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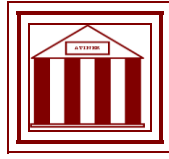
ATINER's Conference Paper Series
PSY2012-0144

Using Faith-Based and Community Organizations to Deliver Social and Behavioral Health Services:
Are There Lessons from the US Experience for Other National Contexts?

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Dr. Gregory T. Papanikos
President
Athens Institute for Education and Research

This paper should be cited as follows:

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Abstract

This paper reviews the US experience in expanding the use of faith-based and community organizations to deliver human services and attempts to draw lessons for consideration as they might apply to other cultural contexts as non-governmental organizations are increasingly used to fill gaps in human services in countries with developed human service systems and others with developing systems. The review addresses sustainability, accountability and compatibility with public objectives, as well as what is known about religiously-based interventions specifically on behavioral change as interest in their relative effectiveness has intensified and as their utility across religious, non-religious, and cultural contexts becomes especially relevant.

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Introduction

The use of nongovernmental organizations (NGOs), including faith-based organizations (FBOs), to provide human services is likely to increase as budget pressures shrink social welfare systems in the developed world, and as social welfare systems grow in the developing world. Their use can be at once seductive and problematic for many reasons discussed below, but especially when cultural competence, religious homogeneity or religious ecumenism impacts the appropriateness of providers of services, and when public funding or coordination with governmental authorities is involved.

Large social service organizations that have some religious connections, and small sometimes congregation-based operations, are critical components of the US social safety net, particularly in many rural and low-income communities, some under contract to governmental authorities, some working entirely independently, and some in various forms of partnerships that together create a web of needed services. Involvement of faith-based and community organizations (FBCOs) in the delivery of human services can serve many objectives: as a way to reach populations less amenable to treatment by organizations seen as unfamiliar, bureaucratic, or in other ways more off-putting than small organizations with roots in the community; as a way to use more modest programs in response to scarce public dollars and increased service demand; or, as in the US, as part of privatization in the effort to reduce the size of the public sector. This may also be the case in other countries that are facing increasing pressures on their social welfare systems to become smaller and more efficient, and in the developing world, where the human services infrastructure is not well developed, access to needed services is exceedingly difficult. This paper considers lessons from the US experience using FBCOs to deliver publicly-funded services, as they might apply to other countries looking to fill service needs in response to lack of funds or professional resources, or other inadequacies in the service delivery infrastructure. It further addresses what is known about the effectiveness of religiously-based interventions, particularly as interest in their use in behavioral health issues has intensified, and whether they are transferable to secular or other cultural contexts.

Expansion of FBO involvement in human service delivery, and the use of federal funding to achieve it, was a cornerstone of President George W. Bush's domestic policy (see Bush, 2001; White House, 2001). The effort represented a shift in US policy, accomplished through the implementation of a new federal law governing cash assistance to children and families (Temporary Assistance to Needy Families, or TANF), substance abuse education and treatment, and community service block grants, and through other administrative initiatives.

The new law contained provisions, commonly referred to as "Charitable Choice," which prohibit the use of public funds for worship or proselytizing[1]

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[1]The US has maintained a strong constitutional stricture for separation of church and state, which raises issues that may appear at first blush peculiar to the American framework, but may have applicability to other national contexts as well.

but allow religious organizations receiving public funds to maintain their religious character, including internal governance structures, religious symbols and art. The provisions also included client protections and the right of a beneficiary to an alternative provider if desired. Additional administrative initiatives included the creation of special offices within multiple cabinet agencies to promote faith-based initiatives and new regulations to broaden or ease the use of public funds by religiously-based organizations. The initiatives were aimed largely at involving organizations that had not interacted with government and were perceived as having been inappropriately excluded from government funding (see White House, 2001), but also reflected a persistent interest, perhaps growing belief, that religiously-based programs were more effective as change agents, particularly in addressing criminality and other behavioral issues. New federal grant programs were created to engage FBOs in public funding; two large programs relevant to behavioral health services were the Compassion Capital Fund (CCF) and the Access to Recovery (ATR) program. ATR, begun in 2004, awarded grants to states to provide vouchers for individuals to seek substance abuse treatment from service providers including FBCOs. CCF provided grants to intermediary organizations to provide technical assistance to FBCOs and smaller grants to FBCOs directly for building capacity to provide social services.

The Obama administration has created the Strengthening Communities Fund (SCF) for several broad purposes, such as assisting community economic recovery; like CCF it is aimed at capacity building rather than direct services, through grants to state, local and tribal organizations to partner with community and faith-based nonprofits, and grants to intermediary organizations to provide training and technical assistance to nonprofit partners. It also includes provisions for evaluation.

The US experience with expanding faith-based involvement in publicly-funded services particularly as it relates to behavioral health services was explored in detail in Kramer (2010). This paper attempts to identify lessons for other national and cultural contexts. It explores issues of capacity, sustainability, and accountability, and implications for creating productive relationships between FBCOs and the larger social service system; and it explores the role of religion in service content and effectiveness, and implications for operating across national or cultural boundaries. Of these, three issues are particularly salient when considering the role of non-governmental and non-native efforts:

- Can programs be made accountable both to determine the content and quality of services, and the appropriateness of funding from public or other sources?
- What are the appropriate or desirable relationships between FBCOs and the larger social service system in order that these efforts coordinate or otherwise contribute to broader social objectives?
- Is the contribution of religion in service content and effectiveness transferable to other religious, national, or cultural contexts?

The first question is relevant to public or private funders seeking to identify programs to assist or expand. The second is relevant to many efforts of entities large and small eager to respond to human needs in the US and internationally, but varyingly interested or able to integrate with public systems. The third question, transferability across faiths and to secular providers, is critical to the US constitutional prohibition against public promotion of religion; in other contexts cultural competence may be a major determinant of success or failure.

Funding for social services is increasingly constricted at the state and local level in the US and in both industrialized and newly developing social welfare systems internationally. State and local budgets have been further stressed since the start of the 2007 recession, and the potential for new spending for the sorts of services that small FBOs or those new to public funding might provide is exceptionally limited. As Burke et al. (2004) observed, the US faith-based initiatives were launched in a period of state surpluses and fiscal expansion, but by 2001 that expansion had largely vanished, and funding streams for social services showed little growth or were experiencing increasing competition for service dollars. At the same time, pressure on non-governmental resources has increased, whether they receive public funding or not. Hence understanding whether and how independent efforts can be made to coordinate with public systems, or at least support, public objectives is all the more important both domestically and internationally.

Research Findings

Recent research in the US on services delivered by FBOs addresses both implementation issues—including the prevalence of public funding for FBO-provided services and the nature of organizations receiving such funding; and the role of faith in program content and effectiveness—central to consideration of how it might apply across faiths, across cultures and across national boundaries.

Much of the research on the role of FBOs in the delivery of publicly-funded services is handicapped by definitional and classification challenges (see Ragan et al., 2003; Kramer et al., 2005; Grettenberger et al., 2006; Allard, 2009; Noyes, 2008). The term 'faith-based' arose only during the US 1990s welfare reform and has no clear meaning. Many organizations with religious origins have no current religious connections, deliver programs devoid of religious content, and names can be deceiving (e.g. Young Men's Christian Association (YMCA) and Goodwill do not consider themselves faith-based). Other organizations have religious connections in their mission or governing structures, but deliver entirely secular services. As many have noted, FBOs that deliver human services vary greatly in size, mission, character, service content, relationships to the communities they serve, and the role that religion plays—including requirements for faith adherence by participants or staff, and relationships between faith and services provided (see Noyes, 2008)[1].

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[1]DiIulio (2002) suggested three levels for understanding the role of faith—the individual ("organic religion"), the organization ("programmatic religion"), and the community ("ecological religion").

Attributes such as age, size, history of social service provision and professionalization of staff may be markers for major differences in organizational functioning and services delivered (Kramer 2010). Studies that focus only on the distinction between faith-based and secular, as many do, will miss potentially important explanatory variables. To carry distinctions further still, FBOs that deliver human services in other countries, particularly in the developing world, may be non-native, both multinational operations and small independent efforts. Some may represent sustained commitments, some are integrated with government authorities and infrastructure; others are independent, targeted, or episodic, and these distinctions may be crucially important in assessing their utility to local or national objectives. Lack of clarity on important dimensions limits much of what we know to date.

Implementation Issues

Assessments of the implementation of Charitable Choice and the Bush initiatives at federal, state and local levels reveal that despite extremely aggressive outreach and technical assistance to bring in new players, funding to FBOs remained a small portion of total federal dollars for human services, about 17 percent of total funds in nine federal agencies studied (Montiel and Wright, 2006). However, findings from other studies show that the changes in FBO participation might vary considerably across programs and across states (see GAO, 2002), thus representing large shifts in individual programs or communities.[1] This second point is important in considering the potential impact small or independent efforts might have in rural or underdeveloped areas in other countries.

The reasons why FBO involvement in public funding has been limited in the US may be instructive to attempts to increase services using new nongovernmental providers in other national contexts. Many small organizations with modest management apparatuses have limited ability to operate under the stringent rules that typically govern the taking of public funding. A study of FBO involvement in Medicaid-funded services illustrates the up-front costs and high administrative expenses required of a Medicaid provider, "Agencies…must be able to generate and pay bills, keep appropriate accounts, maintain service and other standards required to maintain their license and their eligibility as a provider, … and generate an increasing amount of data on the type and quality of care provided to clients" (Fossett and Burke, 2004). Performance-based contracts can create special challenges for small organizations that depend on regular cost reimbursement r (see Kramer et al., 2003b). In a study of programs serving high-risk and criminally involved youth, for example, public justice agencies were concerned about the capacity of local organizations to deliver promised services, which resulted in turn in the programs not receiving adequate numbers of referrals [to support their

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[1]For example, a multi-million dollar CCF initiative in a single city or region could have a significant effect on the landscape of organizations engaged in public programming in a local area. The same might be true of small and independent programs operating in rural or underdeveloped areas internationally.

operations](Hartmann, 2003). Programs that deal with hard to reach populations, such as runaway youth, substance abusers or homeless, may focus first on making effective contact with often reluctant individuals in order to connect them with services; generating detailed client information from invasive questions might lose the client altogether (see Kramer et al., 2003a). Reporting requirements, from basic recordkeeping and auditing to more demanding performance measurement intended to improve accountability, are increasing as governmental authorities privatize the provision of public services. Ultimately, full and competent evaluations along with these requirements are necessities for determining whether and how governments should elect to interact with NGOs that might provide needed services.

Anecdotal evidence in the US suggests that many faith-based nonprofits, as well as congregations which deliver services that are not faith-infused, have not wanted financial partnerships with government, often citing fear of compromising their independence (their 'prophetic voice') by taking public funds. Some have cautioned that the managerial capability needed to meet publicly mandated requirements and restrictions could divert their attention and resources from other activities they consider equally important (Saperstein, 2001). Some organizations that are faith-based but whose social services have no religious content may simply resist the oversight of program content and management that public funding would entail (Kramer, et al., 2003a; also Saperstein, 2001).

How FBCOs relate to the larger social service system can determine whether they are supportive of public objectives and whether they can be adequately coordinated to create a continuum of services for those in need. Evidence from FBOs providing disaster relief in response to Hurricane Katrina suggests that many may not be interested in deliberate collaborations to create a continuum of services. Formal disaster responders and more ad hoc and non-local FBO responders were often unaware of each others' operations, which could create a range of problems including duplication of services. And while many FBOs jumped in quickly to provide help, few were able to provide sustained or professional assistance that many disaster victims required (DeVita and Kramer, et al., 2008). Recent observations by this author of efforts to expand educational resources in rural East Africa suggest that coordination between government and small, independent operations can be difficult for good and bad reasons—among them, distrust, caution about working with a public system poorly equipped and in flux, fear of losing independence, and sometimes simply inadequate understanding of native customs and preferences, from choice of structural designs to mode of service delivery. Making non-native efforts be perceived as legitimate, and creating programs that are mutually supportive and beneficial, may pose significant challenges but are important to work through.

Rules about religious content in programs that operate with public funds may be very different outside the US, but sensitivity to religious or cultural context is likely critical, offenses not always apparent, and fixes not necessarily easy. Studies of US service providers' efforts to separate religion and retain voluntariness in publicly-funded programming attest to challenges that could

apply to non-native organizations tweaking programs to accommodate to new contexts. One study found many examples of special efforts to separate religious content from publicly-fundable activities: operating two service tracks, one with prayer or other religious components and the other without; creating multiple levels of treatment with varying levels of faith connections; asking a client's permission before discussing the role of faith and spirituality in the client's life (Kramer et al., 2005). The authors also note that the line between religious and secular activities '…could be very porous' (e.g., a program for substance abusers required chapel attendance but not worship, a program for at-risk youth used God and Christian-centered faith to promote behavior change but kept participation voluntary), and no formal policies to address the right to an alternative that US law requires.

Rules need to be clearly understood by a broad range of non-governmental organizations; if they are non-native the challenge may be greater. An assessment of federal guidance under Charitable Choice conducted in 2008 argued that contractors new to public funds would be hard pressed to understand the boundaries between what was acceptable for federal funding and what was not (Rogers and Dionne, 2008).[1] The White House has since issued additional guidance; further research would be needed to assess its implementation in state and local programs. The examples may provide a window into the challenges to operating in environments in which there is the potential for religious or cultural disconnects between program and local population and, as explored in the next section, practices that seem benign can be problematic.

Finally, research on implementation of the faith-based initiatives suggests that exercising choice for a different or secular provider depends on the presence of alternative programs and treatment space, and on accessibility in time and place—challenges especially in rural or underserved areas, where services are so scarce that exercising choice would mean receiving no services at all, and even in urban areas for clients dependent on public transportation (Kennedy and Bielefeld, 2007; Kramer et al., 2005).

The Influence of Religion in Organizations and Services

The role of religion, and in particular the degree of faith infusion in services,[2] are important US policy issues because of legal requirements for separation of church and state and an individuals' ability to choose among alternatives in publicly-funded services. But how programs reflect or conflict with religious or cultural traditions in other contexts may also be central to the appropriateness and success of faith-based providers who are outsiders to the national or local culture. Understanding the mechanics of faith as a change agent in behavioral health is the basis for identifying components that might

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[1]The report made several recommendations, including Justice Department guidelines to define the nature of required separation and better training and monitoring of church-state safeguards.
[2]The use of faith and religion is used often interchangeably in the literature, except when referring to a specific religion.

transfer across religious or cultural contexts. Examples from the literature attest to important research that waits to be undertaken.

First, there is scant research on the effect of religiously permeated programs on non-adherents. Thus, is requiring chapel attendance but not worship in a substance abuse treatment program benign or discomforting to non-believers, a source of conflict among participants, or discourage participation of some altogether? What is the effect of program surroundings permeated with religious artifacts on participants with different religious or cultural norms—does religious iconography associated with explicit religious doctrine influence the experience or behavior of program participants? Kramer et al. (2005) offer vivid examples that merit review. What is the effect on individuals with mental health impairments, juveniles in detention, or children, who are less able to exercise choice; or when income support is tied to mandatory participation in other services (as in US welfare programs), or drug treatment is court-ordered as an alternative to imprisonment? The propriety of religious symbolism in spaces where federally-funded services are delivered has remained a concern for advocates on both sides of the issue (see Nonprofit Sector Strategy Group, 2002 and Carlson-Thies, 2010). Considered broadly, visual, aesthetic and operational styles may create dissonance with intended users, reduce effectiveness, or create other unintended results. In programs operating cross-culturally, subtle religious iconography or ignorance of cultural traditions can compromise a program's perceived legitimacy (in one East Africa example simply using an atypical design and non-native materials in construction occasioned a complete and costly redesign of the service facility).

Second, claims about the effectiveness of religion and spirituality on health and behavioral outcomes reveal substantial definitional and methodological challenges. As a start to understanding faith as a change agent, some recent research has attempted to develop criteria to describe dimensions of religiosity systematically. Dimensions assessed have included formal and informal religious affiliation or financial support; the role of religion in mission, governing structures, and management processes; and the role of religion in the content or administration of services (Green and Sherman 2002; Kennedy and Bielefeld, 2003; Kramer et al., 2005; Monsma, 2004; Working Group, 2002). Noyes (2008) offers a good review of many typologies suggested to distinguish the 'faith factor' in organizations and services they deliver.

A comprehensive review of studies on effectiveness of faith-based services (Kramer, 2010) finds lack of appropriate measures of religious commitment, religiosity, or a quantifiable measure of the nature of the FBO (Johnson et al., 2002), selection bias and lack of equivalency in treatment and comparison groups (e.g., prisoners in some prison bible study programs housed separately and not subject to equivalent living conditions as those in the comparison group), lack of attention to intervening variables and disentangling the effect of faith from other FBO characteristics (Noyes, 2008), few that considered how faith and religion specifically contributed to the outcomes observed, faith treated as a contextual rather than a programmatic factor and perhaps most important, lack of theoretical frameworks to guide the evaluation and selection of relevant variables (Ferguson et al., 2007).

Two methodological weaknesses in outcome studies noted by Noyes (2008) are of particular interest: measuring the strength or intensity of the faith treatment; and differing perspectives on measures of success in religious and secular organizations. Regarding the latter, Noyes notes that secular providers view their work as 'contractual,' focusing on individual goals such as job skills development, and FBOs view their work as 'covenantal,' focusing on mutual responsibilities in a community and personal and social needs (which may in turn encourage longer-term time horizons, or less concern with short-term outcomes). Religiously-based interventions may focus on personal transformation informed by religious teaching and secular organizations on tangible outcomes such as attainment of job or parenting skills (Noyes, 2008; Smith, 2006). Regarding the former, researchers have begun to refine measures of faith components and claims made about the effectiveness of faith-infused services in behavioral change. De Jong and Horn's attempt (2008) to characterize the programmatic faith components in substance abuse services delivered by a sample of Gospel Rescue Missions attests to the need for rigorous research designs to link specific exposures with measured outcomes. Gais (2008) attempted to use random assignment of substance abusers to faith-infused and secular treatment programs to study many dimensions of program attributes that may affect treatment outcomes. The random assignment was ultimately abandoned, also for methodological challenges, but the study illustrates the wide variation even in the nature of the religious component in treatment programs; the study's taxonomy of faith dimensions and other program attributes should be a contribution to future research. Isolating the effects of religion on treatment outcomes given the variation in nature and intensity of religious elements, and identifying the effect of intervening variables, including variation in client addictions and subtle variations between faith-based and secular programs in program attributes, such as client/staff interactions, remain challenging.

Overall, researchers have not found faith-based services to be more effective than those provided by secular organizations, although attributes found in some small, grassroots organizations, including those that are faith-based, may be particularly helpful to certain populations. For example, in recent studies of welfare-to-work programs, faith-based programs were found to be especially effective in creating a sympathetic and supportive atmosphere, enabling clients to complete the programs, but less effective than secular for-profit programs studied in achieving the crucial outcome of obtaining full-time employment, and overall, not more effective than secular programs (Monsma, 2006).

A volume of multiple authors addressed both methodological challenges in evaluating the effects of faith-infused services and the comparative effectiveness of faith-based social services. The editors conclude that research did not support a clear understanding of the comparative effectiveness of faith-based interventions. Considerably more research was needed to classify religious or spiritual content of programs, to identify the effects of organizational characteristics on the content and effectiveness of services, and to better specify outcome variables in order to refine the measurement of effectiveness (Boddie and Cnaan, 2006). The analyses reinforce the notion that

little attention has been paid to the theories that underlie expected effectiveness of faith-infused services, in order to find conclusive evidence of the relationship between religious content of effectiveness of services. Another review of nearly two decades of research (from 1990 to 2007) finds some small measurable positive effects of religion and religious programming on aspects of well-being and behavior, but again difficulty in unpacking the faith factor. The author concludes, "If the role of faith is a key ingredient in the expected success of the faith-based programs, then it is essential to better understand and measure its presence. Faith can be both a matter of the context or environment of programs as well as part of the interventions itself, and as yet there are very limited data on this distinction" (Fischer, 2008).

Taken together, analysts have found it difficult to develop clear, theoretically grounded notions of how faith influences program outcomes in human services and behavioral health services in particular. Without any notion about how the interventions achieve personal transformation, it is difficult to establish clear guidelines that would permit transferability cross-faith or absent-faith, cross-culturally, and trans-nationally.

Lessons for Other Contexts

Five issues were raised at the outset for considering cross cultural and transnational applications: capacity and sustainability of small organizations; accountability, particularly if public funds are anticipated; opportunities for network building, more formal coordination or explicit integration of services between nongovernmental providers and governmental authorities; and the role of faith in program effectiveness—in particular, theoretical grounding for faith effects in programs aimed at personal transformation in order to hone our understanding of interventions that might operate across cultural or religious boundaries.

Capacity building and sustainability are concerns for governments with well developed human service delivery systems looking to NGOs for cheaper alternatives in times of shrinking public dollars, as well as governments with less developed delivery systems looking for quick and simple ways to fill enormous needs for human services. Much of the effort under the Bush initiatives focused on capacity building to prepare FBOs for public contracting, and the experience suggests that even with aggressive recruitment and assistance it was difficult change the profile of providers significantly.[1] It will be important to learn when and how those FBOs that received help toward capacity building have developed sustainable programs, whether they have graduated into regular public contractors, and whether these efforts have applicability elsewhere. One evaluation of CCF indicates increased organizational capacity of nonprofits that received technical assistance from intermediaries in the program (Abt, 2010).

As organizations are drawn into public systems they can become dependent on public funding and create new challenges to sustainability, particularly in

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[1] The research suggested that there remained widespread need for technical assistance to enable such organizations to meet public reporting and other contracting requirements.

times of budgetary retrenchment. In a recent survey of 1200 faith-based and secular nonprofits in the US, 85 percent of secular non-profits received government funds and 60 percent were dependent on those funds and therefore highly sensitive to government cutbacks. Substantially fewer FBOs received government funds and still fewer were dependent on them (Allard, 2008). As FBOs increase their use of government funds they too will be vulnerable to the precariousness of social service funding.

   With respect to accountability, as privatization increases and with it increased reliance on small and non-governmental institutions, the importance of auditing, reporting and performance assessment including formal evaluation, increases. As described earlier, meeting performance measurement requirements can be very challenging for small organizations with limited administrative and record-keeping infrastructure. Requirements to track and report on individuals can also threaten flexible or informal delivery modes that make community-based or grassroots organizations more accessible to those needing but reluctant to seek help. Accessibility in time and place may also be compromised by complex administrative procedures. In the US, there are examples of small organizations collaborating with larger ones to compensate for their shortcomings and draw on each others' strengths—for example, a small or grassroots organization may have better access to potential users while the larger organization can deliver more extensive or professional services, and attend to monitoring, reporting and evaluation. Future research, particularly with new interest in the US in neighborhood partnerships, should explore how such collaborations work, and how they might apply to potential collaborations between NGOs and government in other national contexts.

   On the fourth issue, building functional relationships between the NGOs and governmental institutions is key to developing systems that are mutually supportive and would help to create a coordinated stream of services. Social welfare systems with budget pressures and resource constraints in the developed and developing world are likely to be a mix public and private, large and small. With regard to behavioral health issues, whether non-professional agents (e.g., grassroots organizations and community members) can become effective conduits for outreach and referral to the behavioral health system, or provide supportive services and aftercare, is important to learn, especially for creating connections between rural and underserved areas and behavioral health professionals in a larger system. As Kramer (2010) references in describing a 'natural helpers' model, which would engage community members to spot, nurture, and refer to professional behavioral health providers, these connections are not easily made, training is not easily accomplished, and professional treatment slots may be utterly scarce or physically inaccessible. Challenges may be even greater when outsiders (non-local or even non-native) attempt to provide assistance, or ethnic or tribal differences complicate the mix.

   Lastly, on what can be learned from faith-based interventions for applicability across faiths and across cultures, systematic study of the nature of faith content and its comparative effectiveness to other service modalities is barely beginning in the US. More refined classification and assessment of

religious content and its effect on the experience and outcomes of different individuals, particularly religious adherents and non-adherents, is needed, including longitudinal data to measure effects over time. As this author has argued before, in communities that are especially homogeneous, it may be difficult to recognize outliers—individuals not affiliated with the dominant group and less able to exercise choice because of personal limitations, perceived social pressure or the absence of meaningful alternatives. Better descriptive studies as well as rigorous experimentation coupled with qualitative analysis are especially relevant for behavioral health services, where behavioral changes may be the result of subtle environmental factors as well as definable clinical interventions, and where effective interventions need to be replicated across faiths and secular models.

Most important for those programs that are directed at behavioral change, a better articulation of possible theories of personal transformation to explain the effects of faith-infused and alternative interventions on individual outcomes has not been an integral component of the research on the new faith-based policies in the US, nor been used to create experimental designs to test comparative effects of faith-based and alternative strategies. While there is a resurgence of interest and research on the effects of religious practices on the brain, there has been little attempt to integrate what is known from the behavioral health literature with the analysis of faith-based provision of services. This is clearly an area ripe for research to inform the US experience and in which multiple disciplines could suggest theories and testable hypotheses about the mechanisms that effect transformation in faith-based interventions, and that might inform the development of interventions for cross-cultural or transnational application.

Using theory to understand how the observed results of an intervention might be replicated across faiths and across cultures, to recognize whether comparable alternatives are available to support those who are not adherents to particular religiously-based interventions, and therefore to recognize who gets served and who might not, is especially important. In communities in which the provider is outside the dominant culture, understanding how to devise strategies that reflect important cultural traditions, and to recognize approaches that may be inappropriate or even offensive to cultural traditions may be the difference between success or failure.

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