Program Quality Roadmap Overview:

This overview summarizes the elements of Root Cause's Program Quality Roadmap, including descriptions of each of the Core Components of Quality below.

Core Components of Quality:

- **Data & Measurement Capacity**: How does a program collect and use data to measure performance and progress towards goals and outcomes?

- **Evidence-Informed Program Design**: How do providers use evidence-based models and available research to best meet the needs of participants?

- **Family & Community Engagement**: How are participants involved in the planning, design, leadership, feedback processes, and evaluations of programs designed to serve them?

- **Program Accessibility**: How do programs address barriers to participation to ensure community members can receive needed services regardless of zip code, race, gender, language spoken, dis/ability, work schedule, household income, and other factors?

- **Referrals & Partnership Management**: How do programs give and receive referrals and manage partnerships that lead to seamless service coordination between programs?

- **Staff Support & Performance**: How do programs support their staff to promote their well-being and enable them to provide the most effective services to participants?

- **Trauma-Informed Practice**: How are programs designed to identify and address the consequences of trauma?

Foundational Conditions:

- **Organizational Mission & Vision** are driven by an authentic understanding of community needs and strengths. A respectful and trusting relationship with the service population shapes the core of the organization's purpose and intended impact.

- **Organizational Commitment to Racial & Economic Equity**. Structural racism and growing income and wealth disparities in the US mean that communities of color and those struggling to make ends meet are vastly overrepresented in populations receiving social services. High quality cannot be achieved, therefore, without a strong and explicit organization-wide commitment to racial and economic equity that translates into everyday practices for supporting these marginalized communities towards stability and wellbeing.
● **Alignment between Organizational Mission & Vision and Program Outcomes**, such as in a theory of change or logic model, are foundational for high quality services. Organizational mission & vision are ultimately what quality services aim to achieve, and strong program outcomes are both the result of high quality services and a measure of quality improvement successes.

● **Organizational & Leadership Supports supply tangible and intangible resources** that are necessary for high quality services. These resources include funding, commitment from leaders, physical space and materials, and billing and accounting functions, among many others. These supports enable programs to serve their community, and when they are absent program quality suffers as a result.

**Core Components Summary:**

**Data & Measurement Capacity**
Data and measurement capacity is an organization’s capacity to track, analyze and derive learnings from important program and operational data, which allow them to maximize their desired result. Successful measurement and evaluation begin with a program’s senior leadership and board prioritizing and embedding it within the program’s culture in order to ensure strong commitment. Guiding this commitment is clarity on the program’s primary objectives/motivation for its measurement and evaluation efforts and the key learning questions it is looking to answer.

Similarly, a strong data and measurement system helps to ensure that performance information is readily available and used to support continuous improvement and to report out to key stakeholders. Measurement systems include staff time, processes, and tools to collect, store, analyze, report, and learn from performance data on an ongoing basis. This will also require defining clear Process/Output indicators and Outcomes indicators and collecting quality data to track progress on all indicators. Process/Output indicators are data points (i.e. the # and % of clients enrolling in a workforce development program) that measure whether activities and interventions are being executed as intended. Outcome Indicators are data points (i.e. the # and % of clients passing job skill competency assessments or the average # of job interviews and offers per client) that measure whether the Outcomes (i.e. participants increasing job skills or job placement) are being achieved.

**Evidence-Informed Program Design**
An evidence-informed program, in the context of social services, is an intervention that an organization has chosen to implement based on significant data that indicates the intervention will have a desired outcome. Social service organizations use best practice research and evidence in program design to maximize their ability to achieve positive service outcomes with limited resources, thereby increasing their positive impact on the lives of people in their community.
Evidence-informed programs review the best available research that already exists in their field, incorporate best practices in their program design and collect data to track implementation of these practices as well as results that can be contributed back to the field. Using best practice research as a guide, evidence-informed programs develop a framework describing the program’s design (often a theory of change or logic model) that includes a clearly articulated hypothesis to outline the results a program aims to achieve and how its work will lead to those results. This framework can also anchor a program’s data collection, performance measurement, and evaluation efforts by defining what will be measured and why. A program's hypothesis should rest on sound logic and assumptions explaining how and why its activities/interventions will address the need and opportunity it is targeting and lead to the Outcomes it aims to achieve.

**Family & Community Engagement**

Family and community engagement refers to the systematic inclusion of families and/or members of the service population in the planning, development, implementation, and evaluation of program services. In client-centered programs, traditional client roles as service recipients are transformed into creative roles in which people partner with staff to establish goals and make decisions related to the programs. Through active and dynamic forms of family and community engagement, families and community members share power and responsibility with program staff which leads to improved relationships between the client and the program staff and the program and the community as a whole, resulting in improved program efficacy.

**Program Accessibility**

Barriers exist that can prevent people from accessing programs and services. These barriers tend to be more prevalent among populations that have traditionally been less able to use existing services available, for a wide variety of reasons. These barriers to services tend to be more significant in low income neighborhoods; marginalized racial/ethnic, cultural, and immigrant groups; rural and remote areas; and non-traditional family structures. As a result, these groups tend to face more challenges and be less able to get the supports and services they need.

**Referrals & Partnership Management**

People frequently fall through the cracks of social service systems because the connections between services are either absent or ineffective, or because needed services are missing altogether. Strong referral practices help ensure that people receive relevant, timely, and valuable connections from one program to others in a way that adequately addresses their needs. When managing partner relationships effectively, programs and organizations have close, communicative, and trusting connections with partners; and have put in place processes to sustain their partnerships and strengthen them over time. Programs with strong referrals and partnership management practices coordinate their services in order to ease access to services, reduce unnecessary duplication of effort, and produce a more effective and efficient social service system. Direct service providers that make effective referrals across programs and systems in the community can contribute significantly to meeting existing and projected needs in their communities.

*(nb: Here, “partners” refers to people and/or programs that the program relies on to deliver services and improve outcomes for children and families served.)*
Staff Support & Performance

Staff support is a critical component of organizational and program performance. When staff members feel supported professionally, personally, and financially by their organization they are better prepared and more motivated to perform and excel in their roles. Staff turnover, burnout, and lack of adequate support negatively impact service quality and a program’s ability to achieve its outcomes. Organizations and programs with strong staff support and performance practices prioritize staff supervision, development, and retention initiatives within the organization, with the aim of ensuring that staff have the support and preparation they need to deliver quality services.

Trauma-Informed Approach

Research shows that many children and adults experience trauma from abuse/neglect, loss of a caregiver, economic struggles, lack of food, housing instability, and other life challenges. A trauma-informed program understands the actions and behaviors of a child in the context of what has happened to them and their family. A trauma informed approach realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. This approach should be implemented in any type of service setting and is distinct from trauma-specific interventions or treatments designed specifically to address the consequences of trauma and to facilitate healing.