

**Phone conversation between Invest in Kids (Executive Director Lisa Merlino) and GiveWell (Elie Hassenfeld and Simon Knutsson) on July 16, 2010**

**GiveWell:** What is the relationship between the Nurse-Family Partnership and Invest in Kids, and how are they similar and different?

**Invest in Kids (IIK):** IIK was founded in 1999 by a group of mostly attorneys doing pro-bono work on behalf of families in need in Colorado. They wanted to find prevention programs that were proven to work for people in their state. They went all around the country looking for effective programs and ended up deciding on the Nurse-Family Partnership (NFP) as the best program they knew of. At that time, NFP was undergoing its 3<sup>rd</sup> trial, which took place in Denver, so we came back to Denver and talked to Dr. David Olds, the program founder. Back then, there was very little dissemination of that program outside the research setting. We said to Dr. Olds, “you have all these trials with great results, and we want to bring it out to more people.” The funder of the trial, The Colorado Trust, offered seed funding and IIK was founded to implement proven prevention programs. We started with NFP.

We started in 2000 implementing just the NFP program, but we maintained a broader mission of implementing evidence-based programs to help low-income children. We secured \$350M in funding over a 25 year period during the 2000 legislative session. So we saw fast replication and replication also took off in Pennsylvania. Dr. Olds saw replication taking off, and moved the replication arm out of the university. One of our board members at IIK, Robert Hill, founded the NFP National Service Office (NFP NSO) in 2004.

NFP NSO modeled much of what they do nationally on what we’ve done in Colorado.

We depend on NFP NSO for a lot. So, for example, we do everything branded as they do it and we use their products (e.g., flyers, materials). When we hire a new nurse, she goes to NFP NSO, not us, for new training.

**GiveWell:** Does the national NFP organization fund IIK?

**IIK:** They don’t give us funding beyond a percentage of what they receive from Colorado sites for delivering technical assistance. We worked on writing the legislation back in 2000. Our expenses are largely covered by the 5% that is withheld in the legislation for administering the program at the state level. A portion of that funds the NFP part of the IIK budget. That’s a large portion of what covers the work.

**GiveWell:** Can you tell us about the other program you run, the Incredible Years?

**IIK:** The vast majority of our work focuses on supporting staff in the field. In our state, we sold NFP as an evidence-based program to support children; while we’re not penetrating the entire population, we have a presence in 52 of our 64 counties.

People wanted to know what else we could do after NFP. NFP ends at age 2, so what else could we do?

We asked the community what they wanted. And, universally, people wanted early childhood mental health and school readiness – everyone had heard of the 4 year old who got kicked out of three preschools or the 18 year old day care teacher that had little relevant education. So, after hearing of the needs, we hired a PhD from the University of Denver who did nothing but read research for 6 months. We narrowed the field and ultimately made the decision to implement the Incredible Years (IY) (the teacher, child, and parent components). The founder of the program, Carolyn Webster-Stratton, has done 25 years of randomized controlled trials, and we partnered with her.

NFP NSO is much larger than IY as it has 75 employees nationally while Carolyn has just a few people dedicated to replication. She has a for-profit company that puts the curriculum out, where the NFP NSO is a non-profit. And, if you use the NFP name, you have to go to training, agree to evaluation, etc. Carolyn has a different philosophy about getting her work out there.

So, with the Incredible Years, it is different than NFP because NFP has so much formal training and evaluation. We started IY in 2003 and lots of children have the curriculum on a daily basis. That program falls short of getting on the Coalition for Evidence-Based Policy's "Social Programs That Work" site because there are no longitudinal trials. But, Carolyn has a lot of RCTs. Her philosophy is that when you identify a child in need, you treat them as soon as possible and don't worry about maintaining a control group - you just need to provide treatment immediately to the children who need it.

**GiveWell:** Do you have outcomes data for your implementation of the NFP and IY programs?

**IIK:** For data from NFP, we depend on the clinical information system that NFP NSO has set up for the nation. Nurses enter data there every day and we use that. We don't house the data system.

OMNI does program evaluation in our state for the IY program.

**GiveWell:** Can you share the reports with us?

**IIK:** Yes, we'll send you these reports.

**GiveWell:** Can you tell us about Invest in Kids' decision to run a pilot for the Good Behavior Game program? Can you explain what led you to stop implementation?

**IIK:** We were approached by a group who wanted us to run the Good Behavior Game (GBG) because no one had done a replication trial in the way they wanted it. They said that they had a grant from Robert Wood Johnson Foundation to do a replication of GBG and needed someone to help them run this replication trial. So, the former Johns Hopkins

staff, now American Institutes for Research staff, that had been working on this program came to Colorado and trained teachers to implement GBG and the University of Colorado, Center for the Study and Prevention of Violence evaluated it.

The trial was conducted and then we got the first year data and all the outcomes looked good but none were statistically significant. One year of data is just a small slice of the entire program's possible outcomes (lots of the strong results in Baltimore for the 1<sup>st</sup> grade program came out in 4<sup>th</sup> grade), but because of our high standard of evidence, we weren't confident enough to replicate this program at this time.

Right now, there's a trial going on in Houston. So, we'll see how that comes out, but for the time being, we've decided not to implement GBG.

It's worth noting that SAMSHA (Substance Abuse and Mental Health Services Administration) is sold. They're trying to scale GBG in multiple locations.

**GiveWell:** Are there any reports from your consideration of GBG that you could share with us?

**IJK:** These reports aren't published yet. We've just been given internal memos up until this point. Because data is so incomplete at this point and the trial requires that they look further than they have thus far and this is early, internal data.

Just to be clear, a lot of people are very supportive of GBG's impacts; we just aren't confident that the outcomes from the studies thus far meet the level of evidence that our organization requires for supporting replication.

**GiveWell:** What does IJK primarily spend money on?

**IJK:** 80% of the budget is program support and goes to staff that provide training and technical assistance for people in the field implementing NFP and IY.

**GiveWell:** Have you considered model preschool programs, such as Abecedarian and Perry Preschool?

**IJK:** We don't only look at a program's trial. We also ask: Do we have a program developer who wants to partner with the organization to make it successful in the real world? Do we think it can be taken to rural and urban communities? There's so much more than just research data from a specific trial that help us know whether we can make the transition from research to practice; we didn't think Perry or Abecedarian were replicable in the way we need them to be.

We went through a process to identify promising programs in 2003, and we eliminated Perry and Abecedarian as possibilities for us. I can share with you the presentation we have that describes our process for choosing programs to implement.

**GiveWell: How would IIK spend more money? What is IIK's room for more funding?**

**IIK:** I'm sitting in front of a white board where we have our growth strategy. For us, it would be building capacity to be able to provide more training, technical assistance, and evaluation. NFP is more expensive as it requires a dedicated registered nurse for 25 families. IY is a less expensive program because it's a curriculum added to a teacher's day so our ability to grow IY is much greater. And there is a limited universe of first-time, low-income mothers but there's a much larger universe of low-income 2 year olds that need support. So, the potential need and opportunity to expand IY is profound. Our ability to meet that demand is dependent on us to do the training, technical assistance, evaluation, and quality improvement necessary to get the outcomes you saw in the research, and that's limited by staffing. More money in the organization would allow us to grow that.

In the long term, we're thinking about how to scale up and reach even more families. Now, our staff directly provides technical assistance to the teachers, but perhaps we could provide that assistance to local coaches and increase our reach. The fear is that IY is a really intensive intervention that needs careful monitoring to make sure it works, so we don't know how far away we can get from the parent group leader/teacher to make sure they're doing what they need to.

Right now, if you're a community and come to us and say we want to deliver the program, we may not be able to serve you immediately. If we brought more money in, we'd potentially hire more staff to meet the demand.

**GiveWell:** You mentioned political advocacy before. How much of IIK's expenses go to advocacy as opposed to implementation?

**IIK:** It's a small fraction that goes to advocacy. We pay \$20,000 a year to lobbyists at the state capital to be sure we maintain our state line item for NFP, and we pay them to be our eyes and ears at the state capital. Some years, there's probably very little they do and they get the \$20,000; other years, they do a lot – this year, we had them focus on legislation to make sure the legislation was strong and efficient – and they did a lot of work for the amount we paid them.

Our focus on IY is less about political advocacy and more about finding partnerships in different communities to implement our program. For example, a local center gets money and may ask donors to support IY as a program they would fund. So, it's much less direct lobbying and more just having partnerships with communities around the state to help them meet the needs of their constituents.

At the national level, there is no national agenda for IY at this point. To the extent that IIK supports the national piece for NFP it's largely myself (Lisa) and the relationships I have through IIK. The main way we supported NFP legislation at the national level was by introducing the legislators in Colorado that we know to representatives of NFP NSO.

**GiveWell:** Can you elaborate more on IIK's room for more funding? Do you have a general sense for how much additional funding you could effectively utilize?

**IIK:** I'll need to think about it.

Right now, I've brought in \$150,000 less to date than I need and am \$50,000 over in expenses. But I'm also not concerned because I know I have a plan to bring that funding in as it doesn't come in equal allotments every month but rather highs and lows throughout the year. Expenses are high now due to our special events in the spring that won't happen again this year. We hope the revenue streams will all come through, and in addition, I'm constantly looking to bring more money in and expand our services.

For example, I know that I'm hiring a new employee because of the demand for the parenting program. That was never in my 2010 budget, so I know that I need to bring in another \$50,000-\$100,000 to expand.

**GiveWell:** Could you summarize or do you have a summary of the demand for services from communities in Colorado?

**IIK:** Right now, demand is more than we can meet, not necessarily overwhelming but we don't even actively sell these programs. It's kind of taken on a life of its own and we don't go out and drum up demand that we can't meet. But that's something we'd like to do, we would like to go out to the most needy, low-income schools and tell them about our IY program.

**GiveWell:** Considering that both IIK and NFP NSO implement the NFP program, how does giving to IIK compare to giving to the national NFP organization?

**IIK:** The NFP program is so beneficial that we advocated to the state legislature to incorporate paying for the NFP program into the state budget. At IIK, I have a \$350,000 budget for NFP and all but \$70,000 is covered by the state. It isn't hard for IIK to fund our costs of delivering the NFP in Colorado because we secured the state funding for direct services and program administration. So, if a donor isn't focused on Colorado as a state, there are lots of other states that need money. If you want to fund the NFP program from a national perspective you should fund the NFP NSO.

In terms of NFP NSO, they were part of a team that secured Federal Government funds (\$1.5 billion) that can be spent by the states on NFP or other evidence based home visitation programs. They are committed to having the resources to make sure they maintain quality in all the states they're focused on and we are hopeful that states will support the program and all the variables that matter to execute with fidelity.

NFP NSO has done everything they can to ensure it goes well, and if they don't have someone in other states playing the role we play in Colorado, it will be challenging which is why their regional based staff is so important.

Some people resonate with the work that we do particularly in terms of our focus on supporting the implementation of evidence-based programs. There needs to be an organization that translates research into services for people in need, that bridges the academia-to-practical implementation gap, and we're doing that.

**GiveWell:** Has IIK considered serving demographics aside from very young children (e.g., high-school students, adults)?

**IIK:** We've thought about expanding outside of childhood but haven't done it yet and aren't sure whether we will. Our purpose, at least at this point, is to focus on prevention and we think that means taking action as early on in a child's life as we can.

There's still a great need for the services we provide. We're serving 2,700 women a year in our state with the NFP program, and there are 15,000 women a year that would benefit receiving the program.

We've also thought about whether we should expand to other states. We were approached to expand IIK to North Carolina for the purposes of doing exactly there what we've done for NFP and IY in Colorado for their state. But ultimately we decided the better approach would be for NFP NSO to staff NFP locally, and we did some consultation around IY in North Carolina. The reason we chose to do that is because they know their state best just like we know our state best and it felt a little distant to drop into another state. And, we think they've taken some of what we do and applied our model in another state.

**GiveWell:** Do you know of other organizations similar to IIK in terms of focusing on implementing that have been rigorously evaluated?

**IIK:** There's the National Implementation Research Network -- they're in Chapel Hill, North Carolina. Karen Blase and Dean Fixsen are the main two people there. And, they are solely focused on how you implement programs, and we align very much with them. They'd be good to talk to since they know what's going on in the whole country as it relates to this.

David Bernstein in Colorado does work with Multi-Systemic Therapy (MST) and Functional Family Therapy and has the purveyor role and he plays that role in the Mountain States region and runs the Center for Effective Interventions.

There's a group called Public-Private Ventures (PPV). They're both an evaluator and an implementer. I only deal with them on NFP and their client list is much larger than that. For NFP, especially in Pennsylvania, they've played the role in Pennsylvania that IIK has played in Colorado. But they're paid as a contractor to NFP in Pennsylvania (IIK is not a contractor to NFP). If NFP killed the contract, PPV wouldn't continue to implement the NFP program. IIK, on the other hand, would continue to implement the NFP program even if the NFP NSO disappeared.

