

Which Nonprofit Organizations Are Effectively Delivering Evidence-Based Social Programs, With Close Adherence to the Program Model? An Exploratory Study

Purpose: To identify nonprofit organizations that are faithfully delivering program models identified by the Top Tier Evidence [initiative](#) as having credible evidence of effectiveness.¹ The reason for our focus on faithful program delivery is that, among program models with strong evidence of effectiveness, studies have found that how the program is implemented, and in what population, is often very important – and that departures from the proven approach can substantially weaken the impacts. As an illustrative example, careful studies have shown that a key to the effectiveness of [Nurse Family Partnership](#) – an evidence-based nurse home visitation program for low-income, first-time mothers – is having nurses, rather than paraprofessionals, deliver the program.

Method: We conducted semi-structured interviews with:

- **Developers and/or evaluators** of the program model;
- **Intermediary organizations** that provide training/certification, technical assistance, and materials to the social service organizations delivering the program model; and
- **Organizations that deliver the program model.**

We used intentionally broad and open-ended interview questions to ascertain what services nonprofits were actually providing (as opposed to asking them potentially leading “yes/no” questions regarding whether they were implementing specific components of the proven program models). The questions we used are shown in Appendix A – Semi-Structured Interview Items. The Coalition – a nonprofit, nonpartisan organization – has no affiliation with any of the programs or organizations that we examined in this study.

Criteria We Used: To identify a nonprofit organization as faithfully implementing a program model, we looked for evidence in the interviews that the organization is:

1. **Faithfully replicating the specific program model without substantive adaptations** – e.g., the organization is implementing [Career Academies](#)’ rigorously-evaluated model of small learning communities within high schools (as opposed to a whole-school Career Academy model, which has not yet been rigorously evaluated).
2. **Serving a population similar to the population that took part in the rigorous study** – e.g., the organization is delivering [Multidimensional Treatment Foster Care](#) to severely delinquent foster care youth, as opposed to a more general (non-delinquent) foster care population.
3. **Delivering the program in a setting similar to that of the study** – e.g., the organization is delivering [LifeSkills Training Middle School Program](#) in middle schools, as opposed to a community setting (such as a local recreation center).
4. **Delivering the program using personnel similar to those who delivered it in the rigorous study** – e.g., [Transitional Care Model](#) is delivered by nurses, rather than paraprofessionals.
5. **Certified in the program model** (if certification is provided by the program developer), and the certification is up-to-date – e.g., [Multidimensional Treatment Foster Care](#) program providers must be certified by [TFC Consultants](#), and that certification must be renewed every one to three years.
6. **Demonstrating detailed knowledge of the program’s key components**, and can speak accurately and without prompting about how they are implementing those components.

Results:

Organizations we identified as meeting the above criteria are shown in the table below. Based on these results, GuideStar, with whom we've partnered through their TakeAction initiative, has identified these organizations as recommended charities (<http://takeaction.guidestar.org/>).

We've identified the following nonprofit organizations as faithfully delivering evidence-based program models:²

| Program Model | Nonprofit Organization Identified as Faithfully Delivering the Program Model |
|---|--|
| Career Academies | National Academy Foundation |
| Carrera Teen Pregnancy Prevention Program * | Children's Aid Society |
| Childhood Immunization Campaign * | Friends of Seva Mandir |
| LifeSkills Training for Middle Schools | Adagio Health |
| | Allegany Council on Alcoholism and Substance Use, Inc. |
| Multidimensional Treatment Foster Care | Redwood Children's Services |
| | NAFI Connecticut, Incorporated |
| | Opportunity Alliance |
| | Horizon Behavioral Health/Kindred Homes |
| Nurse-Family Partnership * | Nurse-Family Partnership |
| Promise Academy Charter Middle School * | Harlem Children's Zone |
| Success For All * | Success For All Foundation |
| Transitional Care Model | Holy Redeemer HomeCare |
| | Jewish Family Services of Central New Jersey |
| | Hospice of the Bluegrass |
| Triple P System | First 5, Sonoma County |

* The five program models designated with an asterisk are exclusively delivered by one central nonprofit organization (rather than through a franchise model). Because each of these programs was found effective in rigorous evaluations as delivered by the central organization under typical implementation conditions, we did not examine the organization's fidelity to the program model, reasoning that ultimate effectiveness as currently delivered had already been established.

Recommended Next Steps To Identify Organizations That Are Faithfully Implementing Proven Programs:

1. **We believe that our criteria (described above) constitute threshold evidence of an organization's adherence to a proven program model.** If organizations do not meet the above criteria – e.g., they are unable to accurately describe a program's key components – it seems unlikely they are implementing the program with fidelity.

2. **To build stronger evidence about an organization’s fidelity to a proven model, we recommend that the organization’s government and philanthropic funders ask it to provide:**
 - a. **Evidence that the organization is collecting internal data on key measures of fidelity** (e.g., [Nurse-Family Partnership](#) currently collects data on items such as average number of nurse home visits per mother, percentage of protocol items that nurses cover on each visit, and demographic details of the visited mothers).
 - b. **Periodic summaries of such data to verify program adherence over time.**

We believe these steps would help advance faithful implementation of proven models, so that the sizable, sustained benefits demonstrated in the research are realized as the model is delivered in other settings.

¹ By “credible evidence of effectiveness,” we mean that the program has been identified by the Top Tier Expert Advisory Panel – and recognized on the Top Tier initiative’s website – as meeting either the Top Tier or Near Top Tier evidence standard. “Top Tier” is defined as *Interventions shown in well-designed and implemented randomized controlled trials, preferably conducted in typical community settings, to produce sizable, sustained benefits to participants and/or society*. “Near Top Tier” is defined as *Interventions shown to meet almost all elements of the Top Tier standard, and which only need one additional step to qualify. This category includes, for example, interventions that meet all elements of the standard in a single site, and just need a replication trial to confirm the initial findings and establish that they generalize to other sites*.

² For some of the program models recognized on the Top Tier Evidence Initiative’s website, and reviewed under this project, our interview process did not identify a faithfully implementing nonprofit organization. This was true for the following program models: [Annual Book Fairs in High-Poverty Elementary Schools](#), [Child FIRST](#), [Critical Time Intervention](#), [First-Grade Classroom Prevention Program](#), [H&R Block College Financial Aid Application Assistance](#), [Parent Management Training – The Oregon Model \(PMTO\)](#), and [Staying Free](#).

Appendix A: Semi-Structured Interview Items

Objective 1: To determine whether the setting, staff, and population match program guidelines.

- *What population does your organization primarily serve? How are participants selected?*
- *Who delivers/staffs the delivery of this program?*
- *Can you describe their training? Who administers the training?*
- *In what setting is the program delivered?*
- *How many sessions/visits/etc. do people receive?*

Objective 2: To determine whether the program is being delivered as intended.

- *What do you view as the key components of the program?*
- *Does your organization measure or monitor this program to make sure it's being delivered as intended (e.g., checklists, supervision)?*
- *What are the key items you're collecting to monitor adherence?*
- *Would you be willing to share copies of the tools you use to monitor fidelity?*

Objective 3: To allow the organization to freely share special challenges that might prevent them from implementing the program with fidelity.

- *Are you able to administer the program's key components?*
- *Have you had to make any adaptations to the program? (If so) How are those decisions made – as an organization, or with outside consultation?*