

**The Devil is in the Details:
Implementing Outcome Measurement in Faith-Based Organizations**

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Introduction

Faith-based organizations (FBOs) are now being encouraged to seek federal funding for the purpose of supporting faith-based delivery of social services in local communities (i.e., Compassionate Capital Fund). In January 2001, the White House Office of Faith-Based and Community Initiatives was established by Executive Order along with Centers for Faith-Based and Community Initiatives in five Cabinet-level Departments -- Health & Human Services, Housing & Urban Development, Education, Labor, and Justice (Tenpas, 2002). The Charitable Choice initiative is principally about giving FBOs equal footing with secular organizations in securing federal funding for the delivery of social services. The Compassionate Capital Fund (CCF) involves \$30 million appropriated by Congress in January 2002, targeting assistance to faith-based and community organizations. The CCF recognizes that FBOs are “uniquely situated” in serving “families in poverty, prisoners reentering the community and their families, children of prisoners, homeless families, and at-risk youth” (U.S. DHHS, 2002).

This shift in the federal perspective has resulted in increased attention to the effectiveness of the services provided by FBOs, what Johnson, Tompkins, & Webb (2002) refer to as “intentional religion”. Though rigorous demonstrations are needed to determine the relative effectiveness of FBO services, other available alternatives offer a viable avenue to aid FBOs in improving their programs and monitoring their success. One such alternative is the use of outcome measurement techniques, such as those that have been infusing the nonprofit sector in the U.S. since the mid-1990s, particularly among United Way-funded programs. Outcome measurement is an evaluation approach that includes the use of program logic models in which central outcomes are identified, and the implementation of systematized data collection and reporting procedures. The data generated from outcome measurement is useful for program effectiveness monitoring as well as program improvement efforts. The advent of outcomes measurement has spurred a major shift in the way nonprofits view themselves and the way they communicate their role to their funders, clients, and other stakeholders.

This paper discusses how the design and implementation of outcomes measurement approaches can be effectively adapted to faith-based organizations and their programs. Drawing on the United Way logic model framework and other work, the paper attempts to address the practical issues surrounding the development of measures and methods. The discussion includes a look at how outcomes measurement can be embedded into the day-to-day workings of FBOs. In addition, the presentation highlights the likely pitfalls that FBOs will face in adopting outcome measurement approaches in use among secular programs.

Approaching Outcomes Measurement in Faith-Based Organizations

Charitable Choice provisions have been included in four federal funding programs -- Temporary Assistance for Needy Families, Welfare-to-Work, Community Services Block Grant, and the substance abuse prevention and treatment programs (GAO, 2002). In a very short time, there has been a dramatic increase in the use of FBOs in the delivery of federally funded social services. Green & Sherman (2002) identified 726 government contracts with FBOs to deliver services under these four areas in a survey of 15 states. In nine of the states that were also

surveyed two years earlier (Sherman, 2000), they found a 9-fold increase in the number of FBO contracts and nearly a 12-fold increase in the dollar value of these contracts over the two-year period. Rules proposed by the Administration for Children and Families seek to maintain the religious integrity of FBOs that receive federal funds. The rule specifies that a religious organization may take religious beliefs into account in its employment decisions. Employing staff who share the organization's religious beliefs enables FBOs to "promote common values, a sense of community and unity of purpose, and shared experiences through service - all of which can contribute to a religious organization's effectiveness" (*Federal Register*, 2002, p.77370).

Despite the substantial growth in the funding of faith-based services, the field of research on FBOs remains very young and underdeveloped. A recent report by Johnson, Tompkins, and Webb (2002), entitled *Objective Hope*, presents a systematic review of nearly 800 studies, including a core group of 25 studies of the effectiveness of FBO services. Based upon the quantity and quality of existing literature, the authors concluded that though the overall body of work shows generally favorable findings, most areas of FBO service "...have not been the subject of serious evaluation research" (p.21). This finding accentuates the need to begin a broader movement of systematically collecting outcome data on FBO services.

Setting Expectations for FBO Research

Some have suggested that examining the effectiveness of FBOs in social service provision is substantially different from that of secular providers. For example, De Vita & Wilson (2001) reported, "research is under way on the capacity and effectiveness of faith-based programs, but this new area of research will entail a sharp learning curve. How do you measure 'faith'? What are the appropriate outcomes of 'success'?" (p. 4). A focus on this key difference, however, may ignore the substantial areas of overlap between understanding and evaluating FBOs and secular programs.

In addition, the rush to evaluate FBO services should be tempered with an understanding that outcome data on many secular services are either sparse or nonexistent. While a survey by Independent Sector found a majority organizations regularly reported on the accomplishments of at least some of their programs, the authors concluded, "...a great deal more needs to be done to support the efforts nonprofit organizations and religious congregations to measure their effectiveness" (Wiener et al., 2002). In regard to federally funded services, a White House (2001) report concluded, "...the Federal Government routinely awards billions in taxpayer support to organizations whose own efficacy and cost-effectiveness have not been validated by careful studies. This record indicates the need for an across-the-board emphasis on demonstrating actual efficiency of the programs that government funds" (p.10). On this point, John J. DiIulio, Jr., the former director of the White House Office of Faith-Based and Community Initiatives, noted

...how do we know what the results are for all the nonprofit organizations that presently receive government funds? You can count on your fingers and toes the number of these organizations that, over the years, even after literally decades in some cases of grant getting, have ever been subjected to even a single government performance audit, let alone any independent research impact study or evaluation. (Manhattan Institute, 2002, p.5)

This understanding of FBO research within a broader context of the growing body of work on all community-based social services will help achieve more reasonable expectations

among the relevant stakeholders. Further, this context will lead to a more equitable treatment of FBOs in regard to outcomes, relative to their secular counterparts. An illustration of this comes in remarks by U.S. Department of Health and Human Services Assistant Secretary Wade Horn at a press conference to release the results of a Hudson Institute study of government partnerships with faith-based organizations in 15 states:

One of the other interesting things I want to react to quickly is this idea of outcomes and evaluating the work of faith-based organizations....in doing that with faith-based organizations, let us not set a different standard than for secular organizations. Let us not say to faith-based organizations, you must prove beyond a reasonable doubt that everything that you do just works terrifically well and apply a different standard to secular organizations and say, we just assume that you do fine. But when it comes to faith-based organizations, you have to prove it. I think we need to say everybody ought to prove it. Everybody ought to be results oriented (Center for Public Justice, 2002, p.17)

At least some available evidence suggests that FBOs are not treated differently from their secular counterparts in respect to ensuring their accountability. A recent study by the U.S. GAO (2002) found that in five states visited by auditors, officials reported holding FBOs accountable for performance in the same ways as non-FBOs in the contracted delivery of social services. However, GAO found that this uniformity of treatment resulted in a lack of comparative performance data for FBOs versus non-FBOs.¹

In a study of faith-based programs for high-risk youth, Trulear (2000) noted that a lack of experience with systematic outcome measurement and evaluation is not unique to faith-based institutions. Further, when the role of evaluation is translated into concepts more familiar to faith-based institutions, such as “stewardship,” Trulear found a greater willingness to engage in a discussion about the process of evaluation. In the current FBO movement, there is growing awareness of the importance of high-quality outcome data. For example, the Hudson Institute’s Faith in Communities initiative has developed a Faith-based Ministries Code of Conduct that includes a statement focused on evaluation: “We commit ourselves to credible and objective evaluation procedures and to maintaining clear and documented participant records so as to facilitate proper assessment of program performance” (Hudson Institute, n.d.).

The current state of research on FBO services may have more to do with where the field is in its development of such capacity, rather than the issue of the faith component. The current debate about the effectiveness of FBO services is reminiscent of the mid-1980s debate about the move to the contracting of social services to for-profit organizations. Both debates share central concerns about (a) the relative effectiveness of the services provided, (b) issues of accountability, (c) the cost-effectiveness of the services, and (d) the role of the overarching ethos of the program deliverers in the quality and effectiveness of services (Nightingale & Pindus, 1997). On the latter point, for-profit services were questioned because of their profit motive, and FBOs are now being questioned because of their *faith motive*. To date, the recognition that FBOs may require specialized assistance in fully developing and assessing their programs has resulted in the funding of intermediary organizations to assist FBOs in building such capacity (Sherman, 2002). Fully, \$25 million or 83% of the Compassionate Capital Fund was earmarked for intermediary

¹ It should be noted that equal treatment of grantees does not speak to the issue of bias in the grantmaking and contracting process with prospective grantees.

organizations to aid FBOs to “to replicate or expand best practices and model programs in targeted areas” (Sherman, 2002, p.2).

Understanding the Role of Faith in Human Service Programs

In respect to the objective assessment of program outcomes, there is need for a clear understanding of the role and character of faith in respect to the program services being delivered. In the terminology of outcomes measurement, faith could be considered alternatively as a programmatic factor (e.g., use of prayer services as one element of program) of the process whereby desired outcomes are produced for clients or as a contextual factor (e.g., overall faith-based environment) influencing the program, or a combination of the two.

At their core, FBO social services programs contain many of the same elements as their secular counterparts. For example, one might expect that an organization that receives federal funding to deliver counseling services to homeless single men should be held accountable on the same indicators of success, whether the service provider is a FBO or a secular nonprofit agency. The key outcome indicators could include specific accomplishments by participants, such as the completion of a training program, finding employment, and/or remaining clean and sober for a specified period. The degree to which the services are infused with a faith or spiritual component simply could be seen as a reflection of a difference in the underlying service model. These differences need to be understood and clearly specified in evaluating FBO outcomes, but they may not be a category of outcomes in themselves that is of interest to the federal funder.

In the main, faith-based social service programs contain the same primary programmatic elements as secular programs. In a report on the National Faith-Based Initiative for High-Risk Youth, Branch (2002) reported that programming across 15 sites routinely included mentoring, GED referral, tutoring/homework assistance, employment-related services, life skills training, and recreation and cultural enrichment. Though these elements are not unique to FBOs, Branch concluded that sites developed services based on a focus on interpersonal relationships and built on a tradition of faith, among other factors. The specific presence of faith-based elements included the routine use of prayer in meetings, outreach, and programming, and the incorporation of religious concepts into program activities. These faith-based elements should be clearly understood, quantified, and assessed as a key aspect of the program itself. A study by Monsma and Mounts (2002) found in a survey of welfare-to-work programs in four cities that about 40% of faith-based programs explicitly integrate religious practices into the services they provide. This type of explicit faith element will be relatively easier to measure as compared to more subtle differences in programs that relate to the tone, ethic, and feel of the program. Regardless of the characteristics of the faith elements, the assessment and measurement of them is vitally important to the understanding of program outcomes.

Outcomes Measurement in the Nonprofit Sector²

The evaluation of social service interventions in many ways is considered the frontier of applied social science research (Boruch, 1994). Human service program environments in which

² Section adapted from Fischer, R. L. (2001). The sea change in nonprofit human services: A critical assessment of outcomes measurement. *Families in Society*, 82(6), 561-568.

rigorous experimental (or quasi-experimental) approaches are unacceptable or infeasible are the norm for much of social service practice. Jacobs and Weiss (1988) highlighted this incompatibility in their conclusion that "...evaluations often must trade off between neat scientific rigor and complex, but realistic, portrayal of programs" (p.503). The struggle to find meaningful and obtainable measures of success continues to be particularly challenging in programs dealing with complex individual and family problems (Barthel, 1992; Weiss & Jacobs, 1988). While there is a growing body of work on the evaluation of nonprofit human service interventions, most research in this area continues to rely on less rigorous research designs.

With the increased pressure on public and private human service agencies to demonstrate the effectiveness of services, a notable movement has occurred within the nonprofit sector among the network of local United Ways that fund programs in their respective communities. In 1996 United Way of America began to promote the use of outcome measurement as an aid to communicating results and funding decisions within its network of member United Ways and produced a manual to serve as a guide in this task (Hatry, Van Houten, Plantz, & Greenway, 1996). United Way of America (1999a & 1999b) has worked to educate local United Ways on the use of such results-focused efforts through the use of community status reports (or report cards), and these efforts set the stage for a profound change in the environment facing local agencies and programs.

The United Way outcomes measurement approach is a useful starting point for examining the use of evaluation methods in nonprofit agencies and FBOs. For purposes of illustration this section draws primarily on the outcomes measurement model developed under the auspices of the United Way of America and published as a stand-alone manual (Hatry et al., 1996). The model was also further described in a published journal article (Plantz, Greenway, & Hendricks, 1997). As designed, the outcomes measurement model is a systematic approach to implementing program evaluation in applied or direct-service settings. It provides a framework for engaging the discussion of outcomes in agencies and programs that have likely not addressed this issue in a substantive way as yet. The model lays out eight steps for taking an agency from start to finish in implementing the model. See Table 1. Hatry et al. (1996) present these steps in a pyramid schematic, with the eighth step at the pyramid's peak, symbolically conveying the, at times, arduous task of implementing outcomes measurement (p. 6).

Table 1 Steps of Outcomes Measurement

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1. Get ready
 2. Choose the outcomes you want to measure
 3. Specify indicators for your outcomes
 4. Prepare to collect data on indicators
 5. Try out outcome measurement system
 6. Analyze and report your findings
 7. Improve outcome measurement system
 8. Use your findings
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From Hatry et al. (1996), p.6.

The first three steps of the model lay the groundwork for putting a measurement system in place. This groundwork covers involving the right people in the process and developing an

elementary model of the program under consideration. A critical step for programs involves the clear identification of the program goals. The model for outcomes measurement demonstrates how to formulate a logic model for a human service intervention. The logic model is a schematic representation of the main elements of a program and includes the ultimate program goals. The model requires the specification of the inputs, activities, outputs, and outcomes of the individual program. Most direct-service agencies have routinely focused on describing the outputs of their work (e.g., number of clients served, sessions conducted, meals served). Recognizing the differing conceptions of these terms, outputs are defined by the authors of the manual as “the direct products of the program activities and usually are measured in terms of the volume of work accomplished” (Hatry et al., 1996, p.1).

The key difference in the move to outcomes measurement is the shift from *counting outputs* to *measuring outcomes*. In the model’s terminology, outcomes are defined as “benefits or changes for individuals or populations during or after participating in program activities” and involve “behavior, skills, knowledge, attitudes, values, condition, or other attributes” (Hatry et al., 1996, p.2). The identification of outcomes often forces the program staff to make explicit the operational theory of the program and present the essential elements of the model. This is one of the potentially far-reaching benefits of broader use of this model. The clearer description of program theories has been cited as an essential task in the development of knowledge about smaller-scale social interventions (Lipsey, 1993). The third step of the model involves the selection of indicators that are the data elements that will register change on the outcomes of the program. The identification of indicators can prove to be an analytically challenging and politically charged process, and must be tailored to the individual program.

The fourth and fifth steps involve the “nuts and bolts” aspects of operationalizing the elements of the program logic model. This includes the development of data collection instruments and the design of processes for handling the data collection. A key feature is the testing of the measurement system before implementing the system across the board. The model takes great care in communicating the importance of working out the bugs in data collection through an iterative process of testing and revising the system.

The remaining three steps of the model guide the reader through the analysis, reporting, and use of findings, and the improvement of the measurement system. These steps are necessarily understated due to their somewhat flexible nature. The heart of the process is the development of a program model, the identification of measures, and the collection of data. The final three steps are much more meaningful to program staff who have some data in hand, making the discussion relevant to their own experience.

Human service agencies moving to adopt outcomes measurement need to adapt the available models and approaches to their own specific situations. It may be useful to briefly describe one application of the basic model in an agency setting. In this case, the agency elected to begin with a noncomplex model, with the option of increasing the level of detail in the future as data collection became fully implemented. Figure 1 shows one such model, for a case management program for pregnant and parenting teens. Reading from the bottom up, the model lays out the basic inputs, activities, and outputs of the program.

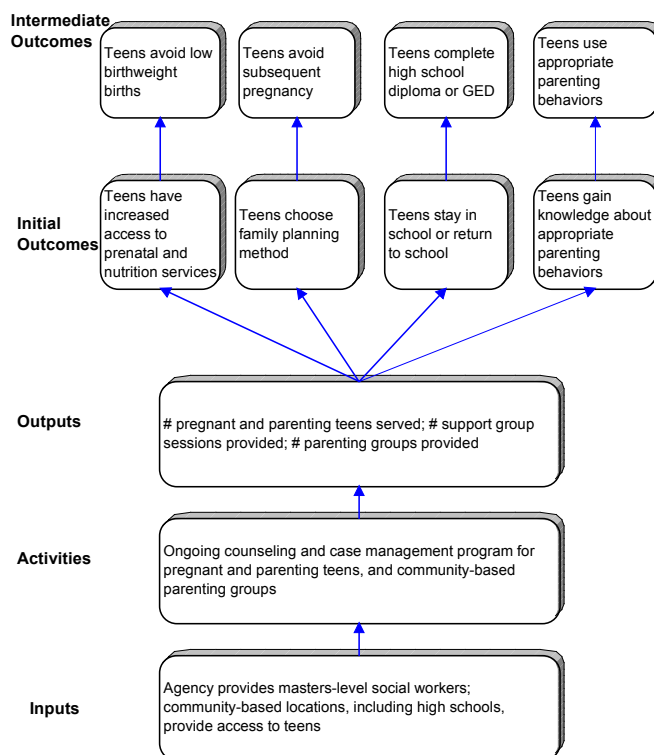


FIGURE 1: Sample Logic Model

The model then specifies four principal outcome areas for the program: (1) healthy pregnancy and birth, (2) avoidance of subsequent pregnancy, (3) academic achievement, and (4) parenting preparation. These basic outcome categories were each fleshed out with more detail for the routine data collection and summary reports were released (Fischer, 1997). A primary message to be taken from this application is that, while the outcomes measurement process may seem daunting initially, if the approach is compartmentalized and simplified, an agency can make marked progress toward its goal. Once data are collected, the model needs to be revisited and revised periodically, and plans made for the analysis and use of outcome data produced.

Threats to the Success of Outcomes Measurement

Fischer (2001) identified likely pitfalls that nonprofit agencies face in moving to outcomes measurement, and these issues apply as well to FBOs engaged in this process. These pitfalls are broken into two categories: (1) issues that arise as a result of the agency context for evaluation, and (2) issues that result from the structural limitations of the outcomes measurement model.

Nonprofit Agency Context Issues

The following items identify possible unintended results of the implementation of outcomes measurement in nonprofit agencies. The negative influence of most of these can be minimized by ensuring agency buy-in to the outcomes effort, providing adequate training to program staff who will be responsible for implementing the processes, and conducting sufficient oversight of reporting procedures.

- Trade-offs: If agencies lack the time, resources, and expertise to adequately undertake evaluation tasks, they may be forced to either reallocate direct service staff to evaluation tasks or generate low quality outcome data.
- Creaming: Once outcome measures have been established against which program success will be measured, there may be an incentive to attract different types of clients to the program or handle cases differently in order to improve outcomes (e.g., focus services on less troubled individuals).
- Dollars driving outcomes: This scenario derives from an incentive for agencies to frame a program's outcomes according to the specified interests of the funders, not based on the program theory. Outcomes should reflect what the program actually does not what the funders wish it did.
- Selective reporting: Some agencies will have the incentive to focus their reporting on specific subgroups of the caseload, that could make the outcomes appear better than they otherwise would (e.g., by reporting only on program graduates). Such reporting will mask subgroups of clients that may be falling through the cracks.

Limitations of the Outcomes Measurement Model

As an elementary approach to measuring outcomes, the United Way model is somewhat mismatched in some program areas common to the human service field. It should be noted that the authors of the approach discuss several areas of limitations in the training manual (Hatry et al., 1996). Following are several primary areas for which the model may be either ill fitted or inappropriate.

- Crisis-focused interventions: Many services involve limited contact between the program staff and the client focused around some crisis event (e.g., hotline services). In these instances the measure of output (e.g., clients served) may be the only plausible measure of program outcome.
- Prevention-focused programs: The difficulty is that the outcomes that the program is designed to influence are often far into the future and outside the program's ability to reasonably collect data (e.g., youth development services). A workable solution could involve a focus on initial outcomes and drawing on existing social science research demonstrating the link to longer-term outcomes.
- Brief-service interventions: Frequently in human service programs clients discontinue service after a short time. Individuals who participate only briefly in services may receive meaningful benefits and the outcome measurement model may miss these benefits unless properly tailored to detect them.
- Community-building efforts: Outcome measurement usually focuses on collecting data on individuals and families, the services they received, and how they fared, and this is often not well suited to measuring the effects of programs directed at community change.

- The ultimate question: compared to what?: As formulated by some (e.g., Hatry et al., 1996, p.21-22) outcomes measurement makes no substantive claims about the impact of services, that is, the difference between what occurred and what would have occurred in the absence of services. More rigorous studies will still be needed to address the issue of causality.

Specific Concerns for Faith-Based Organizations

In addition to the issues raised above, there are a number of challenges that FBOs face in developing outcome measurement techniques that are specific to them.

- Modeling the faith component: A central challenge for FBOs is to accurately communicate the specific role of faith in the program services they deliver, as a dimension of the program model. Johnson et al. (2002) noted a current lack of measures of "...religious commitment, religiosity or a quantifiable measure of the key independent variables that defines the nature of the FBO" (p.21). As such, care should be taken in developing measures that will adequately reflect the "dose" of faith present in specific programs. Such description will help address the question of whether it is "...the 'faith' in 'faith-based' that mainly determines any observed differences" (DiIulio, 2000).
- Selection & attrition: Though nonrandom selection of participants and loss of participants through attrition are concerns for research in all settings, they are of particular concern for FBO research. This stems from a fundamental difference between participants who seek out a faith-based alternative compared to those who seek a secular alternative. Johnson et al.'s (2002) review of research on "organic religion" demonstrated a high correlation between religious involvement and positive health outcomes and well-being. This suggests that, to the extent that FBOs draw their clientele from the population of individuals who are more faith-involved or disposed, program outcomes may be more positive simply due to this difference in its participants. While perhaps the most rigorous design would randomly assign faith-involved individuals to either a FBO or secular program and test for differential effects, such a design is likely practically infeasible.
- Staff characteristics and relationships: The outcome of any human service intervention is influenced by the type and depth of the disciplinary training of program staff. Staff trained in social work, psychology, medicine, or nursing bring varied skill sets and beliefs to the program tasks. In the same way, staff of FBOs bring a specialized disciplinary background to the program and this characteristic should be fully understood and described in assessing program outcomes. Similarly, the relationship between staff and clients (e.g., therapeutic alliance) may be arguably closer in FBOs (versus secular programs) due to the personal nature of faith. As such, the relationship should be assessed as a central component of the program model.
- Attention to faith outcomes: Outcome measurement approaches in FBOs should explicitly address the extent to which the enhancement of faith or religious involvement is an outcome of interest for the program. In a way, faith outcomes are akin to measures of self-esteem, wherein funders may not be specifically interested in the outcome but they recognize that it may be highly correlated with participant success. FBOs will likely need to develop evaluation designs that include a core set of success measures similar to what secular programs produce and add to that set measures of faith outcomes.

- Data management capacity: The available evidence suggests that many FBOs, because of their limited size and relative inexperience with outcomes measurement, may need specific assistance to develop capacity to collect, manage, and analyze their data. Johnson et al. (2002) reported that FBO supporters often cite exceptionally high rates of success for programs, but that "...closer examination of these accounts...tends to reveal mere simple summary statistics based on in-house data compiled by the religious organizations and ministries themselves" (p. 15). To address a natural skepticism of their outcome data, FBOs must strive to collect the most complete and accurate data possible and present it in an objective and clear fashion.

Practical Advice for FBOs

Any FBO embarking on the path to outcome measurement should reflect on the following: (a) begin small, with one program service or one location of a program -- the program staff working on the process will gain useful knowledge that will be transferable to other program areas within the organization as the effort progresses; (b) focus on measures that are both meaningful and practical -- select indicators that will be viewed by stakeholders as acceptable measures of program impact and craft a data collection approach that meshes well with the delivery of the program; and (c) access available literature on the theory underlying the program, its implementation in other areas, and potentially, findings in regard to its effectiveness -- compile information, as both a way of generating ideas for measuring the outcomes of the program and as a resource for providing context for future findings³; (d) convene an evaluation advisory committee of key stakeholders to provide ongoing input into the program research efforts -- ideally, this committee should include representatives of program staff, board members, external researchers, participants, and other stakeholder groups.

Conclusion

An understanding of the need for outcomes measurement has begun to take hold in FBOs engaged in a broad range of human services. The evaluation of outcomes for FBOs should be understood within the context of research on all human services, which has only taken hold on a wide scale in the last decade. Designers should identify a core set of outcomes of interest that apply whether a service provider is faith-based or secular in nature. There should also be continued encouragement of FBO capacity-building and commitment to systematic evaluation practices. This paper describes some of the context for this movement and has laid out several caveats for FBOs attempting to enact outcomes measurement processes. The broad application of evaluative approaches in FBOs should and will lead to improved program services, better outcomes for clients, and better use of finite resources.

³ One of the widely-used evaluation texts may be useful in framing the effort (e.g., Chelimsky & Shadish, 1997; Rossi, Freeman, & Lipsey, 1999; Wholey, Hatry, & Newcomer, 1994). Other resources may be tapped as guides for implementing outcomes methods more broadly (Annie E. Casey Foundation, 1995; Centers for Disease Control and Prevention, 1999; Kellogg Foundation, 1998).

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