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Study Finds Little Oversight of Religious Content or Client Choice in Gov't-Funded Programs

An [Urban Institute study](#) of the [Bush administration's Faith Based Initiative](#), found that, while many faith-based organizations (FBOs) are integral service providers, they often lack established benchmarks and have little oversight at the state, local and federal levels, regarding religious content and the ability of clients to choose an alternative provider.

Examining more than 25 faith-based programs in Birmingham, Boston, and Denver, the study is the first in-depth look at the major grant programs in the Department of Health and Human Services with legislated "charitable choice" provisions, as well as discretionary programs funded under the Compassion Capital Fund. The Compassion Capital Fund was begun by President Bush and has received annual appropriations, but has never been authorized by Congress.

Many faith-based social service organizations contracted with government well before the "charitable choice" provisions and continue to do so. The study found that contracting with faith-based organizations under block grants has changed little since "charitable choice" began, ranging from zero to about 20 percent of total contracts in 2004. Prayer, Bible study, or "Christ-centered" curricula are central to some programs of groups receiving federal funds, while other FBOs provide services in a manner similar to secular organizations. Findings suggest that these FBOs and secular nonprofits are more similar than is commonly understood. However, expressions of faith by service providers were considerably more prominent in programs supported by the Compassion Capital Fund initiatives than those funded under block grants.

The study found considerable uncertainty regarding implementation of the requirement to notify clients of their right to an alternative provider. FBO contractors in all three cities indicated that there are no formal mechanisms to address clients' right to an alternative provider. They also said they had not received legal guidance from government on responding to such a request. In theory, an intake coordinator identifies the problem requiring services and a contractor or other clinician determines the best provider, which could include an FBO. In practice, intake coordinators often refer clients to providers with whom they are familiar and normally do not refer to new providers, faith-based or otherwise.

However, officials have noted that even when clients are given the option of an alternative provider and informed that religious activities are voluntary, regardless of their personal preference, clients will likely accept a program based on their perception of viable options — mostly, the availability of treatment space. For example, in Alabama, nearly two-thirds of clients in substance abuse treatment are court-referred, so, as one official put it, clients may be unaware that the provider is part of a faith-based organization, but "people are looking for any safety out of the storm."

Although FBOs provide much needed services, capacity and accountability still remains

problematic. While many state and local officials welcome participation from faith-based groups, many organizations lack the capacity to meet government contracting requirements. As government agencies are increasingly privatizing social services, monitoring and evaluating the performance of service providers becomes more important. FBOs, along with all contractors, are now attempting to install sufficient administrative and record-keeping mechanisms to monitor performance, demands that often strain their organizational capacity. Even large, well-established, and experienced FBOs wrestle with the volume, complexity, and cost of new reporting requirements, while new and small providers are under greater pressure to comply with government accountability and performance standards.

The Compassion Capital Fund was established to provide money to intermediaries to build the capacity of small faith- and community-based groups, and better prepare them to receive public funds. The technical assistance is both needed and appreciated, as most FBOs have no previous experience in establishing reporting systems.

As a consequence, religious content and expressions are usually not included in the formal monitoring procedure. Agencies learn about such instances only by happenstance. The study found that prescribed monitoring of faith-based programs receiving federal funds is commonly restricted to financial audits, noting, "...attention to the faith content of programs was likely to be slight or serendipitous."

Additionally, while faith-based providers often try to achieve compliance through separation of and voluntary participation in any religious service component of their programs, the boundaries are permeable. For example, chapel attendance might be required but worship voluntary; a program could ask a client's permission to discuss faith, but then urge him or her to "seek God;" or a program might use faith as a way to motivate clients, but use public funds to pay only for other aspects of service provision. Sometimes there was no boundary, as when Bible study and religious teaching were integral parts of an intervention. In many cases, public agencies remain silent, as long as clients do not complain.

The Bush administration exalts the Faith-Based and Community Initiative as a "bold new approach to government's role in helping those in need," and a remedy to our troubled past when government "ignored or impeded the efforts of faith-based and community organizations." Nearly three-quarters (72 percent) of Americans cite the care and compassion of religious workers as an important reason for supporting government funding of faith-based groups. While Americans recognize the strong connection between religious practice and social service, unless government agencies monitor how faith-based programs use government funding, questions will remain. Of particular concern are how religious content affects the quality of services and how best to strengthen safeguards to protect those that services are intended to serve, such as persons with disabilities and children.