



# Advancing the Use of Core Components of Effective Programs

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# Advancing the Use of Core Components of Effective Programs

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*An administrator of a state's 21st Century Community Learning Center network was concerned that some of the programs the network funds might not be effective. Moreover, the state lacked the funds to evaluate every program and provider. He went to a clearinghouse and found a list of specific, branded afterschool programs that have been proven to work. But he wasn't sure what to do next – should he stop funding all local programs that haven't been rigorously evaluated and replace them with programs listed in the clearinghouse? What would be feasible and affordable across the state's diverse urban and rural areas?*

*A juvenile court judge was frustrated by how many young people she saw repeatedly in her courtroom. Clearly the young people she was sending to local diversion programs were experiencing very different outcomes – even in the few programs in her community that had been rigorously evaluated. How could she tell which young people would be most likely to succeed in which programs?*

*A child psychologist always used treatment approaches that were evidence-based, but also understood that no one approach works with all children. How could he figure out what evidence-based approach would work for each of his clients?*

The three people above were all running up against a similar challenge. How could they ensure a high level of quality in situations when it's not practical to select and replicate a single “evidence-based program” or treatment? How could they crack the code to figure out why some of their programs and treatments work better than others, and use that nuanced understanding to provide the most effective interventions in dynamic environments?

Anyone who has designed, adapted, or implemented a program knows just how many factors can lead to different sites doing different things and getting different results. Federal agencies are increasingly investing in evidence-based programs that are more likely to improve key outcomes of interest. At the same time, running a program is highly dynamic and often requires adjusting to changing circumstances and conditions. Amid this complexity, how can policymakers, practitioners, and evaluators ensure that interventions are both responsive to what agencies know is the latest evidence about what works, and implemented in ways that will work for their target populations in various local contexts?





# What Are “Core Components” of Effective Programs?

**Core components** are the parts, features, attributes, or characteristics of a program that a range of research techniques show influence its success when implemented effectively.<sup>i</sup> For example, a component might be a particular way staff and youth interact (e.g., specific guidance on welcoming youth into a space), a key feature of the relationships or environment a program creates for the target population (e.g., a youth-driven environment), one of many activities within a program (e.g., conflict resolutions practices), the way the program is delivered (e.g., a combination of in-person and virtual events), or the amount (“dosage”) of a particular activity.

In the approaches described in this paper, components serve as the unit of analysis that researchers use to determine or describe “what works,” and they become the things practitioners and policymakers seek to replicate within and across a range of related programs and systems.

This issue brief examines approaches for identifying and promoting the use of the core components of effective programs. Doing so can complement the more commonplace approach, which identifies and promotes the use of evidence-based programs by asking practitioners to choose a fixed, packaged entity off a national registry and implement it with strict fidelity. Through research techniques that attempt to figure out what makes programs tick by looking across a range of programs to identify broader patterns, researchers can identify with greater precision “what works,” “in which contexts,” and “for which populations.”

Approaches that promote core components can help communities assess which of their existing programs are or are not likely to succeed in producing positive outcomes, understand why programs that share similar characteristics may achieve different results, and explore ways to measure and continuously improve the quality of programs over time.

This issue brief explains what core components of effective programs are, their benefits for policymakers and practitioners, and what steps researchers and policymakers use to identify and implement them. It then summarizes three examples of this approach, discusses the lessons learned in the example programs, and recommends potential next steps for federal policymakers. This publication is intended to inform federal agencies and other policymakers about the potential of this approach and recommend steps they could take to advance this approach at the federal level.

The brief is authored by the Forum for Youth Investment (Forum) with significant input and feedback from researchers and nongovernmental partners who are also committed to advancing this approach.

**Core components** are the parts, features, attributes, or characteristics of a program that research shows influence its success when implemented effectively.

**Programs** are intervention models that have been rigorously evaluated and demonstrated positive effects on specific outcomes.

These programs, having established a strong level of evidence, are often “packaged” with multiple core components in specific ways and made available for replication. Evidence-based programs typically require specialized training and the use of specific supervision and practice guidelines, materials, monitoring, and data reporting.

<sup>i</sup> The field hasn’t yet adopted a common nomenclature for this work. What we call core in this paper have also been called evidence-based, evidence-informed, essential, common, and active. What we call components in this paper have also been called practices, features, ingredients, elements, characteristics, and kernels.

# What Are the Benefits of Using Core Components of Effective Programs?

Encouraging the use of core components of effective programs complements encouraging the use of evidence-based programs in the following ways:

- **Ability to generalize:** All programs are unique in one way or another. Yet doing a rigorous impact evaluation of every program in the entire country, or even in a single city, is neither feasible nor affordable. By also looking at core components, communities can more quickly and efficiently gain insights on a whole range of related programs rather than just one specific program.<sup>2</sup>
- **Ability to adapt:** If researchers conclude only that a program “works” or “doesn’t work,” program providers will not know which aspects of a program should or should not be adapted to local contexts and different populations. On the other hand, when researchers identify core components, practitioners can adapt a program with confidence, knowing that as long as it includes the core components, it will likely remain at least as effective as the original design. Such an approach balances fidelity to the program with flexibility for communities and populations with unique needs.
- **Ability to continuously improve:** If all you know is that a program does not work, it may not be clear how to fix it. Conversely, if all you know is that a program works, it may not be clear how to improve it or whether you can make changes at all without disrupting its effectiveness. Identifying core components of effective programs provides a set of best practices that can be incorporated into continuous improvement approaches to help programs get better results over time. Practitioners can measure how much their program presently incorporates core components and use research-based tools or processes to further incorporate these components into their work.
- **Ability to scale:** Organizations often find it difficult to scale up new programs because they have limited resources to participate in extensive training and professional development, both up front and throughout program implementation. However, they could adopt core components from a wide range of branded and unbranded local and national programs, since individual components allow more flexibility for preparation and support to implement than whole programs. This flexibility positions them to drive change rather than have it imposed on them from the outside, thus providing more options for scale-up.



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# Five Steps for Advancing the Use of Core Components of Effective Programs

Policymakers, practitioners, and researchers are identifying and advancing the use of core components of effective programs in a number of ways. While each approach has unique features, most include many or all of the following steps. Each step will be discussed at greater length following a summary of three examples of this approach.

## **1. Identifying: “We think these are core components ...”**

Developing theories about which identified components of programs might be instrumental in helping targeted populations achieved desires outcomes

## **2. Testing: “Do the data say these are the core components?”**

Winnowing the identified components based on which ones empirically predict the targeted population's improvement in desired outcomes across multiple contexts and subpopulations

## **3. Empowering: “Can we create supports to help people use these?”**

Creating guides, tools, assessments, protocols, techniques, and processes that facilitate the translation and dissemination of core components for use by practitioners

## **4. Validating: “Did the supports work?”**

Testing the tools and methods to see if they increased the use of the core components and if this led to better participant outcomes

## **5. Scaling: “Can we implement these supports on a broader scale?”**

Implementing a strategy to scale up the use of the tools and methods that were proven to increase practitioners’ use of the core components



## Examples of Efforts That Have Successfully Advanced the Use of Core Components of Effective Programs

The following three sections examine three separate examples of this approach – the Youth Program Quality Intervention in the afterschool sector, the Standardized Program Evaluation Protocol in the juvenile justice field, and the Managing and Adapting Practice intervention in the child and adolescent mental health field. The remaining sections examine the five steps in greater detail and provide recommendations for federal policymakers.

### The Youth Program Quality Intervention (YPQI): Improving Afterschool Programs

The Forum for Youth Investment's Weikart Center for Youth Program Quality (Forum's Weikart Center) developed the YPQI, a data-driven continuous improvement model to assess and improve afterschool programs. YPQI starts with an observational assessment to measure what managers and staff are doing relative to a quality standard, supports program staff in using data from this assessment to create a plan for improvement, and provides concrete resources to support improvement including coaching and trainings focused on management and staff practices.

#### Step 1: Identifying

Researchers at the Forum's Weikart Center identified components in afterschool programs through literature reviews and analysis of model program materials. They then conducted interviews and focus groups with expert practitioners, who were able to reach a further level of specificity and translate the concepts into a language that would be easy for practitioners to understand.

The identified components included actions by network leaders, program leaders, and staff (e.g., managers' setting clear expectations for staff, emphasis by managers on improving quality of service, reframing conflict when working with youth, and providing a welcoming atmosphere to youth).

#### Step 2: Testing

The Forum's Weikart Center created the Youth Program Quality Assessment (YPQA) to measure the extent to which afterschool practitioners at all levels were using the identified components. The YPQA measures staff and managerial practices through external observations and self-assessments.<sup>3</sup>

The Forum's Weikart Center carried out multiple studies to show that programs with higher scores on this assessment were indeed of higher quality and achieved significantly better youth outcomes than programs with lower YPQA scores.<sup>4</sup>

#### Step 3: Empowering

In addition to the YPQA, the YPQI encompasses a system for improving program quality. A site team of youth workers and their managers engage in cyclical assess-plan-improve processes.

The Forum's Weikart Center supports this system by providing data (leading indicators and ratings from external observers), technology (online scores reporter and online training modules), and targeted supports (training and technical assistance, and coaching in continuous improvement for managers).<sup>5</sup>

#### Step 4: Validating

The Forum's Weikart Center commissioned a rigorous evaluation with an experimental design – titled *Continuous Quality Improvement in Afterschool Settings: Impact Findings from the Youth Program Quality Intervention Study*<sup>6</sup> – which found that the YPQI produces a cascade of positive effects, ultimately resulting in improved program quality at the point of service. Examining 87 randomly assigned sites, the study found that managers in the treatment group were more likely to use continuous improvement practices, and their staff had higher levels of instructional quality and longer rates of tenure.<sup>7</sup> Use of the YPQI is correlated with better youth outcomes, such as school attendance, school disciplinary referrals, grade promotion, and math and literacy assessments.<sup>8</sup>

#### Step 5: Scaling

The Forum's Weikart Center has partnered with over 140 afterschool systems to scale the YPQI to an estimated 4,800 sites with over 31,000 staff serving over 408,000 youth in the 2018-19 program year. The Weikart Center provides training, coaching, technical assistance, and research and design services to systems to build their capacity to engage in continuous improvement cycles with targeted supports for staff and managers to improve the quality of their youth work practice.



## The Standardized Program Evaluation Protocol (SPEP): Improving Juvenile Justice Programs

Mark Lipsey from Vanderbilt University used techniques from meta-analysis (a research method for examining data from a number of studies of the same subject, in order to determine overall trends and findings) to identify the effective components associated with reduced recidivism rates among youth in juvenile justice programs. Lipsey and his colleagues then developed SPEP to measure the presence of these components (called *characteristics* in their work) in juvenile justice programs and help practitioners match youth to the best available intervention.

### Step 1: Identifying

In 2009, Lipsey conducted a meta-analysis of juvenile justice interventions, incorporating 548 studies. His analysis focused broadly on categories of interventions, as opposed to specific program types, in order to include more studies and allow researchers to generalize about the factors associated with effective programs. The research studies included several broad types of interventions as well as individual program types within those interventions.<sup>9</sup>

Lipsey's review identified four program components associated with the greatest reduction in recidivism: the risk level of the juveniles (programs are more effective at reducing recidivism when they target high-risk juveniles), the generic program type (group counseling and mentoring programs achieve lower recidivism rates than other program types), and the amount and quality of service delivery (effective programs need to be implemented correctly and for a significant period of time).

### Step 2: Testing

Because the components were identified through a meta-analysis, there is already a research base behind the identified components. Lipsey's meta-analysis used regression analyses to determine how much each of the four identified components influenced recidivism rates.<sup>10</sup>

### Step 3: Empowering

SPEP consists of a series of tools and processes. It assesses programs based on the presence of components associated with the greatest reductions in recidivism, awarding points on its scale to factors based on their link to recidivism reduction. SPEP enables practitioners to rate the programs they use with support from their own administrative data; provides glossaries to help verify which types of programs they are using; and offers protocols and trainings to support quality implementation, as well as information guides on the assessment of youth risk levels.<sup>11</sup>

### Step 4: Validating

Multiple validation studies of SPEP have been completed. In Arizona, both a 2008 five-county pilot and a 2010 statewide implementation<sup>12</sup> demonstrated that juveniles who participated in programs with higher SPEP scores and greater use of the components had lower rates of recidivism.<sup>13</sup>

### Step 5: Scaling

SPEP seeks to scale up primarily through government funding for implementation training and technical assistance at the federal (Office of Juvenile Justice and Delinquency Prevention, and Office of Management and Budget's Partnership Fund) and state (e.g., Florida, Georgia, Oregon, and Pennsylvania) levels.





## Managing and Adapting Practice (MAP): Improving Child Mental Health Outcomes

Bruce Chorpita and Eric Daleiden conducted a literature review of treatments intended to improve child mental health outcomes. Drawing from the manuals (documents detailing treatment strategy and procedures to be followed by practitioners) of the treatments studied in the literature, researchers distilled the core components (both client attributes and treatment strategies) associated with the best outcomes.

The aim was to give practitioners delivering services for youth the ability to be dynamically responsive based on the young person's unique needs and circumstances, while at the same time using practices grounded in the relevant evidence base. MAP allows practitioners to provide personalized care based on the available evidence. Practitioners use process guides to select the relevant components for their clients, deliver the treatment, and adjust practices based on the needs and responses of each child.

### Step 1: Identifying

Researchers regularly review randomized controlled trials (RCTs) and code them for inclusion in a searchable database that is updated regularly. As of October 2019, the database includes information from 1,118 RCTs summarizing 2,440 psychosocial treatments. Researchers code studies based on the attributes of the population served (age, gender, ethnicity, and outcome of interest) and the presence of specific practitioner techniques or strategies (as described in the respective treatment manuals).

The identified components from these interventions (such as self-monitoring, social skills training, or goal setting) are retrievable by client characteristics or study details.<sup>14</sup> This database is updated every 6 months.

### Step 2: Testing

The database includes information only from RCTs, and users can filter their searches to display results according to five levels of strengths of evidence (from no support to strong support). For example, one can choose to see summaries of treatment groups that performed better in a primary outcome than a control group (i.e., "moderate support"); or one could choose to see groups that performed better than an active treatment control group in multiple studies (i.e., "strong support").<sup>15</sup>

Search results yield a variety of reports, including the frequency with which components of the interventions occurred in the reported interventions (e.g., 85% of interventions at this level of evidence for a client with these features used a cognitive restructuring component, 56% used a rewards component, etc.).

### Step 3: Empowering

Practitioners use process guides (i.e., logic models or flow algorithms) to manage treatment. For example, one process guide illustrates the flow of first identifying a problem area needing treatment and then selecting the most appropriate treatment approach based on the child's characteristics (age, gender, and ethnicity).

These guides help practitioners to structure both the overall treatment and individual sessions with the youth being served. The MAP system suggests a default treatment sequence but also illustrates strategic adaptations that can be made to best address any of the specific patient's particular needs.<sup>16</sup>

## Step 4: Validating

A 2014 study in Los Angeles County involving over 1,000 youth demonstrated significant improvements in child functioning when practitioners used MAP, regardless of the problem area that was the focus of treatment.<sup>17</sup> A 2006 statewide open trial from Hawaii indicated that youth served primarily by MAP (roughly 85% of services statewide uses the MAP system) achieved a tripling of median effect size for rate of improvement on state administered outcome measures over a three-year implementation period.<sup>18</sup>

A version of the MAP intervention was evaluated with a multisite randomized effectiveness trial. The study involved 174 children and youth, split into three groups: a manualized treatment group, a MAP group, and a “usual care” group. The study found that the MAP group outperformed both the usual care group and standard manualized treatment group in terms of health outcomes and rates of improvement.<sup>19</sup> A 2017 randomized effectiveness trial similarly showed that youth treated using a similar configuration of MAP had significantly faster rates of improvement on clinical outcomes than a collection of evidence-based treatments implemented in the community.<sup>20</sup>

## Step 5: Scaling

PracticeWise scales MAP by credentialing practitioners, offering trainings, and providing online resources and supports.<sup>21</sup> The organization also works with universities to provide resources or full curricula.<sup>22</sup> Finally, it works with partner organizations by licensing the intervention and database so that partners can use MAP in their own work – scaling by franchising the model.<sup>23</sup>

## Summary of How Each Example Addresses the Five Key Steps for Advancing the Use of Core Components of Effective Programs

The table below summarizes the information presented above on each of the three examples of this approach. While each example demonstrates the five key steps for advancing the use of core components of effective programs, they accomplish this in different ways, based on the unique factors of the policy field they are coming from and attempting to improve.

	YPQI	SPEP	MAP
<b>Identifying</b>	Analysis of model programs, interviews with expert practitioners, and literature reviews led to 78 practice indicators.	Meta-analysis of 548 studies identified many types of interventions, and programs within these types, used in the field.	Meta-analysis of 1,000+ studies and 2,500+ treatments identified practice element codes.
<b>Testing</b>	The YPQA measures staff and management practices. A 2005 study concluded that programs with higher YPQA scores (including more identified components) were of higher quality and achieved better youth outcomes.	Researchers used regression analyses to determine how much each of the identified components influenced recidivism outcomes. This led to 4 components of effective programs.	The researchers code a practice element if there is evidence that a treatment group outperformed a control group. Users can filter the database by the number of studies in favor of a given component.
<b>Empowering</b>	YPQI is a continuous improvement process. Managers and staff assess their work using the YPQA tool and receive scores. Based on these scores, they craft an improvement plan and select the appropriate research-based trainings and coaching to address manager and staff needs.	SPEP rates programs on their inclusion of the four components. Programs that better incorporate the four components have higher scores. SPEP encourages localities to use programs with higher scores.	Practitioners who are trying to select a procedure for a specific patient can use MAP process guides and alter the services a patient receives in an evidence-informed way.
<b>Validating</b>	Evaluation of 87 sites found that managers and staff using YPQI were more likely to use improvement practices. Staff also had higher levels of instructional quality.	Lipsey's validation studies in Arizona and Florida showed that programs with higher SPEP ratings that better implemented the identified components had better outcomes.	Studies have shown that practitioners who use MAP to select the appropriate treatment help youth achieve better outcomes at faster rates of improvement.
<b>Scaling</b>	The Forum's Weikart Center works to scale the YPQI primarily through supports and services to afterschool networks and systems.	SPEP seeks to scale up by securing funding for implementation training and technical assistance from juvenile justice systems at both the federal and state levels.	MAP scales by certifying practitioners, offering trainings, and providing online supports. MAP also works with universities to provide curricula and with partner organizations to franchise the model.



## Discussion and Lessons Learned about the Five Steps for Advancing the Use of Core Components of Effective Programs

These three examples demonstrate the utility of this approach in a range of topic areas and allow us to learn how each project completed the five key steps for advancing the use of core components of effective programs. The following section compares and contrasts the ways in which the three examples accomplish each of the five steps, and offers potential lessons learned from these ongoing efforts.

### 1. Identifying: Developing theories about which identified components of programs might be instrumental in helping targeted populations achieve desired outcomes

An important first step of any study is to specify who the target populations are, what types of intervention are being used, and the desired outcomes of the interventions. Researchers, expert practitioners, and program participants can then work together to develop theories about which program components seem most critical for success. Such theories can be informed by multiple types of evidence, including both quantitative and qualitative sources of information (i.e., a mixed-methods approach).

This work often starts with a literature review covering peer-reviewed journals, clearinghouses of program evaluations, and gray literature (publications produced by organizations outside of the traditional commercial or academic publishing and distribution channels). The wisdom of expert practitioners (service providers and practitioners with significant experience operating high-quality interventions in a given policy field) can be key in identifying components that likely drive program effectiveness, as can the perspectives of program participants. In addition to reviewing any existing qualitative studies of practitioner and participant perspectives, researchers may directly involve one or both groups of stakeholders in the work to identify key components.

Our examples followed these recommended practices. The work of the Forum's Weikart Center on child and youth afterschool programs started with a literature review and then identified and convened expert practitioners for an in-depth, semi-structured, iterative process. This process identified specific behaviors by staff, managers, and program directors that the expert practitioners believed were likely best practices. SPEP, in the juvenile justice field, was built on a review of 548 evaluations, from which researchers coded a broad range of program characteristics potentially related to the effectiveness of those programs. MAP, in the child and adolescent mental health field, is currently built on more than 1,000 RCTs of over 2,500 treatments that researchers have been able to code for both population characteristics and potentially effective practice elements.

### 2. Testing: Winnowing the identified components based on which ones empirically predict the target population's improvement in desired outcomes across multiple contexts and subpopulations

Testing the relationship between the identified candidate components and the target population's outcomes is the critical step that allows components to be accurately labeled as "core." Such testing involves some systematic analysis of the relationship between a given component and participant outcomes. Ideally, studies will be conducted in multiple settings and with multiple subpopulations, to increase confidence that the components will likely be effective with the target populations and in the context within which the program is being implemented.

One approach to testing the identified components is through meta-analysis. Researchers can use the coded program characteristics in regression models to see which program components predict effect sizes, as done by Lipsey in his work on juvenile justice programs.<sup>24</sup> A key finding from his meta-analysis was the need to match youth at different risk levels with the right level of intervention. A young person with a small chance of recidivism does not need a very intense intervention; in fact, placing such a youth in too intense an intervention might actually increase his or her chance of recidivism.

To be successful, meta-analyses require a large number of existing studies with enough detail to allow coding of a broad range of specific program characteristics plausibly related to program effects. Chorpita's work with MAP, for example, relied on more than 1,000 studies. Meta-analysis on this scale can also take a large amount of time to complete. For these reasons, additional research methodologies may need to be employed either in addition to or instead of meta-analyses.

In other cases, new instruments to directly measure the presence of the identified components, such as participant and practitioner surveys and/or third-party observational tools, are needed to help determine whether or not these identified components are indeed effective. Such instruments could help test whether the presence of the identified components accurately predicts the target populations' growth in the desired outcomes. Both the YPQA and SPEP are examples of instruments developed and used to assess whether programs with more of the identified components got better results (in both cases they did).<sup>ii</sup> The following section further details the ways in which these instruments empower practitioners to understand how core components are linked to effective outcomes and how they can use these components in their own work.

### 3. Empowering: Creating guides, tools, assessments, protocols, techniques, and processes that facilitate the translation and dissemination of core components for use by practitioners

Once core components have been identified, researchers, technical assistance providers, and practitioners can work together to develop tools and processes to help practitioners incorporate the core components into their work. Specifically, these tools should help practitioners determine which components are core for a specific subpopulation in a specific setting, and understand how to implement those components effectively in routine practice. Examples could include an assessment tool for practitioners to see where they already incorporate core components, technical assistance from qualified trainers, a decision-making process designed to match youth with interventions, or even a continuous improvement system.

Chorpita developed a tool that helps practitioners identify and use the right type of intervention to fit the user's needs. Chorpita's MAP tool includes a series of process guides or decision trees that guide practitioners to the right component based on the characteristics of the young person they are treating. MAP distills elements from a variety of manuals into flexible modules that allow practitioners to select the right components and try alternative methods when the needs of their young person differs from the needs of a more "standard" case.

The Forum's Weikart Center and Lipsey both created tools (which are different from stand-alone measures) to help practitioners assess and improve the quality of programs – Lipsey through SPEP, and the Forum's Weikart Center through the YPQI.<sup>iii</sup>

SPEP allows practitioners to rate the array of programs they already use based on whether or not those programs include the four identified program components associated with reductions in recidivism for juveniles. Localities can combine SPEP with risk and needs assessments for youth entering the justice system, as well as a "disposition matrix" that helps practitioners match youth to the right program, with the correct components, based on this assessment.

The YPQI took a novel step by creating a continuous improvement process that helps practitioners at three levels improve their performance: network or system leaders, program leaders, and program staff. Rather than a one-time training, the YPQI helps entire afterschool systems institute a continuous assess-plan-improve cycle anchored by the evidence-based components of effective afterschool programs.

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<sup>ii</sup> Chorpita did not directly test the components at this stage. Since the components came from existing manuals, they were assumed to be at least evidence-informed if not evidence-based, but they were not confirmed as effective until an evaluation was conducted on Chorpita's entire MATCH instrument at a later stage in the process (discussed at greater length below).

<sup>iii</sup> The Forum's Weikart Center does not currently include a tool to match young people to interventions – perhaps not surprisingly, since the center focuses on afterschool programs designed to be fairly universal in the types of participants they serve.





#### 4. Validating: Testing the tools and methods to see if they increased the use of the core components and if this led to better participant outcomes

While one would hope that all guides and tools created in Step 3 would succeed in increasing the use of the core components, we know this is never the case. Rigorous research must be conducted to determine which tools and methods drive improved practice and, ideally, to demonstrate that this increased use improves participant outcomes. A range of research methodologies can be used, including but not limited to RCTs. In each of the three examples, researchers found better outcomes for the individuals served by service providers that used these tools and methods, compared with service providers that did not. These types of studies are relatively rare, a fact that distinguishes the three efforts profiled in this paper from most other efforts to improve quality. Yet this step is absolutely essential to advancing the use of core components of effective programs.

Evaluations demonstrated that youth whose treatment was selected with the use of MAP experienced significant improvements at faster rates, regardless of the problem area that was the focus of treatment. These evaluations typically compared the MAP intervention, which provided practitioners with process guides to select, manage, and even adapt patient treatment, against more traditional treatments whereby practitioners used fidelity-focused manuals to guide treatment sessions.<sup>25</sup> These evaluations demonstrated that the MAP intervention, with its increased flexibility for practitioners, led to improvements in youth outcomes at faster rates.<sup>26</sup>

SPEP was implemented in both Arizona and Florida, where youth who participated in programs with higher scores, indicating greater use of the core components, ultimately had lower rates of recidivism when compared with youth participating in programs with lower scores. The studies examined data on juveniles served by dozens of programs in each state. Using models to predict youth recidivism rates, Lipsey and his colleagues could see whether programs with higher SPEP scores reduced recidivism more than programs with lower SPEP scores.<sup>27</sup> This turned out to be the case.<sup>28</sup>

Finally, studies have shown that the YPQI leads to greater uptake of managerial and staff improvement practices as well as higher levels of instructional quality. A 2012 study of 87 afterschool programs across five networks (incorporating urban and rural programs as well as school-age child care, 21st Century Community Learning Centers, and community-based programs) used treatment and control groups in a randomized design to test whether programs using the YPQI changed key managerial and staff practices more than programs that did not use the YPQI.<sup>29</sup> Additional studies also looked at how the YPQI affected youth outcomes, finding that youth who attended higher-quality afterschool programs, as rated by the YPQA, had fewer school-day disciplinary referrals and a greater likelihood of grade promotion.<sup>30</sup>

## 5. Scaling: Implementing a strategy to scale the use of the tools and methods that were proven to increase practitioners' use of the core components

The three organizations profiled in this paper are seeking to go to scale through multiple approaches: selling products, services, and certifications to program providers (the route to scale that both the YPQI and MAP are primarily focusing on); utilizing university and partner organizations to franchise the model (the route MAP is utilizing in addition to certifications); and securing government funding (the approach SPEP is focusing on).

The Forum's Weikart Center attributes its success in scaling to the following factors:

- **Positioning itself as a partner to existing programs, rather than a competitor.** The center is not trying to create, market, and brand its own set of direct service programs. Rather, it provides a service that existing programs can use to improve their quality.
- **Working and building capacity at a system level.** Rather than trying to reach one program at a time, the center targets its intervention at entire systems – either a national organizational system, such as Boys & Girls Clubs of America, or a governmental system, such as a state or city network of 21st Century Community Learning Center grantees.
- **Putting in place a continuous improvement process** that can constantly adapt to changing circumstances, that builds local buy-in, and that is sustainable across inevitable staff transitions.
- **Keeping the costs low while offering high value services.** The center is able to support an entire system or network of providers for less than some technical assistance providers charge to support an individual program.

Similarly to the YPQI, MAP also offers training and credentialing options for practitioners. In addition to this approach, however, MAP works with universities to incorporate the intervention into curricula so that practitioners can be trained in the intervention there as opposed to through their employers. MAP also works with partner organizations to license or franchise the professional development program so that the primary organization supporting this work (PracticeWise) is not serving as a bottleneck for other partners to scale this approach.

Of the three examples, Lipsey's SPEP tool has received the most government support. The tool received federal support as part of the Juvenile Justice Reform and Reinvestment Initiative, a three-year demonstration program in Delaware, Iowa, and Wisconsin, funded by the Department of Justice (DOJ) Office of Juvenile Justice and Delinquency Prevention, using money from the Partnership Fund for Program Integrity Innovation, under the White House's Office of Management and Budget (OMB). Most funding comes from the state level (such as Arizona, North Carolina, or Tennessee) and typically supports implementation training and technical assistance to help practitioners establish and maintain SPEP. This support is primarily through a train-the-trainers model so local staff can train new staff and provide refresher trainings as needed.

The two primary approaches – scaling through selling products and services, and scaling through government funding – do not need to be mutually exclusive. For example, the federal government currently maintains clearinghouses of evidence-based programs, many of which offer products and services for purchase. Such clearinghouses are also referenced specifically in federal policies. However, there currently are not any clearinghouses of core components of effective programs and interventions.

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## Recommendations

The Forum envisions a component-based approach as a complement to the conventional model program approach to building and presenting evidence about what works. Instead of replacing the conventional model program approach, the Forum sees a component-based approach as providing more tools for more practitioners to use evidence – and to use it more effectively.

The following recommendations will allow stakeholders to:

- generate the right information to support each of the five key steps;
- create consistent, rigorous standards for core components across agencies and programs; and
- implement this approach in agency grants and other activities.

### 1. Generate the right information to support each of the five key steps

*Agencies should require grant-funded evaluations to collect and report on factors needed to support studies utilizing meta-analysis methodologies.*

Agencies need to go beyond simply making available the underlying data from individual evaluations, because in many cases the problem is that the right type of information was not collected in the first place. Agencies should encourage researchers to collect and report on more information about participant, setting, program, and implementation characteristics that could be identified as core components of effective programming. For example, researchers should describe the training, ongoing coaching, and other supports provided to people delivering the program; how and when the program was delivered; and whether any information was collected to monitor implementation quality. The Interagency Working Group on Youth Programs, along with American Institutes for Research, will release a brief that details which factors should be included in grant-funded evaluations to support the meta-analyses that are so critical to this approach.

### 2. Create consistent, rigorous standards for core components across agencies and programs

*The Office of Management and Budget (OMB) should incorporate this approach into existing guidance and policy documents.*

Core components can be seen as an extension of the “portfolio of evidence” concept that OMB has previously endorsed.<sup>31</sup> OMB should highlight and provide a framework for agencies to adopt this approach by explaining and endorsing this concept in the “Evidence Chapter” (Chapter 6, “Building and Using Evidence to Improve Government Effectiveness”) of the Analytical Perspectives volume in the forthcoming President’s Budget for fiscal year 2021. Moreover, OMB should encourage federal agencies to conduct research and develop resources that advance this approach. OMB should also look for additional opportunities to incorporate the core components approach into existing guidance or policy documents, as well as into future guidance related to the Foundations for Evidence-Based Policymaking Act (Evidence Act).

*Federal agencies should incorporate this approach into existing guidance and policy documents.*

Federal agencies should also incorporate core components into their own guidance and policy documents. As with any evidence-based approach, there are risks involved with implementing this approach poorly. If agencies do not provide clear definitions of core components or accessible standards of evidence for these components, there could be confusion among grantees. If their standards of evidence are imprecise, agencies also run the risk of creating a back door for non-evidence-based interventions to acquire funding. Agencies will need to draft clear language for guidance and other statements before including core components language in Notices of Funding Availabilities.

### 3. Implement this approach in agency grants and other activities

*Chief Evaluation Officers should include core component approaches in their forthcoming learning agendas.*

The Evidence Act requires agencies to appoint a Chief Evaluation Officer, who is responsible for creating and managing an agency's learning agenda. Chief Evaluation Officers should include plans in their learning agendas for agencies to identify core components of effective programs that achieve outcomes of interest to the agency. These plans should incorporate the factors identified in the upcoming brief from the Interagency Working Group on Youth Programs and the American Institutes for Research as well.

*Agencies should work together to develop shared definitions and language for Notices of Funding Availability, in order to incorporate core components of effective programs into their grant programs in rigorous and consistent ways.*

There are already many examples of agencies' incentivizing grant applicants to incorporate evidence-based programs into their work. Agencies should use these same policy levers to advance the use of core components of effective programs. While federal agencies have made some progress in this area already, it is important to flesh out standards and criteria for recognizing and using core components in a rigorous way. Agencies should work together, such as through the Interagency Working Group on Youth Programs, to develop language and tools to operationalize the core components approach in their grant programs. Language should clearly define the concept in the context of the grant and provide examples of the type of evidence needed for a practice to qualify as a core component. The Interagency Working Group on Youth Programs' forthcoming paper (referenced above) will help lay the groundwork for some of these decisions, but agencies should work together to determine the parameters of the language needed for funding announcements, the types of criteria to include, standards of evidence, legal definitions, and technical assistance tools.

*Agencies should create joint funding opportunities to conduct evaluations on core components of effective programs across contexts.*

Research into core components can sometimes be expensive. However, because components are often effective across multiple policy contexts, populations, and outcomes of interest, agencies have the opportunity to create joint funding opportunities that allow researchers to conduct large-scale evaluations across multiple contexts. These evaluations may take a few million dollars to complete, but have implications that may be useful to more than one agency at a time. Because budgets are often tight, it is important for evaluation units and program offices to work with their partners in other departments to look across contexts when validating what components work for populations and outcomes of interest.

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## Conclusion

To be effective, policymakers, researchers, and practitioners need to develop a common understanding of what works, for whom, and under what conditions. The core components approach to understanding "what works" complements the more common approach focusing primarily on evidence-based programs. It allowed the juvenile court judge in this paper's opening vignette the confidence to know which core components work best for specific populations, the child psychologist the flexibility to create an evidence-based treatment plan that cut across specific manuals, and the afterschool network administrator the ability to measure and help improve the wide range of existing programs in her community.

## Endnotes

1. Annie E. Casey Foundation, Supporting Social-Emotional Learning With Evidence-Based Programs (2018), <http://www.aecf.org/m/resourcedoc/AECF-SupportingSELwithEBP-2018.pdf>.
2. Center for the Study of Social Policy, Better Evidence for Decision-Makers (Washington, DC: CSSP, 2017), <https://cssp.org/wp-content/uploads/2018/08/Better-Evidence-Emerging-Pathways-1.pdf>.
3. David P. Weikart Center for Youth Program Quality, Youth Program Quality Assessment\* and School-Age Program Quality Assessment (Ypsilanti, MI: CYPQ, 2019), <http://cypq.org/assessment>.
4. Charles Smith and Charles Hohmann, Full Findings from the Youth PQA Validation Study (Ypsilanti, MI: High/Scope Educational Research Foundation, 2005), <http://cypq.org/sites/cypq.org/files/publications/YPQA%20Full%20Findings%20Val%20Study%2005.pdf>.  
David P. Weikart Center for Youth Program Quality, Missouri Afterschool Program Evaluation: 2013-2018 Evaluation Report (Ypsilanti, MI: David Weikart Center for Youth Program Quality, 2019), 5.  
Katherine Helegda, Steve Peck, Leanne Roy, Lucy Smith, and Colin Macleod, 2017-2018 Findings from Building Louisville's Out-of-School Time Coordinated System (BLOCS) YPQI Network (Ypsilanti, MI: David P. Weikart Center for Youth Program Quality, 2018), 4.
5. David P. Weikart Center for Youth Program Quality, Comprehensive List of Products and Services (Ypsilanti, MI: CYPQ, 2013), <http://www.cypq.org/sites/cypq.org/files/Comprehensive%20list%20of%20Products%20and%20Services%203.5.13.pdf>.
6. Charles Smith, Tom Akiva, Samantha Sugar, Thomas Devaney, Yun-Jia Lo, Kenneth Frank, Stephen C. Peck, and Kai S. Cortina, Continuous Quality Improvement in Afterschool Settings: Impact Findings from the Youth Program Quality Intervention Study (Washington, DC: Forum for Youth Investment, 2012).
7. Smith et al., Continuous Quality Improvement, 10–11.
8. Neil Naftzger, A Summary of Three Studies Exploring the Relationship between Afterschool Program Quality and Youth Outcomes (Naperville, IL: American Institutes for Research, 2014), 4–5.
9. Mark Lipsey, “The Primary Factors That Characterize Effective Interventions with Juvenile Offenders: A Meta-analytic Overview,” *Victims & Offenders* 4, no. 4 (2009): 136–37.
10. Lipsey, “The Primary Factors,” 128–30.
11. Mark W. Lipsey, James C. Howell, Marion R. Kelly, Gabrielle Chapman, and Darin Carver, Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice (Washington, DC: Georgetown University, 2010), 3–42.
12. David P. Redpath and Jeanne K. Brandner, The Arizona Standardized Program Evaluation Protocol (SPEP) for Assessing the Effectiveness of Programs for Juvenile Probationers: SPEP Rating and Relative Recidivism Reduction (Phoenix: Arizona Supreme Court, Administrative Offices of the Courts, 2010), 11–12.
13. Lipsey et al., Improving the Effectiveness, 32–34.
14. B. F. Chorpita and E. L. Daleiden, “Mapping Evidence-Based Treatments for Children and Adolescents: Application of the Distillation and Matching Model to 615 Treatments from 322 Randomized Trials,” *Journal of Consulting and Clinical Psychology* 77, no. 3 (2009): 566–79.
15. Chorpita and Daleiden, “Mapping Evidence-Based Treatments,” 568.
16. B. F. Chorpita and E. L. Daleiden, “Structuring the Collaboration of Science and Service in Pursuit of a Shared Vision,” *Journal of Clinical Child & Adolescent Psychology*, 42, no. 2 (2014): 323–38.
17. Michael A. Southam-Gerow, Eric L. Daleiden, Bruce F. Chorpita, Christine Bae, Cricket Mitchell, Margaret Faye, and Michael Alba, “MAPping Los Angeles County: Taking an Evidence-Informed Model of Mental Health Care to Scale,” *Journal of Clinical Child & Adolescent Psychology* 43, no. 2 (2013): 190–200, [https://www.researchgate.net/publication/257247986\\_MAPping\\_Los\\_Angeles\\_County\\_Taking\\_an\\_Evidence-Informed\\_Model\\_of\\_Mental\\_Health\\_Care\\_to\\_Scale](https://www.researchgate.net/publication/257247986_MAPping_Los_Angeles_County_Taking_an_Evidence-Informed_Model_of_Mental_Health_Care_to_Scale).
18. E. I. Daleiden, B. F. Chorpita, C. Donkervoet, A. M. Arensdorf, and M. Brogan, “Getting Better at Getting Them Better: Health Outcomes and Evidence-Based Practice Within a System of Care,” *Journal of the American Academy of Child & Adolescent Psychiatry*, 45, no. 6 (2006), 754–55.
19. J.R. Weisz, B.F. Chorpita, L.A. Palinkas, S.K. Schoenwald, J. Miranda, S.K. Bearman, E.L. Daleiden, A.M. Ugueto, A. Ho, J. Martin, J. Gray, Alleyne, D.A. Langer, M.A. Southam-Gerow, R.D. Gibbons, and Research Network on Youth Mental Health, “Testing Standard and Modular Designs for Psychotherapy Treating Depression, Anxiety, and Conduct Problems in Youth,” *Archives of General Psychiatry* 69, no. 3 (2012): 274–82.
20. Bruce F. Chorpita, Eric L. Daleiden, Alayna L. Park, Alyssa M. Ward, Michelle C. Levy, Taya Cromley, Angela W. Chiu, Andrea M. Letamendi, Katherine H. Tsai, and Jennifer L. Krull, “Child STEPs in California: A Cluster-Randomized Effectiveness Trial Comparing Modular Treatment with Community-Implemented Treatment for Youth with Anxiety, Depression, Conduct Problems, or Traumatic Stress,” *Journal of Consulting and Clinical Psychology* 85, no. 1 (2017), 13–25.
21. PracticeWise, MAP Professional Development Program 2015, video, 5:30, <https://www.practicewise.com/Community/MAP/MAPProfessionalDevelopmentProgram2015>.
22. “Academic Resources,” PracticeWise, 2019, <https://www.practicewise.com/Community/AcademicResources>; “MAP Instructor Model,” PracticeWise, 2019, <https://www.practicewise.com/Community/MAPInstructor>.
23. “MATCH Providers,” Judge Baker Children’s Center, 2019, <https://jbcc.harvard.edu/matchproviders>.
24. Lipsey, “The Primary Factors.”
25. Daleiden et al., “Getting Better,” 754–55.
26. Southam-Gerow et al., “MAPping Los Angeles County.”
27. Lipsey et al., Improving the Effectiveness, 32–34.
28. Redpath and Brandner, The Arizona Standardized Program Evaluation Protocol (SPEP), 11–1.
29. Smith et al., Continuous Quality Improvement, 10–11.
30. Naftzger, A Summary of Three Studies, 4–5.
31. U.S. Office of Management and Budget, “Building and Using Evidence to Improve Government Effectiveness,” in *Analytical Perspectives: Budget of the United States Government, Fiscal Year 2020* (2019), 59–65, [https://www.whitehouse.gov/wp-content/uploads/2019/03/ap\\_6\\_evidence-fy2020.pdf](https://www.whitehouse.gov/wp-content/uploads/2019/03/ap_6_evidence-fy2020.pdf).





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