Demonstrating the Power of Evidence-Based Programs to "Move the Needle" on Major U.S. Social Problems:

Funding Announcement and Request for Proposals

April 2017

OVERVIEW: THE "MOVING THE NEEDLE" INITIATIVE

A central goal of U.S. evidence-based policy reform is to focus government and philanthropic funding on social programs and practices ("interventions") that have credible evidence of meaningful positive effects on people's lives. The imperative for doing so is clear: Most social interventions are unfortunately found not to produce the hoped-for effects when rigorously evaluated – a pattern that occurs not just in social spending but in other fields, such as medicine and business. [1] Thus, without a strong focus on evidence-based interventions, it is hard to see how social spending can successfully address poverty, educational failure, violence, drug abuse, and other critical U.S. problems.

Fortunately, there are some social interventions that have been rigorously shown to improve important life outcomes. While relatively few in number, their strong evidence of sizable effects suggests that, if expanded, they offer a path to meaningful progress that spending-as-usual cannot.

The Laura and John Arnold Foundation's (LJAF) Moving the Needle initiative seeks to spur expanded implementation of such interventions in order to make significant headway against U.S. social problems. Specifically, the initiative is designed to encourage state or local jurisdictions, or other entities, to:

(i) Adopt social interventions shown in well-conducted randomized controlled trials (RCTs) to produce large, sustained effects on important life outcomes (see appendix for the list of eligible interventions);

(ii) Implement these interventions on a sizable scale with close adherence to their key features; and

(iii) Determine, through a replication RCT, whether the large effects found in prior research are successfully reproduced so as to move the needle on important social problems.

Over the past year, LJAF made grants totaling $6.8 million under this initiative and funded all submissions that met the criteria in this Request for Proposals.

Precedent for this initiative: RCTs in the 1980s-1990s demonstrated that highly-effective welfare-to-work programs can be successfully replicated so as to improve people's lives on a large scale.

In welfare policy in the 1980s and 1990s, high-quality RCTs of many diverse state and local welfare-to-work programs were carried out across the United States to evaluate their effectiveness. Among these studies, one of the early RCTs – of a program in Riverside County, California – was a blockbuster, finding much larger effects on participants' lives than those of other programs. Riverside's program, which focused on moving welfare participants quickly into the workforce through short-term job search and training, was found to increase the employment and earnings of single-parent welfare recipients by a remarkable 40% over five years, compared to the control group. It also produced net savings to the taxpayer of about $4,800 per person, by reducing participants' use of welfare and food stamps. [2]

Some key policy officials took the Riverside findings seriously and acted upon them. In particular, Los Angeles County – whose welfare-to-work program had been found in another RCT to produce no meaningful effects – ended its program, adopted a work-focused approach modeled directly on Riverside's, and implemented it county-wide. This was major replication, as Los Angeles County had a welfare caseload larger than any *state* except New York and California. When Los Angeles' program was

evaluated in a subsequent RCT, it too was found to produce impressive effects, increasing employment and earnings by about 25% over the two-year study period and generating net savings to the taxpayer of about $2,500 per person.[3]

Los Angeles convincingly demonstrated that programs with credible evidence of large effects can be deployed to improve the lives of tens of thousands of people. (More generally, the above studies, along with subsequent RCTs, demonstrated the value of work-focused welfare reforms, and thereby had an important influence on federal and state welfare policies in the 1990s and beyond.[4])

The Opportunity:

A. **Interventions with rigorous RCT evidence of large, sustained impacts exist in policy areas, such as education, employment/training, and crime prevention.** Examples are shown in the appendix. The appended examples include (among others): an intervention in high-poverty schools that substantially increased four-year high school graduation rates; career education and job training programs that produced sizable, sustained gains in workforce earnings; postsecondary educational interventions that produced large gains in college attendance and completion; a teen pregnancy prevention program that substantially reduced teen pregnancies and births; substance abuse interventions that produced meaningful, sustained reductions in smoking and other substance use; and a homelessness prevention program for people with severe mental illness that more than halved the rate of homelessness over an 18-month period.

B. **There is every reason to expand such interventions without delay; if done effectively and on a large scale, they could improve the lives of millions of Americans.** Relatively few interventions with such credible RCT evidence of large effects currently exist. Nevertheless, as convincingly demonstrated in welfare policy, in areas where credible findings of large effects *do* exist, we can apply that evidence now to make concrete progress on important social problems.

REQUEST FOR PROPOSALS

I. **In general:**

A. **This Request for Proposals (RFP) invites applications from state or local agencies, or other entities, proposing to expand delivery of an evidence-based intervention listed in the appendix.** Our team, in consultation with outside expert reviewers, has identified the interventions on this list as having strong evidence from well-conducted RCTs of sizable, sustained effects on important life outcomes. While the Moving the Needle RFP focuses exclusively on the listed interventions, we encourage parties seeking to replicate interventions that are not on the list, but have promising prior evidence, to consider applying for a grant under our separate RFP for *RCTs to Evaluate Social Programs Whose Delivery Will Be Funded By Government or Other Entities* (linked here).

Applicants may include state or local government agencies, federal agencies, nonprofit organizations, or any combination thereof. (For-profit organizations may also participate as described on page 4.)

There is no application deadline; application materials may be submitted at any time through the process described below.

B. We ask applicants, in their submissions, to propose a plan for funding the project that includes –

1. **Deploying existing funds, or identifying funds from another party, to pay for intervention delivery.** For instance, in the welfare example discussed in the Overview (above), Los Angeles re-deployed existing welfare funds to pay for implementation of its new welfare-to-work program.[5] Similarly, applicants to this RFP might propose to pay for intervention delivery using existing federal grants (*e.g.*, Title I grants to high-poverty schools, Juvenile Justice grants, Substance Abuse Prevention and Treatment grants), or similar state funding, depending on the policy area.

- and -

2. **Using a grant award from LJAF to obtain technical assistance, and implement quality control, aimed at ensuring close adherence to the intervention's key features as it is expanded.** As a general guideline, we anticipate providing technical assistance/quality control grants averaging $500,000 to $1.5 million per project.

C. We will ask each selected applicant, as a condition of grant award, to agree to participate in an RCT of the intervention, which LJAF will fund. LJAF will select and fund independent evaluators, through a separate granting process, to conduct these RCTs. (An applicant may, at its option, suggest an independent evaluator to conduct the RCT of its intervention, as part of the applicant's submission.) The purpose of these RCTs will be to (i) determine whether the large effects found in earlier studies can be reproduced; and (ii) identify the conditions and populations in which the intervention is most effective.

II. <u>Application Process and Selection Criteria</u>:

A. We ask applicants first to submit a letter of interest (maximum three pages). Applicants whose letters are reviewed favorably will be invited to submit a full proposal (maximum six pages). Applicants may submit a letter at any time via email to MovingtheNeedle@arnoldfoundation.org. Within one month, we will respond to applicants and let them know if we are interested in receiving a full proposal. If invited, applicants may submit their proposal at any time. Our team will take up to one month to review the proposal and will then notify applicants of whether we plan to recommend the proposal to LJAF's Board for funding consideration.

Applicants may use their own format, with single or double spacing, and an 11-point font or larger. The page limit does not include attached letters or other documents specifically requested in this RFP.

B. Letters of interest and full proposals will be reviewed by the LJAF Evidence-Based Policy team and, as needed, outside reviewers, based on the selection criteria below. Both the LJAF team and outside reviewers have expertise in evidence-based programs and RCT evaluations.

C. Selection criteria:

We ask applicants to address the following three criteria in both the letter of interest and the full proposal. The full proposal should provide more detail than the letter of interest, and also address any questions or issues identified by LJAF in its invitation to submit a full proposal.

1. **Is the applicant proposing to significantly expand delivery of an evidence-based intervention shown in the appendix?** In assessing this criterion, we will consider the extent of expansion, as measured, for example, by the number of new individuals who will receive the intervention, and whether the scale of delivery will be sufficient to enable a replication RCT.

2. **Does the applicant have a committed source of funding for intervention delivery, as well as the agreement of other key parties needed for the project (*e.g.*, the intervention provider)?** To assess this criterion, the reviewers will look for attached letters or other communications verifying that funding has been committed and that key parties have agreed to participate in the project (including the RCT). Such commitments/agreements may be tentative at the time the letter of interest is submitted, but should be finalized before submission of the full proposal.

3. **Does the applicant have a credible plan for using the LJAF grant award to ensure close adherence to the intervention's key features?** This would presumably involve obtaining technical assistance (*e.g.*, from the intervention developer or provider), and putting in place an effective system of quality control.

D. Other items to address in the letter of interest and invited full proposal:

1. **Applicants should specify the amount of funding requested from LJAF**, and (for the full proposal only) attach a one-page project budget. LJAF allows for project-related overhead expenses such as salaries and benefits of administrative staff, equipment, supplies, and travel to be included in direct costs; however, LJAF will only provide funding for indirect costs, up to a 10% limit, if extenuating circumstances exist and have been approved by LJAF prior to submission of an invited full proposal. (Please contact Kim Cassel, at the email address or phone number shown below, for additional information.)

2. **Applicants should specify the proposed recipient of the grant award, which we generally expect to be a tax-exempt organization** (*e.g.,* governmental unit or nonprofit organization). If an organization is not tax-exempt and wishes to apply, please contact Kim Cassel (see contact information below).

III. **Questions? Please contact Kim Cassel, Evidence-Based Policy Manager.** Her contact information is kcassel@arnoldfoundation.org, 202-680-8210.

APPENDIX: LIST OF ELIGIBLE INTERVENTIONS

Below is the list of interventions eligible for expansion under the Moving the Needle initiative, based on credible RCT evidence of large, sustained effects on important life outcomes. Please note that this list does not include interventions, such as the Nurse-Family Partnership, that have such evidence but are already being implemented on a sizable scale, and evaluated in a replication RCT, as part of other government or philanthropic efforts.

- H&R Block College Financial Aid Application Assistance – streamlined personal assistance for low and moderate income families with a dependent child near college age (over a 3½-4 year period, increased college enrollment and persistence by 29%, vs. the control group).

- Career Academies – small learning communities within low-income high schools, offering academic and technical/career courses as well as workplace opportunities (8 years after high school, increased average earnings by $2,500 per year, vs. the control group).

- New York City's Small Schools of Choice – small public high schools created citywide in mostly high-poverty communities to replace large, low-performing high schools (4 years later, produced a 6-10 percentage point increase in the four-year high school graduation rate, and a 4-6 percentage point increase in graduation with academic proficiency, vs. the control group).

- City University of New York's Accelerated Study in Associate Programs (ASAP) – a community college program that provides academic, personal, and financial support to low-income students needing remedial education (3 years later, raised the graduation rate to 40%, vs. 22% for the control group).

- LifeSkills Training – a low-cost, middle-school substance abuse prevention program (5-6 years later, reduced smoking initiation by 20% and drunkenness by 10-15%, vs. the control group).

- Transitional Care Model – a nurse-led hospital discharge and home follow-up program for chronically-ill older adults (5-12 months after patient discharge, reduced unnecessary rehospitalizations by 30-50% and net healthcare costs by $4000 per patient, vs. the control group).

- Carrera Adolescent Pregnancy Prevention Program – a comprehensive, year-round youth development program for economically disadvantaged teens (at age 17, reduced girls' pregnancies by 40-50% vs. the control group).

- Per Scholas Job Training – a program for low-income, low-skilled workers that provides training in information technology (2½ years after program entry, increased workers' earnings by 31%, or $5,200 per year, compared to the control group).

- Nevada's Reemployment and Eligibility Assessment Program - a program for Unemployment Insurance (UI) claimants, providing review of their UI eligibility and personalized reemployment services (1½-2 years later, increased earnings by $2,800 per claimant, and produced net savings to the UI system of $715 per claimant, vs. the control group).

- Treatment Foster Care Oregon – a foster care program for youth involved in the juvenile justice system (over a 2-year period, reduced criminal referrals and days in locked settings by 40-60%, and girls' pregnancies by 40%).

- Staying Free - a low-cost smoking cessation program for hospitalized smokers who are willing to make a quit attempt (increased the likelihood of confirmed abstinence from smoking by 30% one year after patients' discharge from the hospital, vs. the control group).

- Critical Time Intervention - a case management program to prevent recurrent homelessness in people with severe mental illness (18 months later, reduced likelihood of homelessness by more than 60%, vs. the control group).

- Enhanced Assess, Acknowledge, Act, Sexual Assault Resistance program - a brief, educational program for first-year female college students, aimed at reducing their likelihood of experiencing rape or other forms of victimization (over a one-year period, reduced the incidence of rape from 9.8% in the control group to 5.2% in the treatment group).

- Learning Accounts – financial aid for postsecondary education, provided to low-income high school students as they meet certain benchmarks such as completing 10th and 11th grade and graduating high school (5½-7 years later, produced a 6 percentage point increase in high school completion, and a 7 percentage point increase in completion of a postsecondary degree, vs. the control group).

References

[1] Medicine: John P. A. Ioannidis, "Contradicted and Initially Stronger Effects in Highly Cited Clinical Research," *Journal of the American Medical Association*, vol. 294, no. 2, July 13, 2005, pp. 218-228. Mohammad I. Zia, Lillian L. Siu, Greg R. Pond, and Eric X. Chen, "Comparison of Outcomes of Phase II Studies and Subsequent Randomized Control Studies Using Identical Chemotherapeutic Regimens," *Journal of Clinical Oncology*, vol. 23, no. 28, October 1, 2005, pp. 6982-6991. John K. Chan et. al., "Analysis of Phase II Studies on Targeted Agents and Subsequent Phase III Trials: What Are the Predictors for Success," *Journal of Clinical Oncology*, vol. 26, no. 9, March 20, 2008. Michael L. Maitland, Christine Hudoba, Kelly L. Snider, and Mark J. Ratain, "Analysis of the Yield of Phase II Combination Therapy Trials in Medical Oncology," *Clinical Cancer Research*, vol. 16, no. 21, November 2010, pp. 5296-5302. Jens Minnerup, Heike Wersching, Matthias Schilling, and Wolf Rüdiger Schäbitz, "Analysis of early phase and subsequent phase III stroke studies of neuroprotectants: outcomes and predictors for success," *Experimental & Translational Stroke Medicine*, vol. 6, no. 2, 2014.

Social Spending: Coalition for Evidence-Based Policy, *Randomized Controlled Trials Commissioned by the Institute of Education Sciences Since 2002: How Many Found Positive Versus Weak or No Effects*, July 2013, linked here. Laura and John Arnold Foundation, *Request for Proposals: Low-Cost Randomized Controlled Trials to Drive Effective Social Spending*, December 2015, appendix p. 3, linked here. Isabel Sawhill and Jon Baron, "We Need A New Start for Head Start," *Education Week*, March 3, 2010, linked here.

Business: Jim Manzi, *Uncontrolled: The Surprising Payoff of Trial-and-Error for Business, Politics, and Society*, Perseus Books Group, New York, 2012, pp. 128 and 142. Jim Manzi, *Science, Knowledge, and Freedom*, presentation at Harvard University's Program on Constitutional Government, December 2012, linked here.

[2] Stephen Freedman, Daniel Friedlander, Winston Lin, and Amanda Schweder, *The GAIN Evaluation: Five-Year Impacts on Employment, Earnings, and AFDC Receipt*, Working Paper 96.1, MDRC, July 1996. James Riccio, Daniel Friedlander, and Stephen Freedman, GAIN: Benefits, Costs, and Three-Year Impacts of a Welfare-to-Work Program, MDRC, September 1994. The net savings to the taxpayer of $4,800 per person are in 2015 dollars.

[3] Stephen Freedman, Jean Tansey Knab, Lisa A. Gennetian, and David Navarro, *The Los Angeles Jobs-First GAIN Evaluation: Final Report on a Work First Program in a Major Urban Center*, MDRC, June 2000. The net savings to the taxpayer of $2,500 per person are in 2015 dollars.

[4] Judith M. Gueron and Howard Rolston, *Fighting for Reliable Evidence*, Russell Sage Foundation, 2013, chapters 9 and 10. Ron Haskins, "What Works Is Work: Welfare Reform and Poverty Reduction," *Northwestern Journal of Law and Social Policy*, vol. 4, no. 1, 2009, pp. 29-60. Ron Haskins, in *Rigorous Evidence: The Key To Progress Against Crime and Substance Abuse? Lessons From Welfare, Medicine, and Other Fields*, Proceedings of a National Policy Forum Sponsored by the U.S. Department of Justice and Coalition for Evidence-Based Policy, June 14, 2004, pp. 30-36. Judith M. Gueron, "Building Evidence: What It Takes and What It Yields," *Research on Social Work Practice*, vol. 17, no. 1, January 2007, pp. 134-142.

[5] Evan Weissman, *Changing to a Work First Strategy: Lessons from Los Angeles County's GAIN Program for Welfare Recipients*, MDRC, June 1997, p. 7.