

PROGRAM QUALITY ROADMAP

This overview summarizes the elements of Root Cause's Program Quality Roadmap, a proven system for building equity and excellence in social service organizations, including descriptions of each of the Core Components of Quality below.

Core Components of Quality



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, disability, 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?

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?

Foundational Conditions

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.

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.

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.



INTRODUCTION

Data and measurement capacity refers to an organization's ability to track, analyze, and make meaning of important program and operational data, which allows the team to learn about what is working and what can be improved to advance program goals.¹ In the social sector, measurement allows nonprofits, funders, and other agencies to track progress towards intended outcomes, ensure programs are being implemented as designed, unearth new areas and avenues of improvement, communicate success and progress to funders and partners, and gain new insights over time about what works.²

When organizations have the capacity to analyze and evaluate their work, they are better able to implement interventions as intended and understand where implementation has deviated from the plan.³ This includes strengthening staff capacity to use and understand data, as well as directing resources to build, maintain, and improve measurement systems. Equally important is building a feedback loop to evaluate the success of the intervention and provide information on how to further improve implementation. Progress and quality should be evaluated based on internal organizational goals and performance objectives, as well as by external benchmarks gathered through prior research (such as through monitoring fidelity to a proven model). Any adjustments that follow should be evaluated regularly as well, creating a cycle of feedback and improvement which ultimately benefits the service population and helps the organization achieve its outcomes.⁴

In particular, the ability to disaggregate data and analyze it to understand trends in who is served (or who isn't) and how outcomes do (or do not) vary depending on service participants' identities is critical for program quality and mission achievement. Accurate and accessible data that breaks down outcomes by race and income helps to highlight disparities that would otherwise remain unknown. The disaggregation of racial, ethnic, and income data furthers an organization's interests in racial and economic equity by providing deeper insight into the root causes of disparities and inequities. Those insights inform program and policy decisions that can better address the identified root causes and reduce or eliminate disparities. The data becomes trackable over time, providing an opportunity to monitor and evaluate interventions to ensure continued equity in service provision and outcomes.⁵

Central to high-quality data and measurement capacity is the development of a performance measurement framework, a culture of learning which encourages performance measurement, and a workable system for integrating performance measurement into an organization's existing structure. Best practices for strengthening data and measurement capacity are described below.



BEST PRACTICES

1. **Develop a framework** that articulates the organization's goals and vision of success, what activities and operations it currently performs, and a cycle of measurement, learning, reporting, and improving.⁶ Frameworks position measurement within an organization's larger theory of change, identifying key indicators which relate to the organization's mission to be tracked and analyzed, and outlining an ongoing process for quality improvement through the implementation of an intervention.⁷



2. **Create tools and systems:** Building a performance measurement system is a multi-step process. Organizations first assess what data they are currently capturing and their processes for doing so. The next step is to understand what additional indicators are required to track the organization's progress towards its desired outcomes and determine the tools that the organization will employ within the intervention to capture this data. Once these initial stages of the measurement system are in place, organizations can build dashboards to visualize their data and report the findings from their performance measurement systems.

3. **Increase data management, analytic, and evaluative capacity** by investing in staff capacity. Once an organization selects an intervention they deem relevant and promising, the next step is to build the organization's capacity to gather and use data. The organization's implementation of an intervention will not be successful without the capacity to determine how to adjust an intervention in a specific context through the gathering and analysis of related data. One predictor of successful intervention implementation is strong analytical and evaluative capacity in organizational staff.⁸

- **Be clear about staff data responsibilities** and provide training. Data collection, the use of data systems, cleaning data, and reporting and analyzing data are all responsibilities that should be clearly delegated and each staff member should be offered training to gain the relevant skills.⁹
- **Build staff knowledge and skills** to locate, appraise, and interpret research evidence. This may include recruiting staff capable of learning and/or leading data gathering and evaluation, while providing training and coaching for all staff to become proficient in those areas. This training focuses on building staff knowledge of team dynamics and relevant technologies. When staff have



these skills, they can ensure that the organization implements the intervention with fidelity and can evaluate the success of the intervention.

- **Invest in the team and systems you need**, including the human, fiscal, and structural capacity to implement the intervention with fidelity. If capacity building needs to occur, the organization should take steps to do this work while setting the stage for the introduction of the intervention.¹⁰

4. **Establish an organizational culture of learning** that facilitates data use.¹¹ A strong culture of learning is critical to ensuring the long-term success of any performance measurement system. It is important for an organization's leadership to embrace measurement as a tool for greater learning by prioritizing and committing time and resources to reflect on and use data, as well as for staff members to be centered in the learning process.¹² The strongest measurement systems are "typically a core responsibility of an organization's own staff"¹³ and allow organizations to use measurement not just for compliance, but for ongoing adjustment and growth towards maximum social impact.¹⁴ Provide regular opportunities for data reflection and discussion amongst leadership and staff. In creating structures where staff regularly discuss evidence gathered, leaders promote inclusivity, participation, and curiosity from all staff. This fosters an environment for staff to openly discuss the implications of data and what it reveals about program operations and outcomes.¹⁵

5. **Disaggregate data by race, ethnicity, and income**. The disaggregation of data advances racial and economic equity by revealing disparities that may be hidden by aggregate data, highlighting possible root causes of those disparities, and supporting solutions targeted to reducing those disparities.¹⁶ If current data collection methods do not allow for the disaggregation of data, efforts should be made to improve collection methods in the future. Service recipients should be invited to self-report race and ethnicity data and are generally less hesitant to do so when the reasons for collecting that data are shared with them.¹⁷

6. **Assess data quality and processes on a regular basis**. Effective evidence gathering relies on using a measurement system created by practitioners to gather data, collecting baseline information, securely storing data, and having a team tasked with continuous evaluation of data gathered from service provision.¹⁸ The team will have gained all of these relevant skills during the training, which will then allow them to sort and/or aggregate the data and analyze it. Data gathered becomes the evidence used to draw conclusions about what aspects of the interventions work and which could improve. Organizations should regularly monitor performance data, discuss themes





and implications with staff, and use data to make improvements to service delivery, monitor progress towards performance objectives, and identify any emerging needs.¹⁹²⁰

7. **Share data intentionally with others in the field.** When comparing performance measurement data with other organizations implementing similar interventions, it is important to use high-quality, comparable data in order to reduce the risk of drawing the wrong conclusions.²¹ This includes ensuring target outcomes and populations align cross-context, as well as comparing evaluation methods and acknowledging any significant differences. Moreover, the organization should share strategically in order to prevent misuse because the interpretation of data is difficult to control.²²
8. **Monitor the success of the intervention and adjust when needed:** The organization creates a feedback loop that evaluates the success of the intervention and provides information on how to further improve implementation. Progress and quality should be evaluated based on internal organizational goals and performance objectives as well as external benchmarks gathered through prior research. This leads to further adjustment of implementation and fosters a cycle of feedback²³ (which includes serviced population responses) and improvement²⁴ in the organization's service provision for the benefit of its service population and to achieve its desired outcomes.



CASE STUDY

MassHealth and Performance Management

A lack of communication and transparency, coupled with a lack of data reflection between social service providers, can have detrimental effects on an organization's level of care coordination and a patient's subsequent access to healthcare services. In 2018, Massachusetts' Medicaid Agency (MassHealth) endeavored to address this problem through creating partnerships with community-based organizations (CBOs) and accountable care organizations (ACOs). The goal of these partnerships was to ensure patients were receiving "the right care in the right setting at the right time," while simultaneously analyzing data to track the quality and performance of these organizations, avoid the duplication of medical services, and ensure a more streamlined referral process.²⁵

The Department of Public Health acted alongside MassHealth as a key stakeholder to enhance care coordination, improve quality of care, and increase accessibility to healthcare services. Both of these agencies assisted the CBOs in forming partnerships with other CBOs and ACOs to create a strong referral network. Needs assessments were conducted to determine baseline information about patients, such as the specific type of medical care they required and the urgency of need. This was the first step in developing a performance measurement framework as it allowed MassHealth to track key indicators of success, such as how quickly a patient was referred to relevant services. Each ACO was assigned a specific care provider and access to more specialized services, such as mental health professionals, to help break down the silos between different sectors of healthcare. To build their analytic and evaluative capacity, a website was created to assist users in choosing a healthcare plan, scheduling appointments, and organizing drug prescriptions so that the most relevant resources could be identified based on the cost of care for the patient. Also, care-management software was introduced to ensure all parties were aware of potential health complexities that might result in longer-term services for users and allowed data to be exchanged instantly between CBOs and ACOs. This was vital as it established a culture of learning that facilitated data use and helped staff strengthen their skills in data analytics. Although agency priorities may have varied, the joint infrastructure and aligned goals of each social service provider nurtured an inclusive learning environment. Moreover, a strong sense of accountability to address the root causes of



these social determinants of health was introduced. By using integrated and intentional systems of data sharing between all CBOs and providers, information stayed up-to-date, and quality measures were implemented to monitor the effectiveness of the referral process, and necessary improvements were made to improve the structural capacity of the organizations.

An audit was conducted to evaluate the quality of the program and surveys were distributed to users to assess overall care delivery and the integration of care. Assessing the data quality and processes on a regular basis has allowed MassHealth to monitor their progress towards the performance objectives and identify areas for improvement. Results revealed that this partnership was very successful. Within a year, it had resulted in a 40% reduction in hospital inpatient stays and a 30% reduction in emergency room visits for those enrolled in the program. As a result of MassHealth's success, many other healthcare providers and community organizations have also begun collaborating to streamline their services. Grant opportunities such as the Moving Massachusetts Upstream (MassUP) Program have also been created to address these upstream economic and social challenges to achieve a state of health equity.²⁶





ENDNOTES

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