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 pop-ulation 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

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 positive desired outcome. This data can range from a compilation of best practices that demonstrate progress towards an ideal goal to large randomized control trials (RCTs), which show an intervention's effectiveness across a variety of situations. This brief will talk about types of evidence in a later section: **what kind of evidence is used in program design?**

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. There are a variety of barriers to success in this quality area, but through thoughtful planning and research, organizations can successfully use evidence to inform and improve service delivery. The clearest indication of successful evidence-informed program design is when organizations meet their desired outcomes.

When designing an evidence-informed program, organizations need to grapple with two questions.

1. **First**, what types of evidence will sufficiently demonstrate that our program best meets the needs of our service population and accomplish our organization's desired impact?

2. **Second**, what types of evidence exist on the type of program we want to implement and how do we gather and evaluate it to determine its usefulness in our program design?

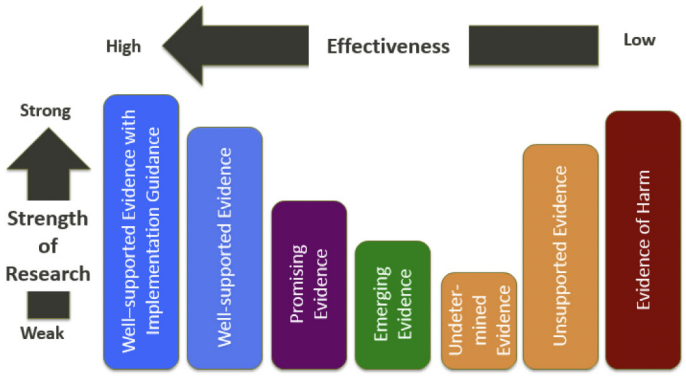
This brief discusses how organizations might approach both questions and provides in greater detail the following: a definition for evidence, the "spectrum of evidence," best practices for designing an evidence-informed program, and a case study of success in this area.

What kind of evidence is used in program design?

For the purpose of this brief, we define **evidence** as a series of data that demonstrates certain inputs lead to certain outputs. The evidence that can be used exists on a spectrum of low to high effectiveness and has a research basis on a spectrum of weak to strong. The image to the right shows what this might look like visually (for more information view The Stages of Evidence Framework below).

When creating evidence-informed programs, organizations should acquire and use evidence to determine how their service provision can best meet desired outcomes for their target population[1]. Using strong evidence contributes to the overall effectiveness of interventions that organizations implement, which improves the quality of overall service provision.

Overview: Stages of Evidence Framework



Adapted from: Understanding Evidence: A Guide to the Continuum of Evidence and Effectiveness, CDC

Organizations should aim to identify multiple research reports that support the effectiveness of a program or intervention. On the spectrum of evidence, the studies should lie somewhere between **promising or emerging evidence** and **well-supported evidence with implementation guidelines**.

Promising and emerging evidence rank in the middle of weak and strong research support and between low and high in effectiveness. Evidence is promising or emerging when some best practices research exists in multiple exploratory case studies and/or is based on well-supported, data-driven theories that may not have been previously applied in this particular way.

Well-supported evidence with implementation guidelines is on the stronger research and high effectiveness ends of the evidence spectrum. This type of evidence usually includes one or more randomized control trials (RCTs) that have the same conclusion about the high effectiveness of an intervention. The evaluation of those RCTs happens through an independent evaluator, and the intervention has been shown to work in multiple, real-world settings.

In those cases where RCT results are not available for a specific program or intervention of interest, the next best alternative is promising or emerging evidence.

- If the program of interest is based upon promising or emerging evidence, organizations can consider it to be evidence-informed.
- Use of promising or emerging evidence to inform a program or intervention's adoption is the minimum target that social service providers should aim for because it is more practical and attainable than having RCT-backed research.
- These RCTs, when done correctly, are expensive and often time-consuming, which make it difficult for mid-sized and small organizations to conduct them and prove the effectiveness of known best practices. However, if the program of interest is proven to be effective by one or more RCTs, organizations can consider them to be evidence-informed.

Best Practices of Evidence-Informed Program Design

Choose effective and relevant interventions for implementation:

To begin this process, an organization should review and solidify their Theory of Change before beginning to research potential interventions[2]. Next, the organization should either research interventions that will serve their target population and meet their organizational goals, or research the effectiveness of their current program design to determine how they might improve it[3]. Using evidence-informed interventions improves an organization's service delivery, thereby increasing the likelihood of meeting desired outcomes[4]. Best practices for choosing effective and relevant interventions for implementation include:

1. **Review (or create) your organization's Theory of Change** to clarify the social problem and opportunity for change, your target population, your ideal strategies and activities/interventions, desired outcomes, and intended impact. It is important that evidence (ranging from emerging evidence to well-supported evidence) informs the strategies and activities an organization identifies to achieve its desired outcomes and intended impact. The greater the variety of research an organization consults the stronger the evidence will be that the activities will be effective and achieve intended outcomes. Organizations can use one of the following approaches (or both, where appropriate):

- **Determine the effectiveness of current service delivery** by conducting an internal evaluation[5]. This process should include input from all relevant stakeholders, including community members, staff members, and organizational leadership (see *Family & Community Engagement Brief*) to make sure your organization understands the root causes of the social/health problem and the intervention is designed to fulfill short-term service needs as well as to mitigate (or at least not worsen) longer-term systemic disparities. Collect and analyze data to determine whether your organization's service provision is impacting its target populations and achieving its intended outcomes. If not, use your data and additional conversations with community members to identify more effective and relevant interventions and make the necessary refinements.

- **Identify high-quality research that evaluates your desired intervention.** High-quality research can range from emerging to well-supported evidence as long as these studies discuss the effectiveness of the particular intervention or feature comparable evidence-informed programs that work with similar populations for similar desired outcomes. A high-quality study will account for or explain potential outside influences in the intervention's impact, such as community events, social pressures, family factors, or changes to policy or regulations[6]. High-quality studies have valid measurements, analyze the data effectively, and present a thorough summary of all outcomes of the intervention provided, including undesired and long-term outcomes[7]. Additionally, high-quality studies demonstrate that the intervention produces desired outcomes in multiple sites[8] and detail how other organizations can replicate the intervention and/or service components successfully.

2. **Ensure alignment with the organization's target outcomes and populations:** Research that was conducted in communities that match the organization's target demographics and environment and/or seek to address the same target outcomes are the most useful and applicable[9]. Each community is different, so it is important to make sure the intended program/intervention is culturally competent and takes into account the diverse lived racial, socioeconomic, cultural, gender, and health backgrounds of the service population(s). If studies do not discuss how an intervention works with the target population, the organization will need to take steps to

understand how their target population may respond to the intended intervention, perhaps through a pilot test of limited size and duration.

3. **Select interventions that align with the organization's Theory of Change and goals**, as the fit between the two can influence the likelihood of sustainability at the organization[10]. To build equity and family engagement, organizations should consider an intervention that includes elements such as family-listening sessions to gather data to improve service provision, which will support buy-in from staff and community members by ensuring the intervention is inclusive and responsive to community needs.

Implement an intervention with fidelity: After selecting an intervention, organizations should implement it according to suggested guidelines in order to increase the likelihood that the intervention will have positive effects on service delivery and meet desired outcomes[11]. Best practices for implementing an intervention with fidelity include:

1. **Adhere to intervention implementation guidelines** in order to achieve comparable results[12]. Organizations can maintain fidelity by closely adhering to the details of implementation discussed in the research, following any guidelines that have been created by the researchers or model designers, and making use of technical assistance or implementation support when available[13]. If technical or implementation support is not readily available, programs should seek guidance from local organizations already using these interventions or contact the organizations featured in research reports to understand best practices and obtain support.

2. **Adjust the intervention to fit the organization as needed:** Sometimes the most compelling or well-supported research does not exactly fit what an organization needs. Perhaps the intervention identified through the research does not work with the target population or the underlying goals do not align with the organization's vision and desired outcomes. If the intervention does not meet these critical needs, the program team will need to determine how to implement the intervention in a way that upholds the integrity of the intervention but also aligns with organizational vision and goals.

3. **Adjust the intervention to fit the larger community, institutional, or systemic context[14].** Beyond looking at previously published research reports or using internal evaluation tools, the organization should also seek feedback from their target populations to gauge the intervention's potential effectiveness[15]. It is important to make sure the program/intervention is culturally competent and takes into account the diverse racial, socioeconomic, cultural, gender, and health backgrounds of the population(s) served. If staff trainings are needed to ensure the program/ intervention is delivered and implemented with racial and economic

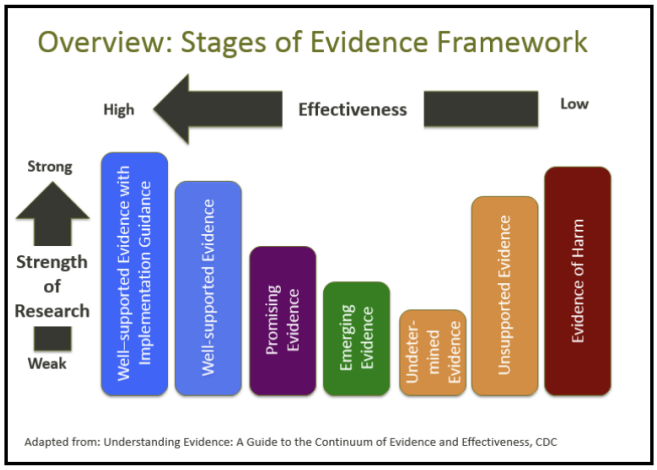
equity, organizations should develop and incorporate these trainings into program design and processes. Additionally, the organization's and the target population's relationships to policies, accreditation and licensing requirements, governmental and nongovernmental funders, and community interests influence how this program will be implemented[16]. The organization should adjust the intervention as needed to meet the needs of their target population and to account for the larger community, institutional, and/or systemic context.

4. **Plan for sustainable implementation of the program:** Organizations should plan for the long-term sustainability of its program/ intervention. For the purposes of this brief, sustainability refers to the continued use of effective interventions at the intensity required to maintain steady progress toward organizational goals and outcomes[17]. Sustainability is context dependent; in some cases, this could be close adherence to certain protocols; while in other cases, this could include increased skills and refinement in delivery[18]. Furthermore, it is important that organizations account for the historical, cultural, fiscal, and health services contexts in which the intervention is implemented,[19] as these will affect the success of the intervention and its sustainability[20] in that community. An organization that plans for long-term sustainability has made internal commitments to regularly engage its community/clients for feedback regarding service design, provision, and outcomes; regularly gather[21] and analyze data[22] to make improvements; and intentionally share learnings with others in the field[23] (see *Data & Measurement Capacity Brief*)-- which drives overall success in meeting desired outcomes.

Stages of Evidence Framework:

For Assessing Stages of Evidence for Social Change Strategies and Interventions

The **Stages of Evidence Framework** is a guide for assessing the stage of evidence that exists for a given strategy/ intervention. This framework can be used to review and interpret one or more studies (which may range from experimental to anecdotal) in order to form a point of view about how "evidence-based" the strategy/ intervention is. The framework includes two dimensions of criteria: **(1)** the **Effectiveness** of the strategy/intervention and **(2)** the **Strength of Research** that exists for the strategy/ intervention. Combined, both stages result in a net **Overall** stage (see the seven bars at the right) about the evidence base.



Criteria for Determining Stage of Evidence

EFFECTIVENESS

Effect: The level of effectiveness, or degree to which the strategy/intervention works, why the intervention works or does not work, for whom it works, and in what circumstances it works. A study may demonstrate a strategy/intervention to be anywhere on the spectrum of Effective, Some Evidence of Effectiveness, Expected Effectiveness, Undetermined Effectiveness OR Ineffective, or Harmful.

STRENGTH OF RESEARCH

Research Design: The type of research study that has been conducted on the strategy/intervention to test whether it works. Types of research design may include: RCT (randomized control trials), high-quality quasi-experimental design, non-experimental design (e.g. outcomes, impact, process, or theory-based evaluations), performance measurement data, exploratory studies, etc. Evidence may also be anecdotal, coming from case studies, needs assessments, and/or expert opinion.

Internal Validity: The degree to which the effects of the intervention can be truly attributed to the intervention and how well a study controls for external factors. Three main factors affect a study's internal validity: (1) a control or comparison group, (2) multiple measurement points, and (3) gathering information on other factors that could influence outcomes.

Field of Study: The degree to which the field of study covered in the research is related to the strategy/ intervention being assessed.

Independent Replication: The extent to which a program can be repeated with different participants and achieve the same results. Replications must be implemented and evaluated by researchers/practitioners that are not affiliated with the original program. They typically occur with populations that similar to the original program and therefore are not an indication of generalizability.

External and Ecological Validity / Generalizability: The extent to which the strategy/ intervention has been implemented in the real world and has been shown to work in a variety of settings and with different populations.

Implementation Guidance: The type of implementation guidance tools that exist for others to implement the model. Though this does not guarantee fidelity, guidance helps to increase the likelihood that a model will be implemented with fidelity.

Evidence Stage Descriptions

Well-Supported Evidence with Implementation Guidance

Two or more RCTs or high quality[24] quasi-experimental studies that:

- Show a statistically significant positive effect.
- Have a high degree of internal validity.
- Program has been independently replicated and evaluated in different, real-world settings.
- Comprehensive implementation guidance is available.

Well-Supported Evidence

Two or more RCTs or high quality quasi-experimental studies that:

- Show a statistically significant positive effect.
- Have a high degree of internal validity.

Program has been independently replicated and evaluated in different, real-world settings.

Promising Evidence

Two or more quasi-experimental (not meeting "high-quality" criteria) or non-experimental design (examples include outcomes and impact evaluations)

- Evidence shows some degree of effectiveness
- Moderate to no internal validity.

Program has been independently replicated, but replication may not have been evaluated.

Emerging Evidence

- Exploratory studies (focused on learning about a program, practice, or policy and the phenomena it addresses and derived from prior research).
- Theory-based evaluation using high-quality performance measurement data.
- Performance measurement data from a single organization (must be grounded in sound Theory of Change with a plausible logic model).
- May be some program replication, without evaluation.
- Low external validity.

Undetermined or Unsupported Evidence

Experimental or quasi-experimental study that:

- Shows no effect.
- Shows mixed effect.
- Has been replicated with evaluation of replication.

Or.... anecdotal information (examples include case studies, needs assessments, expert opinion).

- No internal validity.
- Indicates expected positive results.

Evidence of Harm

Any type of study in which the strategy/intervention is found to have harmful effects

Endnotes

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