health and human services provided across the state of Montana. It was also used to determine the degree to which health and human service needs were unmet in communities and what was being done about it. Lastly, the survey was used to collect demographic information, learn if there was an interest among organizations to expand their programs, and if there was a need for assistance in addressing community issues.

The needs assessment survey was developed and conducted by the Montana Faith-Health Demonstration Project. It was designed in two forms. One would be administered to churches and the other to faith- and community-based organizations. A total of 4,034 of the target groups from across the state, regardless of their size, were mailed a survey. Overall, there were 831 responses (21%). Nearly half (46%) came from churches, nearly half (46%) came from community-based organizations, and 8 percent came from faith-based organizations.

In-depth interviews with representatives of grantee organizations

Wilder Research designed the telephone survey for organizations that received sub-awards from the Montana Faith-Health Demonstration Project. The purpose of this interview was to learn about progress grantees made as a result of their capacity building efforts.

Follow-up interviews were attempted with 56 organizations that received sub-awards from the project. Wilder Research survey center staff completed 52 interviews in August, 2005. Ninety-three percent of all grantee organizations were interviewed.

Outcomes

Responding to statewide service needs

Goal 1. Assist grantee organizations to respond to service needs identified in initial statewide assessment

As part of the initial application process and following the initial award to the Montana Faith-Health Demonstration Project efforts were made to assess human service needs across the state of Montana. This assessment effort included the use of existing data related to insurance coverage, poverty rates, geographic isolation, transportation infrastructure, and resident demographics. In addition the project launched a survey to establish a baseline level of health and social service needs and the extent to which churches were involved in addressing those needs.

The initial assessment included survey responses from 831 faith-based and community-based organizations across Montana. This survey showed that, in the opinion of respondents, the most serious unmet needs (in rank order) included:

1. Mental health services
2. Alcohol and substance abuse treatment and support
3. Affordable health care and insurance coverage
4. Affordable housing
5. Services for the elderly and services to reduce social isolation
6. Transportation
7. Affordable childcare
8. Access to dental care

Survey results also showed faith-based and community-based organizations expected to expand services for children and teens, support for elders, and access to affordable housing.

Following 3 years of funding, follow-up surveys with grantees show that services were delivered to the populations listed in the table below.

2. Service needs addressed by organizations funded for one year and for multiple years

Populations served	Percent of organizations funded for a single year serving this population	Percent of organizations funded for multiple years serving this population
Homeless individuals	46%	56%
Working poor	74%	80%
Elderly	46%	75%
Unemployed	68%	92%
Uninsured	77%	85%
Underinsured	72%	86%
At-risk children (12 or under)	59%	56%
At-risk youth (age 13-17)	55%	63%
Families and children in poverty	74%	75%
Children of prisoners	38%	29%
Substance abusers	60%	57%
Children in foster care	43%	43%
Prisoners re-entering the community	19%	50%
Victims of violence or abuse	63%	62%
American Indians	74%	75%
Migrant farm workers	12%	20%
Persons with AIDS or HIV	24%	30%

Information regarding the characteristics of persons served suggests that community and faith-based organizations that received grants from the Montana Faith-Health Demonstration Project responded to resident needs in a way consistent with the types of needs identified during initial needs assessment efforts.

Service delivery capacity

Goal 2. Assist grantee organizations to expand service capacity

At follow-up, 42 of 52 organizations reported the numbers of individuals they served during the course of the current grant period. The total numbers served were 24,941 individuals.

For organizations that were able to provide client or participant counts both before and after the grant period, 43 percent of organizations showed an increase in the number of persons served following the receipt of the grant award, 30 percent showed no change, and 26 percent showed some decline in service volume.

Also during follow-up, all representatives were asked if they received services to help develop and implement their programs. Thirty-five percent reported that they received help. All representatives were asked if they received services to help improve their service delivery. Thirty-four percent reported that they did receive that kind of help.

When representatives were asked if they were able to develop a new service, expand an existing service, or do both after receiving grant assistance, 15 percent reported that they developed a new service, 46 percent expanded an existing service, and 35 percent both expanded and developed existing services.

The capacity to serve individual participants is partly based on the number of paid and volunteer staff available to do the work. At follow-up, 51 of 52 representatives reported on changes in the numbers of paid staff and volunteers in their organizations since their involvement in the project.

Twenty-four percent of organizations reported that they had increased the number of paid staff, 71 percent had the same number, and 6 percent reduced the number of paid staff. Among the 51 organizations reporting, the number of paid staff showed a net increase of 21.

Regarding volunteers, 57 percent of organizations reported an increase in the number of volunteer staff, 37 percent had the same number, and 6 percent reported a decrease in the number of volunteer staff. The net increase in the number of volunteer staff across all 51 organizations was 715.

Changes within grantee organizations

At follow-up representatives of grantee organizations were asked if there were any changes in their organizations since their involvement with the project. Nearly two-thirds (63%) responded that there had been a change. Of those, only two organizations said that they experienced a negative change within their organization.

Thirty-two organizations provided their thoughts on those changes. Comments were coded into categories. Those mentioned by at least 7 percent of reporting organizations are listed below. (Percentage indicates percent of organizations mentioning each kind of benefit.)

- Program or organizational growth (17%)
- Increase in service delivery effectiveness (12%)
- Better advertising/marketing (10%)
- Board development (9%)
- More networking/partnerships (9%)
- Better program focus (9%)
- Increase in volunteers (7%)

The following quotes provide examples of some of the positive changes that organizations have experienced since their involvement with the project.

We have been able to reach out to more communities statewide. We have been able to add 150 additional volunteers. It's made a huge difference.

As a program we are on an upward, more positive move. We've been able to bring in more volunteers and reach and service more boys and girls.

We started working in other communities, volunteers have learned and grown, we've identified leaders in each community and developed support groups.

We now have stronger delivery of services and public understanding. We are gaining more visibility to the community.

Now have a higher profile in the community.

It's now a formalized organization with direction and purpose. Before, we were just a loose unit group of volunteers.

We've become more solid, increased our board memberships. Example of being more solid: the finances – so we can offer and do the programs we want. We've increased our services by being able to offer more support groups through the state.

Our capacity to go to clients to provide services is greatly increased. We have greater board involvement, which stemmed a little from the technical assistance and the availability of the technical assistance to do a "climate survey." We were able to collaborate on this grant with a sister agency which was previously hesitant to use grants, which has opened us up to more collaboration in the future as well as having been an example to the community of how successful collaborations on grants can be. It had always been more of a competitive thing for grants rather than a collaborative thing.

Comparison of single-year vs. multi-year grantees

One hypothesis generated by Wilder Research during the evaluation of several Compassion Capital Fund Initiatives over the past three years is that the concentration of awards to the same organization over several years is more likely to have positive effects on capacity building than single-year grants. The fact that 19 of the 56 organizations in the Montana initiative received awards for multiple years while 37 of the organizations received awards for only a single year allowed Wilder Research to do a preliminary test of this hypothesis. A comparison of multi-year grantees to single-year grantees generally supports the theory that multiple years of funding and support lead to stronger and more positive outcomes than funding and support provided during only a single year. The analysis shows the following results:

- Multi-year grantees were three times more likely than single-year grantees to report that they received help to identify additional sources of funding, apply for funding, or improve their proposals.
- 75 percent of multi-year grantees who applied for funding received funds compared to 43 percent of single-year grantees who applied for funding and received funds.
- Multi-year grantees were twice as likely as single-year grantees to report that they had learned about new programs or service models through the Montana Faith-Health Demonstration Project, and that this information could help improve their service delivery.
- 44 percent of multi-year grantees compared to 14 percent of single-year grantees reported that the number of paid staff in their organization increased over the course of the project.
- 69 percent of multi-year grantees compared to 50 percent of single-year grantees reported increases in the number of volunteers providing service in their organization.

- 75 percent of multi-year grantees compared to 25 percent of single-year grantees "strongly agreed" that they received useful suggestions and recommendations from staff and consultants affiliated with the Montana Faith-Health Demonstration Project.
- 63 percent of multi-year grantees compared to 22 percent of single-year grantees "strongly agreed" that the services of the Montana Faith-Health Demonstration Project met their expectations.

In addition, results show that multi-year grantees were more likely to attend trainings, receive technical assistance, and report improvements in service delivery than single-year grantees.

Overall, the results suggest that a concentration of assistance and awards over multiple years is more likely than single-year support to lead to improved organizational capacity among organizations participating in the Compassion Capital Initiative. Nonetheless, it will be important to continue testing this preliminary conclusion in future research efforts.

Partnerships, networks and collaborations

Goal 3. Increase the possibilities for faith- and community-based organizations to be involved in partnerships and collaborations

Baseline information about grantee involvement in collaborations or partnerships prior to their participation was not available to the evaluators. However, at the time of follow-up, when representatives were asked if they had received any services from the project to help them collaborate or network with other organizations, 31 (61%) reported that they had. Also, when asked if they had developed any new partnerships or collaborations with any other organizations since their involvement in the project, 34 (67%) reported that they had.

The examples below illustrate the kinds of partnerships and collaborations described by grantees:

I was part of an existing collaboration – Child Care for the Workforce – and it has grown. It works with employers to help them work through their specific child care needs in terms of employees, families, and individuals in the community. I am now working with the Human Resource Development Council, a social service entity that houses Head Start and other agencies. It is a one-stop organization that puts us in touch with other businesses that we may be able to work with. I also was part of Yellowstone Area Systems, whose purpose was to know everyone's services and to do outreach in difficult to reach areas.

We are primarily with school districts. We work with the school districts in making mentoring matches.

We collaborated with the American Relief Council which provided incentives for our 100-mile walking club exercise program. We were able to train and certify a fitness instructor. With the help of our tribal health program and local hospital. We were able to certify a trainer to educate community/family around issues that negatively impact Native American communities.

We collaborated with other Montana hospitals regarding improvement in the delivery of care; related and advanced care planning and end of life issues.

Montana Optometric Organization - they donate their time and glasses. Health care for the homeless - Lions Club.

Partnering with Montana Youth Homes – they provide emergency shelter for youth in crisis and partnering with the Helena school district.

Local grocery stores for food provisions and community service organizations to help with other provisions, supplies, etc.

Technical assistance and training

Goal 4. Provide training, technical assistance, and other forms of support that improve organizational infrastructure and capacity

Training and technical assistance was provided by the Montana Faith-Health Demonstration Project staff and Commonweal Consulting. Seventeen trainings were held over the three years of the project; a total of 223 organizations, including sub-awardees attended. Sixty-six of those organizations, including sub-awardees, also received technical assistance during the project. The topics included nonprofit management, grant writing, communications planning, board development and organizational development. They were also a source for grantees to learn about funding opportunities, fundraising and management through an electronic monthly newsletter. Commonweal Consulting provided six trainings during the first two years of the project and six in the third year, with an emphasis on working with the media, developing a communication plan, board development, and fundraising.

When grantee organizations were asked at follow-up if they had attended trainings or taken advantage of the technical assistance or coaching offered by the project, just over three-quarters (N=41) reported that they had attended trainings and over one-half (N=30) said they had received technical assistance or coaching.

Assistance received by grantee organizations in 11 key capacity-building areas

At follow-up grantee organizations were asked if they had received training, technical assistance, or other help in 11 key capacity-building areas. Of the 51 sub-awardees that provided this information, one-third or more reported that they had received assistance in at least one of four primary focus areas, as shown below (percentages in parentheses indicate percent of grantee organizations receiving assistance in specified area):

- Support in collaborating or networking with other organizations (61%)
- Assistance with fundraising, resource development, or grant writing (51%)
- Help with developing or implementing programs or services (35%)
- Strengthening service delivery (33%)

About one-fifth to one-quarter of grantee organizations indicated they had received technical assistance or training in the following areas:

- Help with board development or governance structure (24%)
- Management of human resources or volunteers (24%)
- Development of a communications or marketing strategy (22%)
- Help with budget development or management (18%)

Ten percent or fewer organizations received help in the following areas:

- Development of a mission or vision statement (10%)
- Resolution of organizational conflicts or legal issues (10%)
- Establishment of a separate 501(c)(3) nonprofit entity (8%)

Helpfulness of assistance received

Grantee organizations that reported receiving training, technical assistance, or other help from the Montana Faith-Health Demonstration Project in any of the 11 key capacity-building areas listed above were also asked about the helpfulness of the assistance they received. Organizations were asked to rate the assistance in each area as “not at all helpful, not too helpful, somewhat helpful, or extremely helpful.”

Overall, organizations appear to view assistance provided by the project in these key areas as generally helpful. Mean helpfulness scores ranged from 2.60 to 3.62 (on a 4-point scale). Mean helpfulness scores were 3.1 or higher in 10 of the 11 assistance areas.

Organizations gave high ratings to assistance received in the areas of budget development or management (mean score of 3.62), development of a mission or vision statement (3.60), and establishment of a separate 501(c)(3) nonprofit entity (3.50).

Organizations gave slightly lower ratings (mean scores of 3.4 to 3.5) to the help received in strengthening service delivery (3.47), development of a communications or marketing strategy (3.46), management of human resources or volunteers (3.42), collaborating or networking with other organizations (3.37), and development or implementation of programs or services (3.35).

Three areas were rated somewhat lower than the others, although assistance in these areas was still regarded as more helpful than not. These areas included:

- Fundraising, resource development, or grant writing (mean score of 3.19)
- Board development or governance structure (3.18)
- Assistance with resolution of organizational conflicts or legal issues (2.60)

The following figure shows the number and percentage of grantee organizations that reported receiving training or technical assistance in key capacity-building areas over the course of the Montana Faith-Health Demonstration Project, and the mean helpfulness scores given to the assistance received.

3. Organizations receiving technical assistance or training in key capacity-building areas and mean helpfulness scores

Type of technical assistance or training (N=51)	Organizations receiving assistance		Mean helpfulness score
	Number	Percent	
Support in collaborating or networking with other organizations	31	61%	3.37
Assistance with fundraising, resource development, or grant writing	26	51%	3.19
Help with the development or implementation of programs or services	18	35%	3.35
Strengthening service delivery	17	33%	3.47
Help with board development or governance structure	12	24%	3.18
Management of human resources or volunteers	12	24%	3.42
Development of a communications or marketing strategy	11	22%	3.46
Help with budget development or management	9	18%	3.62
Development of a mission or vision statement	5	10%	3.60
Resolution of organizational conflicts or legal issues	5	10%	2.60
Establishment of a separate nonprofit entity	4	8%	3.50

**Note: Response categories are: Extremely helpful=4; Somewhat helpful=3; Not too helpful=2; not at all helpful=1.*

Attendance at trainings offered by the project

Forty-one of 52 grantee organizations (79%) reported at follow-up that they had attended at least one of the training sessions offered by the Montana Faith-Health Demonstration Project. In addition, 30 grantee organizations (58%) reported that they had received technical assistance or coaching from project staff.

Twenty organizations indicated that the project had offered trainings or technical assistance opportunities that they were not able to participate in. Of those 20 organizations, 16 described the kinds of trainings, capacity building activities, and project events that were of interest to them and that they had hoped to attend. Almost one-half (N=7) mentioned grant writing assistance; two organizations each mentioned governance and board development, fundraising, and public relations. In addition, five organizations said they had wanted to attend a statewide event such as the Two-Day Summit, the Statewide Demonstration or the Annual Meeting, but had been unable to do so.

Fifteen respondents (75%) said that scheduling conflicts prevented them from getting training and technical assistance through the project. Distance and travel time to training

sites were barriers for four respondents. One respondent was unable to attend trainings because of personal health problems.

Progress in meeting basic organizational infrastructure needs

At follow-up, organizations were also asked whether specific elements of organizational infrastructure common to many small nonprofits were in place. They were:

- Written personnel policies
- Written by-laws
- Articles of Incorporation
- 501(c)(3) status
- IRS Form 990 filed during the last fiscal year
- Organizational audit performed in one of the past three years

The figure below shows the number of organizations that had unmet infrastructure needs prior to their involvement with the Montana Faith-Health Demonstration Project and the number and percentage of those organizations that have addressed those needs since their initial participation.

4. Progress in meeting basic organizational infrastructure needs

Infrastructure need	Number of organizations with unmet infrastructure need prior to project participation	Organizations <u>meeting</u> infrastructure need since participation in project	
		Number	Percent
Written personnel policies	10	2	20%
Written by-laws	8	3	43%
Articles of incorporation	9	3	38%
501(c)(3) status	9	5	56%
IRS Form 990 filed during the last fiscal year	9	3	33%
Financial audit performed in one of the past 3 years	24	2	9%
At least one of the above <u>not</u> complete	26		

Of the 52 organizations that provided information at follow-up, 50 percent (N=26) indicated that all of the infrastructure items listed were already in place prior to their involvement with the Montana Faith-Health Demonstration Project, and 50 percent (N=26) indicated that one or more of these needs had not been met prior to the project. Eight organizations (31%) with unmet infrastructure capacity-building needs prior to the project reported that they had put at least one infrastructure item in place since working with the project.

The areas showing the least amount of progress were the completion of an organizational financial audit and written personnel policies.

Improvements in ability to report volume of service, participant satisfaction, and impact of service

An expectation of the Montana Faith-Health Demonstration Project was that participating organizations would develop or improve program evaluation skills, such as the ability to track the number of people served, the amount of service provided, participant satisfaction and service impact. Staff of the Montana Faith-Health Demonstration Project and Commonweal Consulting provided training and individual instruction on evaluation, logic models and identification of measures and outcomes to participating organizations during orientation, site visits, and technical assistance sessions. Grantee organizations were responsible for formulating logic models for their programs that included measurable outcomes and for submitting progress reports for review by project staff.

Volume of service

Counting the number of people served

Overall, at follow-up, 43 of the 52 grantee organizations reporting (83%) indicated they could accurately count the number of people they served. Ten of those 43 organizations (24%) reported that the methods they use to keep accurate counts of people served had been developed or improved since they began working with the Montana Faith-Health Demonstration Project. Nine organizations (17%) indicated at follow-up that they could not count the number of people served.

Tracking the amount of service provided

Grantee organizations were also asked if they could count and track the amount of service provided to each participant. Thirty-eight of the 51 organizations reporting (75%) said that they were able to track the amount of service provided to each participant and 10 of those 38 organizations indicated that their methods were new or had been improved since their

involvement with the project. At follow-up, 13 grantee organizations (25%) did not have a system in place to track the amount of service provided to their participants.

Satisfaction with service

Forty-one of the 51 grantee organizations reporting (80%) indicated at follow-up that they had a way to measure the extent to which participants were satisfied with the services they received. Thirteen of those 41 organizations said that since they began their work with the Montana Faith-Health Demonstration Project, they had developed new or improved ways to measure participant satisfaction with services. Ten grantee organizations (20%) reported at follow-up that they did not have a way to gather information about participants' satisfaction with services.

Impact of service

Asked if their organization has a way to determine if program participants benefit from the services received, 39 of the 50 grantee organizations reporting (78%) at follow-up indicated that they could measure program impact or benefit. Nine of the 39 grantee organizations (23%) reported at follow-up that, since working with the Montana Faith-Health Demonstration Project, they had put in place new or better methods to assess the benefits of program participation. At follow-up, 11 grantee organizations (22%) indicated that they were unable to measure whether or not program participants benefited from services.

The figure below shows grantee organizations' progress in their ability to measure the volume of service, participants' satisfaction with services, and the impact of services since their involvement with the Montana Faith-Health Demonstration Project.

5. Improvements in organizations' ability to report volume of service, participant satisfaction, and benefit of services

Assessment Capability	Organizations with methods in place at follow-up		Methods are new or improved since working with project	
	Number	Percent	Number	Percent
Able to accurately count number of people served (N=52)	43	83%	10	23%
Able to track the amount of service provided to each participant (N=51)	38	75%	10	26%
Able to measure participant satisfaction with services (N=51)	41	80%	13	32%
Able to measure impact of services (N=50)	39	78%	9	23%

Of the 52 organizations that provided information about their ability to evaluate their programs, 54 percent (N=28) indicated that they had they had methods in place to report volume of service, participant satisfaction, and benefit of services (all of the four assessment capabilities listed above) at the time of follow-up. Forty-six percent (N=26) indicated that there was one or more of these assessment capabilities that their organization did not yet have. Of the 50 organizations that reported information about the assessment methods they use, 40 percent (N=20) reported that they had developed new or improved methods since working with the project.

Choosing an outcome to measure

An additional expectation of the Montana Faith-Health Demonstration Project was that participating organizations would measure at least one outcome during their involvement with the project. Forty-four of the 50 grantee organizations (88%) reporting at follow-up indicated that they had chosen one or more outcome to measure. Six organizations (12%) reported that they had not selected a specific outcome to measure.

Asked to describe the outcomes they had chosen to measure, organizations gave a wide variety of responses related to assessment of programs and services, staff and volunteers, funding, and infrastructure. Figure 6 shows the range of measures mentioned and number of organizations identifying this measurement. Items listed in the figure show clearly that organizations have identified important and measurable items to include in their program and organizational assessments. However, respondents' descriptions of the items also indicate that some organizations do not distinguish between outputs (counts of activities or services) and outcomes (changes that occur in the lives of service recipients).

6. Assessment measures used by grantee organizations

Programs and Services	Number of mentions	Percent of grantees
Number of program participants	16	36%
Number of programs held	6	14%
Development of one new program or service	2	5%
Number of communities offering services	1	2%
Completion of program needs assessment	1	2%
Development of a program collaboration	1	2%
Increase in numbers of referrals to programs	1	2%
Increase in number of support groups held	1	2%
Increase in participant knowledge or understanding	9	20%
Change in participant behavior	5	11%
Change in participant attitudes	1	2%
Skill acquisition for participant	1	2%
Number of participants obtaining employment	3	7%
Number of participants receiving job training	2	4%
Number of participants retaining employment	1	2%
Number of participants obtaining job interview	1	2%
Staff and Volunteers		
Number of volunteers trained	5	11%
Number of volunteers recruited	3	7%
Number of volunteers retained	1	2%
Number of staff hired	1	2%
Fundraising		
Amount of cash donations raised	1	2%
Increase in in-kind donations	1	2%
Number of grant proposals submitted	1	2%
Timely submission of grant proposal	1	2%
Organizational Infrastructure		
Attainment of 501(c)(3) nonprofit status	1	2%
Filing of Articles of Incorporation	1	2%
Development of strategic plan	1	2%
Development of a budget	1	2%

Additional funding sources

Goal 5. Assist grantee organizations to secure additional funding sources to sustain successful practices

A key project goal for the Montana Faith-Health Demonstration Project was to help those organizations receiving technical assistance and sub-awards to secure additional funding sources. This included work with participants to develop funding strategies, develop grant proposals, and identify new sources of potential funding.

Support from additional funding sources

At the time of the follow-up interview, grantee organizations were asked if they had applied for or received any additional funding or in-kind contributions to support their work following involvement with the project. Thirty-three organizations (65%) indicated that they had sought or received support from additional funding sources following their Compassion Capital Fund award. Of these organizations, 29 reported they had received a total of \$1,333,597 in additional funding. Of this total, \$1,260,697 was cash support and \$72,900 was in-kind contributions. In addition, organizations reported that they had sought \$237,000 in additional funding for which the potential funders' decisions were pending at follow-up.

Local, state or federal government agencies and private philanthropies or foundations provided the largest amounts of additional funding reported by grantee organizations. Grants and contracts with government agencies totaled \$852,849 and accounted for nearly two-thirds (64%) of additional funding. Private foundations contributed \$260,800 or about 20 percent of the additional financial support received by grantees. Figure 7 shows the amounts of financial support and the number of organizations that received support by source since involvement with the project.

7. Financial support received from additional sources since working with the Montana Faith-Health Demonstration Project

Source type	Number of organizations receiving support from source (N=29)	Total amount received
Business/Corporations and Corporate Foundations	12	\$67,500
Private philanthropies or foundations	11	\$260,800
Churches or religious organizations	2	\$5,378
Individual donors	5	\$13,970
Government agencies (federal, state, local)	13	\$852,849
Fund-raising events	1	\$3,000
United Way	4	\$45,700
Civic groups and community organizations	3	\$11,500
In-kind donations	8	\$72,900
Total		\$1,333,597

Figure 8 shows the number of donors and the range of sizes of contributions by source.

8. Number of donors and range of sizes of contributions received since working with the Montana Faith-Health Demonstration Project

Source type	Number of donors	Range of sizes of contribution	
		Minimum	Maximum
Business/Corporations and Corporate Foundations	18	\$200	\$15,000
Private philanthropies or foundations	17	\$500	\$100,000
Churches or religious organizations	2	\$378	\$5,000
Individual donors	Not available	Not available	Not available
Government agencies (federal, state, local)	18	\$500	\$480,000
Fund-raising events	Not available	Not available	Not available
United Way	5	\$700	\$19,000
Civic groups and community organizations	3	\$200	\$10,000
In-kind donations	11	\$100	\$30,000

Assistance from Montana Faith-Health Demonstration Project with fundraising, resource development, and grant writing

At follow-up, grantee organizations were asked if they had attended training or received technical assistance from the Montana Faith-Health Demonstration Project to assist them with fundraising, resource development, or grant writing. Twenty-six (51%) of the 51 organizational representatives reporting said that they had received some assistance in this area.

Of the 29 grantee organizations that sought and received funding from additional sources since their Compassion Capital Fund sub-award grant, nine (31%) indicated that assistance from the project helped them to identify a source of funding, to apply for funding, or to strengthen a grant application. Across the project, these organizations received a total of \$95,792 in cash support and in-kind contributions that they attribute in some way to the help they received from the Montana Faith-Health Demonstration Project

The following comments illustrate ways in which the project has helped organizations to improve their fundraising skills and increase the potential for their program's sustainability:

We are better aware of resources for funding. And somewhat more familiar with how to do grant writing and fundraising, which we never did before. We have better ideas of how to do it, how to approach the community to help us.

Our Board of Directors and our community contacts are energized. We are better equipped – because of the “Raising More Money” system – to engage our community and develop individual donors.

We have developed more structure regarding fundraising and sustainability and have increased our capacity to serve and we've enhanced our ability to provide volunteer services.

Organizations' budgets

A key indicator of increased capacity to provide program services is growth in an organization's program operating budget. Each grantee organization was asked to compare the size of their program operating budget in the current fiscal year to the size of their program operating budget in the fiscal year before their involvement with the Montana Faith-Health Demonstration Project. Overall, 30 of the 52 organizations (58%) reporting budget information indicated that their program operating budget had increased since they began their work with the project. Eighteen organizations (35%) reported that their program operating budget had remained about the same. Four organizations (8%) said their program operating budget had decreased.

For those 28 organizations that reported the amount of their budget increase, the median amount of budget improvement was \$17,496. Among the four organizations that reported decreases in their program operating budget, the median amount of decrease was \$4,252.

The net budget gain from the year prior to involvement with the Montana Faith-Health Demonstration Project to the current fiscal year was \$1,885,288.

Organizations' uses of sub-award grants

The Compassion Capital Fund Demonstration Program stipulates that sub-awardees use their grants in ways that improve the organization's sustainability, efficiency, or capacity. It allows organizations to use funds for the following purposes: improvements in basic organizational operations, for example, attaining 501(c)(3) status, implementing or upgrading financial systems, purchasing computer hard/software, or developing marketing materials; expansion activities, such as supporting a new social service, providing staff development and training, employing key additional staff, moving to a larger or better equipped facility, or upgrading management systems or technological capabilities; supplies and equipment, such as program materials to diversify clientele, transportation costs for greater accessibility, or hard/software for improving efficiency in systems; staffing, including hiring temporary, contract or project staff to enhance operations or service delivery; and contracted services, such as grantwriting, strategic planning or program evaluation consultation to provide additional expertise in specific capacity building areas.

Fifty-two of the 56 organizations that received sub-awards from the Montana Faith-Health Demonstration Project described how they used the grants to strengthen their organization's ability to provide services. All organizations reported that they had used their sub-awards as they had planned at the beginning of their work with the project, and the majority indicated that they used the funds for more than one purpose. The most common uses of sub-awards were for activities related to program expansion and development. Twenty-one organizations used sub-award funds to expand the reach of existing programs and seven organizations used the funds to develop new programs. A significant proportion of organizations allocated sub-award resources to staffing and staff development. Ten organizations hired administrative or program staff with sub-award funds and nine organizations invested in staff training and development.

Figure 9 shows the all the sub-award activities mentioned by grantee organizations at follow-up and the number of organizations that used funds for each activity.

9. Use of sub-awards by grantee organizations

Sub-Award Use	Number of organizations*
Program Expansion and Development	
Expand the reach of existing programs	21
Develop new programs	7
Purchase program equipment and materials	6
Provide program transportation	1
Partner with other organizations to enhance program services	1
Staffing and Staff Development	
Hiring administrative and program staff	10
Staff training and development activities	9
Volunteer training and development activities	5
Internal Organizational Operations	
General internal organizational capacity-building assistance	6
Operating expenses (utilities, phone bills)	3
Computer systems and technology improvements	2
Outreach and Strategic Relationships	
Marketing plan; developing marketing materials	3
Website development	1
Resource Development	
General fund-raising expenses, seed money	2
Grant writing consultant	1
Mission, Vision, Governance	
Board development and training	1

**Note: An organization may be represented more than once in this table because of multiple uses of sub-award.*

Best practices and replication of program models

Goal 6. Encourage and facilitate replication of appropriate models and 'best practices' that help meet the needs of low income individuals, families, and the underserved

All representatives of grantee organizations were asked at follow-up if the project had helped them learn about new programs or service models which could help them deliver better services. Twenty-one (41%) organizations reported that they had learned about new service models, while 30 (59%) said they had not.

Representatives were also asked if they considered any of their own programs or project activities best practices that other organizations might replicate. Thirty-seven organizations (71%) reported that they had programs that could be considered best practices, including services focusing on healthcare, education, childcare, youth, food provision, parenting, mentoring, volunteering, collaborating, and networking. Some examples of the best practice programs described by grantees follow:

Childcare for the workforce – we helped a printing business with the idea of putting a child care facility in their building. Their employees take their children there and the employer retains its staff.

Mobile HIV testing – we take our business to the client. We are meeting our clients where they are instead of waiting for them to come to us. We do a lot of outreach as well.

We have a one-on-one mentoring program for substance abuse. Center for Substance Abuse Prevention has designated it as a best practice.

Our preparation program for parish nurses and health ministers is recognized across the nation.

We provide meals-on-wheels in a rural setting surrounding a small community. Farmsteads visited are miles apart.

Nurturing parenting program is a hands-on approach that is very practical. Parents and children are taught at the same time. American Indian program reaches for strengths from the culture to improve parenting.

Volunteer companionship for the elderly – we recruit volunteers to match to a senior citizen where the volunteer visits the senior weekly to give support.

[We are] using a collaborative model to bring together several sources around the state around one topic to pool resources to reach more people with more resources. The model brings several agencies to work on the topic with each agency program able to feel ownership for having been a part of the overall effort or presentation.

Thirty-six out of 52 organizations reported that the best ways to let others know about their programs’ best practice models was to train other programs, share their models at conferences, post information about themselves on the internet or websites, network or advertise, and notify by word-of-mouth.

Satisfaction with assistance from staff of the Montana Faith-Health Demonstration Project

Goal 7. Assess grantee satisfaction and perception of future needs

At follow-up, representatives of participating organizations appeared to be very satisfied with the services received from the Montana Faith-Health Demonstration Project staff in their area. When asked to rate their satisfaction with various aspects of the services, respondents gave the highest ratings to how easy it was to contact staff, and the knowledge and skill of staff (mean scores of 4.52, 4.35, on a five-point scale). Respondents also expressed a high level of satisfaction with the usefulness of suggestions and recommendations staff provided (mean score of 4.20). Almost all respondents (94%) agreed or strongly agreed that overall, the services received met their expectations (Figure 10).

10. Satisfaction with services of staff at the Montana Faith-Health Demonstration Project

Satisfaction measure	Number of organizations rating measure	Percent strongly agree or agree	Mean score*
Staff at the MFHDP have given me useful suggestions and recommendations	50	84%	4.20
Staff were sensitive to cultural issues	48	79%	4.23
Staff were knowledgeable and skilled	49	96%	4.35
It was easy for me to contact staff when I needed to	48	94%	4.52
Staff helped our organization to use its strengths to make progress on goals	50	70%	3.76
Overall, the services I received met my expectations	50	94%	4.28

**Note: Response categories include: Strongly agree=5; Agree=4; Neither agree nor disagree=3; Disagree=2; Strongly disagree=1.*

Organizations' perspectives on the Montana Faith-Health Demonstration Project

What helped organizations the most

At follow-up, organizations were asked: “Overall, when you think about your work with the Montana Faith-Health Demonstration project, what has helped your organization the most?”

Respondents from 51 out of 52 organizations offered their thoughts about the most beneficial aspects of their work with the project. Comments were coded into categories. The types of assistance and support most often described as “most helpful” include the following:

- Sub-award (32%)
- Support from the project staff (14%)
- Technical assistance and training (12%)
- Networking and collaborating (11%)
- Fund-raising and grant writing assistance (6%)

Respondents’ comments about what helped their organizations the most indicate that Montana Faith-Health Demonstration Project assistance had many benefits. The following quotes provide examples of the benefits that many felt resulted from their work with this project:

The opportunity to receive financial assistance to help our organizations acquire the tools to better serve clients in our care.

The funding enabled us to network across the state.

I would say the most [helpful] was having the capacity building – board work, staff development, etc., that you normally cannot find the funds to do. These are things I cannot cover with my regular grants.

The coaching and network building regarding other community resources. For example, funding sources, volunteer sources, technical assistance providers, etc.

The networking, sharing ideas with others about servicing underserved populations, and the resources about grants that are available.

Fundraising. We have more knowledge about fundraising. How to go about it, so we are able to have some future funds.

The grant writing information or seminars and the networking.

Being able to see how the whole cycle works. Understanding why gathering data, tracking, and measuring outcomes is important to the program. Being able to show that your program is doing what it says it is. Gathering and tracking data, understanding the importance of this. Importance of gathering feedback, well-worded testimonials.

General supportiveness and enthusiasm for new programs. I think they go above and beyond to help figure out the help we need and then be sure we get it. For bigger, established organizations, it is more cheerleading and being enthusiastic about what we want to accomplish. Their genuineness of support is a huge strength. They really help the new start-ups with both their enthusiasm and helping them get help they need. Some organizations can work with one or the other established or start-ups. They are able to work with both well.

What participating organizations would do differently if they were starting over again with the Montana Faith-Health Demonstration Project

At the time of the follow-up interview, representatives of grantee organizations were asked what they would do differently if they were starting over again with the Montana Faith-Health Demonstration Project. Forty-six representatives responded; approximately two-fifths (18) said that there was nothing that they would do differently.

Of the 28 grantee organization representatives who said they would do things differently, 12 indicated that they would make some changes in their planning prior to the project, including:

- Learning more about what the project had to offer and the expectations for organizations that received sub-award grants before applying (6), and
- Approaching the sub-award grant in a different way; for example, asking for a larger sub-award, using the sub-award grant for a different purpose than originally planned; or applying for more than one year of sub-award funding (6).

Nine representatives said they personally would work harder to ensure that their organization was more closely involved in the project by:

- Attending capacity building trainings and staying actively involved with the project throughout the entire grant period (4),
- Getting more Board members to participate in project trainings and to take the lead in organizational capacity-building efforts (4),
- Including more staff in project trainings (2), and
- Sharing more information about the project with Board members and staff (2).

Eight individuals felt their organizations should have made better use of the opportunity the project afforded to develop skills in particular capacity building areas, including:

- Program evaluation and outcome measurement (3),
- Fundraising (2),
- Strategic planning and goal setting (2), and
- Marketing (1).

Finally, five representatives said if they were starting over again they would generally take more advantage of the technical assistance and coaching offered through the project, ask more questions about the help and resources available to them, and request more assistance with their capacity building needs.

Kinds of help or services organizations would find most useful in the next 12 to 24 months

To learn about future needs and potential project sustainability, all organizations were asked at follow-up to describe the kinds of help or services they thought would be most useful to them in the next 12 to 24 months. The needs most frequently mentioned focused on resource development:

- Diversification of funding sources (15)

Other kinds of help or services that more than five respondents said would most benefit their organizations in the next two years were:

- Assistance in efforts to build a stronger board of directors (7)
- Development of general fund-raising skills (6)
- Assistance with marketing (6)
- General one-on-one support and technical assistance (6)

Below are some examples of respondents' comments.

I need assistance with applying for additional funding.

Resources and strategies to help better our fundraising efforts.

Board management and governance – having board involved in organizing affairs. Understanding how to work with the board.

The two workshops on media and advertising and some more help on the board and governance issues.

Advice and training in marketing.

Advice in terms of the direction MFHDP is going regarding grants. We need to know not to submit grants that would never be considered.

More information about grants available to non-profit organizations.

Appendix

Key stakeholder survey

Grantee follow-up survey

Key stakeholder survey

**Montana Faith-Health Demonstration Project
Key Stakeholder Survey**

Thank you for taking the time to talk with me today. We are talking with people who have had a significant role in the Montana Faith-Health Demonstration Project. Specifically, we are interested in how stakeholders like yourself see the primary goals and objectives of the project, how you've been involved, your opinions about the capacity building efforts and what has worked best. The interviews are confidential and no specific comments will be attributed to you unless you decide otherwise. Shall we begin?

- 1. First, could you tell me what your specific role in the Demonstration Project has been? [**PROBE:** What have you been responsible for and what activities have you been involved in?]

- 2. When you first became involved in this project, what did you think you would be able to accomplish with the Compassion Capital Funds in Montana? [**PROBE:** How did you think this project might be able to strengthen health and human services in this state?]

- 3. Where do **you** think the Montana Project has placed the greatest emphasis? [**PROBE:** Has the project focused on helping organizations to increase administrative capacity, service delivery capacity, fundraising efforts, marketing, etc.??]

- 4. In what areas do you feel the project has been most successful? [**PROBE:** What kind of capacity building efforts have worked best?]

5. What have been the major barriers for success in the Montana Faith-Health Demonstration Project? [**PROBE:** Where have you faced the biggest hurdles in implementing the program or achieving success?]

6. Now that you're in the last year of the project, looking back, what would you suggest be done differently if the Project was starting over?

7A. Do you think that the organizations you have helped will be able to sustain their progress after the Compassion Capital funds are gone?
Yes.....(GO TO Q. 7B)..... 1
No.....(GO TO Q. 7C)..... 2
Was not involved with assisting organizations..... (GO TO Q. 8)..... 3

7B. What kind of help do you think the grantees will need to sustain the progress they have made so far?

8. As we follow up with the sub-awardees to learn about their experiences in the project, what question or questions are you most interested in learning about? [**PROBE:** What are you particularly interested in asking grantees about their experience with this project or their success in achieving their own goals?]

Thank you for the time that you've taken to complete the survey. That concludes our interview. Thank you.

Grantee follow-up survey

Project Code: 70542

CASE ID #: _____

Montana Faith-Health Demonstration Project Compassion Capital Fund Grantee Follow-Up Survey

Introduction:

Hi, this is _____ calling from Wilder Research. We are working with the Montana Faith-Health Demonstration Project to get in touch with people who have received grants, training, and technical assistance from the project. We want to learn more about how the funds, training, and technical assistance may have helped your organization. Would you have 30-45 minutes now to talk with me? The interview is voluntary and confidential, there are no names attached to the survey.

IF YES, PROCEED.

IF RESPONDENT INDICATES THAT THEY ARE NOT THE RIGHT PERSON ASK: Is there someone else I should talk to? Specify.

IF NOT NOW, ASK: When would be a good time to call back? (USE FACESHEET TO FILL THIS OUT.)

IF REFUSED, fill out the refusal form.

First, I just want to verify that your organization received a grant **and** participated in training or received technical assistance to help your organization.

1. Our records show that your organization received a grant for \$_____ \$_____ \$_____. Is that correct? (FILL IN AMOUNT(S) FROM FACE SHEET)
- Yes 1
 - No (TERMINATE INTERVIEW)..... 2
 - Refused 7
 - Don't know 8

2A. Could you describe in just a sentence or two how your organization used the grant money? (**PROBE:** What specifically did you accomplish with the support of the Montana Faith-Health Demonstration Project grant?)

- 2B. Was this the way you expected to use the funds?
- Yes 1
 - No 2
 - Refused 7
 - Don't know 8

- 3A. Was your organization providing services to individuals and/or families before you were involved in the Montana Faith-Health Demonstration Project?
- Yes 1
 - No(GO TO Q. 4)..... 2
 - Refused(GO TO Q. 4)..... 7
 - Don't know(GO TO Q. 4)..... 8

- 3B. Can you tell me how many people your organization served in the 12 months prior to your receiving the Compassion Capital Fund award?
- _____ Number of Individuals
 - _____ Number of Families
 - Refused-7
 - Don't know-8

4. After you received grant assistance from the Montana Faith-Health Demonstration Project, did you...
- Develop a new service, 1
 - Expand an existing service, or 2
 - Both?..... 3
 - [Volunteered]: Neither 4
 - Refused 7
 - Don't know 8

- 5A. Did you attend any of the trainings offered by the project?
- Yes 1
 - No 2
 - Refused 7
 - Don't know 8

- 5B. Did you receive technical assistance or coaching offered by the project?
- Yes 1
 - No 2
 - Refused 7
 - Don't know 8

- 5C. Were there any trainings or technical assistance opportunities that you could not participate in that you wanted to?
- Yes 1
 - No(GO TO Q. 6A)..... 2
 - Refused(GO TO Q. 6A)..... 7
 - Don't know(GO TO Q. 6A)..... 8

5D. Which ones were you interested in?

5E. What prevented you from getting the training or technical assistance you wanted?

6A. A key reason for providing technical assistance and sub-awards to faith-based and community-based organizations is to build stronger organizations that provide more or better services. I am going to read a list of the kinds of help some organizations may receive. Did you receive any services to help you ...

	IF YES ASK: →→→→				6B. Overall, how helpful was this service? Would you say...					
	Yes	No	REF	DK	Extremely helpful,	Somewhat helpful,	Not too helpful, or	Not at all helpful?	REF	DK
a. Develop a mission or vision statement	1	2	7	8	1	2	3	4	7	8
b. Assist with fund-raising, resource development, or grant writing	1	2	7	8	1	2	3	4	7	8
c. Manage or develop your budget	1	2	7	8	1	2	3	4	7	8
d. Develop or implement your program(s)	1	2	7	8	1	2	3	4	7	8
e. Improve service delivery	1	2	7	8	1	2	3	4	7	8
f. Establish a separate nonprofit 501 (C) 3 organization	1	2	7	8	1	2	3	4	7	8
g. Develop a communication or marketing strategy	1	2	7	8	1	2	3	4	7	8
h. Improve Board governance or structure	1	2	7	8	1	2	3	4	7	8
i. Collaborate or network with other organizations	1	2	7	8	1	2	3	4	7	8
j. Manage human resources or volunteers	1	2	7	8	1	2	3	4	7	8
k. Resolve organizational conflicts or legal issues	1	2	7	8	1	2	3	4	7	8

7A. Before you began your work with the Montana Faith-Health Demonstration Project, did your organization have written personnel policies?

- Yes(GO TO Q. 8A)..... 1
- No 2
- Refused(GO TO Q. 8A)..... 7
- Don't know(GO TO Q. 8A)..... 8

7B. Does your organization now have written personnel policies?

Yes 1

No 2

 Refused 7

 Don't know 8

8A. Before you began your work with the Montana Faith-Health Demonstration Project, did your organization have written by-laws?

Yes(GO TO Q. 9A)..... 1

No 2

 Refused(GO TO Q. 9A)..... 7

 Don't know(GO TO Q. 9A)..... 8

8B. Does your organization now have written by-laws?

Yes 1

No 2

 Refused 7

 Don't know 8

9A. Before you began your work with the Montana Faith-Health Demonstration Project, did your organization have articles of incorporation?

Yes(GO TO Q. 10A)..... 1

No 2

 Refused(GO TO Q. 10A)..... 7

 Don't know(GO TO Q. 10A)..... 8

9B. Does your organization now have articles of incorporation?

Yes 1

No 2

 Refused 7

 Don't know 8

- 10A. Before you began your work with the Montana Faith-Health Demonstration Project, did your organization have 501 (C)(3) status for your organization?
- Yes(GO TO Q. 11A)..... 1
 - No 2
 - Refused(GO TO Q. 11A)..... 7
 - Don't know(GO TO Q. 11A)..... 8
 - Not applicable (operate under another 501 (C) 3 organization) 9
- 10B. Does your organization now have 501 (C) 3 status for your organization?
- Yes 1
 - No 2
 - Refused 7
 - Don't know 8
- 11A. In the fiscal year prior to receiving the Montana Faith-Health Demonstration grant, did your organization file an IRS form 990?
- Yes(GO TO Q. 12A)..... 1
 - No 2
 - Refused(GO TO Q. 12A)..... 7
 - Don't know(GO TO Q. 12A)..... 8
- 11B. Has your organization filed an IRS form 990 since your involvement with the Montana Faith-Health Demonstration Project?
- Yes 1
 - No 2
 - Refused 7
 - Don't know 8
- 12A. Before you began your work with the Montana Faith-Health Demonstration Project, had your organization had a fiscal audit in one of the past three years?
- Yes(GO TO Q. 13A)..... 1
 - No 2
 - Refused(GO TO Q. 13A)..... 7
 - Don't know(GO TO Q. 13A)..... 8

12B. Has your organization had an audit since your involvement with the Montana Faith-Health Demonstration Project?

Yes 1

No 2

 Refused 7

 Don't know 8

13A. Since working with the Montana Faith-Health Demonstration Project, have you applied for or received any additional funding or in kind support from other organizations to support the work you were doing as part of the Montana Faith-Health Demonstration Project?

Yes 1

No(GO TO Q. 14A)..... 2

 Refused(GO TO Q. 14A)..... 7

 Don't know(GO TO Q. 14A)..... 8

I'd like to ask you a few questions about each funding source. I'd like to remind you that this is confidential. We will not be listing any of these funding sources in our report.

13B. Can you tell me the name of the first funding source?	What type of funding is this? (CIRCLE ONE.)	How much did you request?	How much did you receive?
	1. Corporation 2. Corporate Foundation 3. Private Philanthropy or Foundation 4. Church/Religious Institution 5. Individual Donor 6. Governmental Agency (city, county, state, federal) 7. Fees for services 8. Fundraising 9. United Way 10. Sources not identified 11. Civic groups/community organizations 12. In-kind		

13C. Did you work with anyone from the Montana Faith-Health Demonstration Project to help you identify this source, apply for funding from this source, or help strengthen the proposal you wrote?

Yes 1

No 2

 Refused 7

 Don't know 8

13D. Can you tell me the name of any additional funding sources?	What type of funding is this? (CIRCLE ONE.)	How much did you request?	How much did you receive?
	1. Corporation 2. Corporate Foundation 3. Private Philanthropy or Foundation 4. Church/Religious Institution 5. Individual Donor 6. Governmental Agency (city, county, state, federal) 7. Fees for services 8. Fundraising 9. United Way 10. Sources not identified 11. Civic groups/community organizations 12. In-kind		

13E. Did you work with anyone from the Montana Faith-Health Demonstration Project to help you identify this source, apply for funding from this source, or help strengthen the proposal you wrote?

- Yes 1
- No 2
- Refused 7
- Don't know 8

13F. Can you tell me the name of any additional funding sources?	What type of funding is this? (CIRCLE ONE.)	How much did you request?	How much did you receive?
	1. Corporation 2. Corporate Foundation 3. Private Philanthropy or Foundation 4. Church/Religious Institution 5. Individual Donor 6. Governmental Agency (city, county, state, federal) 7. Fees for services 8. Fundraising 9. United Way 10. Sources not identified 11. Civic groups/community organizations 12. In-kind		

13G. Did you work with anyone from the Montana Faith-Health Demonstration Project to help you identify this source, apply for funding from this source, or help strengthen the proposal you wrote?

- Yes 1
- No 2
- Refused 7
- Don't know 8

13H. Can you tell me the name of any additional funding sources?	What type of funding is this? (CIRCLE ONE.)	How much did you request?	How much did you receive?
	1. Corporation 2. Corporate Foundation 3. Private Philanthropy or Foundation 4. Church/Religious Institution 5. Individual Donor 6. Governmental Agency (city, county, state, federal) 7. Fees for services 8. Fundraising 9. United Way 10. Sources not identified 11. Civic groups/community organizations 12. In-kind		

13I. Did you work with anyone from the Montana Faith-Health Demonstration Project to help you identify this source, apply for funding from this source, or help strengthen the proposal you wrote?

- Yes 1
- No 2
- Refused 7
- Don't know 8

13J. Can you tell me the name of any additional funding sources?	What type of funding is this? (CIRCLE ONE.)	How much did you request?	How much did you receive?
	1. Corporation 2. Corporate Foundation 3. Private Philanthropy or Foundation 4. Church/Religious Institution 5. Individual Donor 6. Governmental Agency (city, county, state, federal) 7. Fees for services 8. Fundraising 9. United Way 10. Sources not identified 11. Civic groups/community organizations 12. In-kind		

13K. Did you work with anyone from the Montana Faith-Health Demonstration Project to help you identify this source, apply for funding from this source, or help strengthen the proposal you wrote?

- Yes 1
- No 2
- Refused 7
- Don't know 8

13L. Can you tell me the name of any additional funding sources?	What type of funding is this? (CIRCLE ONE.)	How much did you request?	How much did you receive?
	1. Corporation 2. Corporate Foundation 3. Private Philanthropy or Foundation 4. Church/Religious Institution 5. Individual Donor 6. Governmental Agency (city, county, state, federal) 7. Fees for services 8. Fundraising 9. United Way 10. Sources not identified 11. Civic groups/community organizations 12. In-kind		

13M. Did you work with anyone from the Montana Faith-Health Demonstration Project to help you identify or apply for funding from this source, or help strengthen the proposal you wrote?

Yes 1

No 2

Refused 7

Don't know 8

14A. Compared to the fiscal year before you worked with the Montana Faith-Health Demonstration Project, has your program operating budget...(IF PROGRAM IS IN FIRST YEAR OF OPERATION, RECORD AS INCREASED.)

Increased, 1

Decreased, or 2

Stayed about the same?(GO TO Q. 15A)..... 3

Refused(GO TO Q. 15A)..... 7

Don't know(GO TO Q. 15A)..... 8

14B. How much has it increased/decreased?

Refused-7

Don't know-8

15A. Since being a part of the Montana Faith-Health Demonstration Project, have you developed any new partnerships or collaborations with any other organizations in the community you serve or outside of the community by internet or other contact?

- Yes 1
- No(GO TO Q. 16A)..... 2
- Refused(GO TO Q. 16A)..... 7
- Don't know(GO TO Q. 16A)..... 8

15B. Could you describe those partnerships or collaborations?

16A. Since your participation in the Montana Faith-Health Demonstration Project have you learned about any new program or service models that can help you deliver better services?

- Yes 1
- No(GO TO Q. 17A)..... 2
- Refused(GO TO Q. 17A)..... 7
- Don't know(GO TO Q. 17A)..... 8

16B. Could you describe the new programs or service models?

17A. Are there any of your programs or project activities that you consider a best practice that others might want to replicate?

- Yes 1
- No(GO TO Q. 18A)..... 2
- Refused(GO TO Q. 18A)..... 7
- Don't know(GO TO Q. 18A)..... 8

17B. What program or activity is it?

17C. What might be the best ways to let others know about this program or activity?

18A. The Montana Faith-Health Demonstration Project is part of the National Compassion Capital Fund. That fund emphasizes a variety of populations. As I read each type of population, please indicate whether or not you have directly served anyone from this population.

	IF YES ASK: →→→→				18B. How many people in this population group did you serve during the last 12 months?
	Yes	No	REF	DK	
A. Homeless individuals?	1	2	7	8	
B. Working poor?	1	2	7	8	
C. Elderly?	1	2	7	8	
D. Unemployed?	1	2	7	8	
E. Uninsured?	1	2	7	8	
F. Under-insured?	1	2	7	8	
G. At-risk children (12 or under)?	1	2	7	8	
H. At-risk youth (13-17)?	1	2	7	8	
I. Families and children living in poverty?	1	2	7	8	
J. Children of prisoners?	1	2	7	8	
K. Persons abusing substances?	1	2	7	8	
L. Children in foster homes?	1	2	7	8	
M. Prisoners re-entering the community?	1	2	7	8	
N. Victims of violence or abuse?	1	2	7	8	
O. American Indians?	1	2	7	8	
P. Migrant farm workers?	1	2	7	8	
Q. Individuals with HIV or AIDS?	1	2	7	8	

19A. Since you began your work with the Montana Faith-Health Demonstration Project, could you tell me how many different individuals you have served over the course of the 12-month grant period?

- _____ Number (GO TO Q. 20A)
- Refused(GO TO Q. 20A).....-7
- Don't know(GO TO Q. 20A).....-8
- [Volunteered]: Received the grant less than 12 months ago.....-9

19B. How many months ago did you receive the grant?

- _____ Months
- Refused-7
- Don't know-8

20A. Does your organization or program currently have a way to accurately count the number of people it serves?

- Yes 1
- No(GO TO Q. 21A)..... 2
- Refused(GO TO Q. 21A)..... 7
- Don't know(GO TO Q. 21A)..... 8

20B. Could you describe how that works?

20C. Is any of this new since you began working with the Montana Faith-Health Demonstration Project?

- Yes 1
- No 2
- Refused 7
- Don't know 8

21A. Does your organization or program have a way to count and track the amount of service provided to each participant?
(AS NEEDED: By amount of service, I mean how much service a participant received, like keeping track of the number of visits, the length of involvement, the number of tutoring sessions, things like that.)

- Yes 1
- No(GO TO Q. 22A)..... 2
- Refused(GO TO Q. 22A)..... 7
- Don't know(GO TO Q. 22A)..... 8

21B. Could you describe how that works?

21C. Is any of this new since you began working with the Montana Faith-Health Demonstration Project?

- Yes 1
- No 2
- Refused 7
- Don't know 8

22A. Does your organization or program have a way to gather feedback (client satisfaction information) from the participants it serves?

- Yes 1
- No(GO TO Q. 23A)..... 2
- Refused(GO TO Q. 23A)..... 7
- Don't know(GO TO Q. 23A)..... 8

22B. Could you describe how that works?

22C. Is any of this new since you began working with the Montana Faith-Health Demonstration Project?

- Yes 1
- No 2
- Refused 7
- Don't know 8

23A. Does your organization or program have a way to determine if program participants benefit from the services you provide?

- Yes 1
- No(GO TO Q. 24A)..... 2
- Refused(GO TO Q. 24A)..... 7
- Don't know(GO TO Q. 24A)..... 8

23B. Could you describe how that works?

23C. Is any of this new since you began working with the Montana Faith-Health Demonstration Project?

- Yes 1
- No 2
- Refused 7
- Don't know 8

24A. Another goal of the Montana Faith-Health Demonstration Project is to have each faith-based or community-based organization measure at least one outcome during the year. Did you pick any outcome to measure?

- Yes 1
- No(GO TO Q. 25A)..... 2
- Refused(GO TO Q. 25A)..... 7
- Don't know(GO TO Q. 25A)..... 8

24B. Could you tell me what outcome(s) you were/are measuring?

24C. Could you describe what you did to carry out the measurement of this outcome(s)?

Now, I have a few questions about your ministry or organization.

25A. Since you started working with the Montana Faith-Health Demonstration Project, has the number of paid staff in your organization...

- Increased, 1
- Decreased, or 2
- Stayed the same(GO TO Q. 26A)..... 3
- Refused(GO TO Q. 26A)..... 7
- Don't know(GO TO Q. 26A)..... 7

25B. By how many people has your staff increased or decreased?

- _____
- Refused-7
 - Don't know-8

26A. Since you started working with the Montana Faith-Health Demonstration Project, has the number of volunteers in your organization...

- Increased, 1
- Decreased, or 2
- Stayed the same(GO TO Q. 27)..... 3
- Refused(GO TO Q. 27)..... 7
- Don't know(GO TO Q. 27)..... 7

26B. By how many people has your volunteers increased or decreased?

- _____ Number
- Refused-7
 - Don't know-8

27. Now I'm going to read you some statements about the staff and services of the Montana Faith-Health Demonstration Project. Please tell me how much you agree or disagree with each statement.

	Do you...						
	Strongly disagree,	Disagree,	Neither agree nor disagree,	Agree, or	Strongly agree?	REF	DK
A. Staff at the MFHDP have given me useful suggestions and recommendations	1	2	3	4	5	7	8
B. Staff were sensitive to cultural issues	1	2	3	4	5	7	8
C. Staff were knowledgeable and skilled	1	2	3	4	5	7	8
D. It was easy for me to contact staff when I needed to	1	2	3	4	5	7	8
E. Staff helped our organization to use its strengths to make progress on goals	1	2	3	4	5	7	8
F. Overall, the services I received met my expectations	1	2	3	4	5	7	8

28. Overall, when you think about your work with the Montana Faith-Health Demonstration Project, what has helped your organization the most?

29A. Since your involvement in the Montana Faith-Health Demonstration Project, has your organization changed in any way?

- Yes 1
- No(GO TO Q. 30)..... 2
- Refused(GO TO Q. 30)..... 7
- Don't know(GO TO Q. 30)..... 8

29B. Could you describe two or three ways in which the organization has changed?

30. If you were starting over again with the Montana Faith-Health Demonstration Project, what, if anything, would you do differently?

31. What kind of help or service will be most useful to you in the next 12 to 24 months?

32. Finally, do you have any suggestions for what the Montana Faith-Health Demonstration Project could have done differently?

Thank you very much for the time you've taken to complete the interview. Those are all the questions we have.

Goodbye.