



DEFENSE CENTERS
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For Psychological Health
& Traumatic Brain Injury

Planning for Program Evaluation: Develop Evaluation and Measurement Strategies

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Webinar Details

- This webinar presentation has been pre-recorded
- A live question-and-answer session will be held at the conclusion of the presentation
- Questions may be submitted anonymously at any time via the “Question” pod
- Audio for this presentation will be provided through Adobe Connect; there is no separate dial-in
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- Materials from this series and other program evaluation resources are available in the “Files” pod and at:

http://www.dcoe.mil/About_DCoE/Program_Evaluation.aspx

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- After the webinar, visit <http://continuingeducation.dcri.duke.edu> to complete the online CE post-test and evaluation, and download your CE certificate/certificate of attendance.
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Presenter

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CAPT Armen Thoumaian is a scientist director in the Commissioned Corps of the U.S. Public Health Service (USPHS) with more than 30 years experience in health and mental health program design and evaluation.

In January 2012, CAPT Thoumaian joined the staff at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) to help design and implement program evaluation and improvement efforts in the Defense Department.

He holds a B.A. in psychology and sociology, a M.A. in general experimental psychology, and a Ph.D. in social welfare and social work, and has completed a National Institute of Mental Health fellowship in Community Mental Health.



USPHS CAPT Armen Thoumaian, Ph.D.

Presenters

Aaron Sawyer, Ph.D.

Research Scientist, Contract Support for DCoE

Dr. Aaron Sawyer is a clinical psychologist with extensive expertise in intervention outcome research and program evaluation. He has delivered child, family and adult interventions for more than a decade, including specialization in trauma and experience working with military families. Dr. Sawyer holds a M.S. in experimental psychology and a Ph.D. in clinical psychology. He completed post-doctoral training at The Kennedy Krieger Institute/Johns Hopkins University and is a licensed psychologist.



Dr. Aaron Sawyer

Richard Best, Ph.D.

Research Scientist, Contract Support for DCoE

Dr. Richard Best is an industrial and organizational (I/O) psychologist with 14 years of experience conducting health services research in both the Veterans Health Administration and the Defense Department's Military Health System. He has extensive experience in research design, qualitative and quantitative data collection and analysis, and collaborating with clinical experts to translate research results into actionable recommendations. Dr. Best holds a M.S. and Ph.D. in I/O psychology and is certified in Prosci's Change Management Process.



Dr. Richard Best

Moderator

Carmina Aguirre, M.A.

Research Scientist, Contract Support for DCoE

Ms. Carmina Aguirre has over 14 years of experience within the Defense Department. Her background includes executive leadership, psychological health, sexual assault prevention and response, and public affairs. In addition to supporting DCoE, she serves as Chief of Public Affairs in the Florida Air National Guard. Ms. Aguirre holds a B.A. in psychology and a M.A. in human services with a specialization in executive leadership.



Ms. Carmina Aguirre

Overview and Objectives

- This training presentation will provide guidance on selecting evaluation designs and questions to meet a program's evaluation goals. In addition, it will describe important considerations for selecting measurement strategies and metrics.
- At the conclusion of this webinar, participants will be able to:
 - Choose an appropriate evaluation design and develop evaluation questions
 - Explain how metrics and measurement strategies are used in program evaluation and improvement efforts
 - Demonstrate knowledge of important considerations for selecting or developing measures
 - Select and implement strategies to address common measurement challenges

Agenda

- Designing a Program Evaluation
- Key Concepts in Measurement
- Choosing What to Measure
- Measure Selection and Development
- Common Challenges
- Conclusion
- References and Resources
- Feedback and Question-and-Answer Session

Designing a Program Evaluation



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Introduction

“The most serious mistakes are not being made as a result of wrong answers. The truly dangerous things is asking the wrong question.”

– *Peter Drucker,
Management Consultant
and Author*

Factors that Determine Evaluation Design

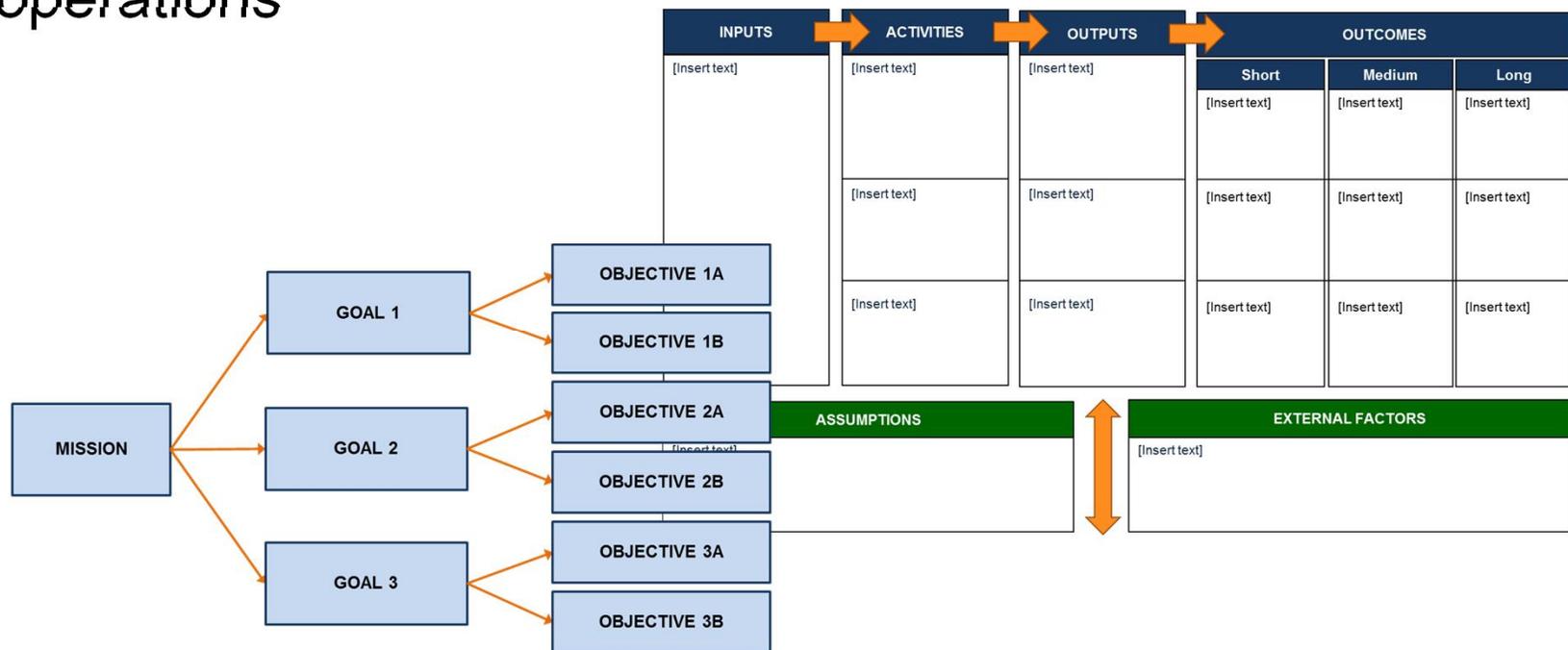
- Choosing an appropriate evaluation design is a critical step in planning for program evaluation
- A program's approach to evaluation is determined by:
 - Evaluation goals as determined by key stakeholders (e.g., leadership, program staff, representatives of targeted group)
 - The nature and intent of the program (e.g., its objectives, logic model)
 - Program maturity, or stage of development

Evaluation Goals

- Evaluation goals should be determined prior to initiating an evaluation effort by meeting with key stakeholders to determine their needs and interests
 - “Stakeholders are people or organizations that are invested in the program, are interested in the results of the evaluation and/or have a stake in what will be done with the results of the evaluation.” (Centers for Disease Control and Prevention [CDC], 2006)
 - Stakeholders often want to know about how well a program is working, how resources are being used and whether the program is supporting the broader mission of the military

Nature and Intent of a Program

- A program's mission, goals, objectives and logic model provide useful guides as to what should be evaluated and how to build evaluation capability into program operations



Program Maturity

- There are three stages in a program's development that influence the type of information a program can produce and the questions that may be asked (CDC, 1999):
 - 1) **Planning:** Activities are untested; evaluation focus is on refining program plans
 - 2) **Implementation:** Activities are being adapted to environment; evaluation focus is on how program activities function and how to improve operations
 - 3) **Outcomes:** Program results should have emerged; evaluation focus is on whether the program is achieving intended outcomes and whether any unintended results have emerged

Three Types of Evaluation Design

- **Formative Evaluations:** Used in planning stages to assess the need for a program and whether basic structures are in place to operate
- **Process Evaluations:** Used during program implementation to assess and refine program operations
- **Summative Evaluations:** Used with established programs to examine results and effectiveness

Formative Evaluations

Common areas of focus for formative evaluations:

- Identify needs of population and program during implementation
- Determine whether a program has enough information to be evaluated (i.e., evaluability)

Sample Formative Evaluation Questions

- Can the program be implemented?
- Will the program have an effect on participants?
- Has a target population for the program been identified?
- Does the program address a specific need within the community and/or the target population?
- Does the program have well-defined mission, goals and objectives?
- Does the program have a well-thought-out design and is it in place?
- Does the program have the structures (e.g., staff, funding, activities) in place to be evaluated?
- Was the program created because of external mandates (e.g., Congress, Surgeon General)?

Process Evaluations

Common areas of focus for process evaluations:

- Examine whether a program operates as intended (i.e., fidelity)
- Determine if a program is reaching its target population (i.e., coverage)

Sample Process Evaluation Questions

- How similar are participants to the target population for which the program was designed (e.g., in terms of age, gender, or other characteristics)?
- Was the program implemented with fidelity (e.g., as intended or planned)?
- Are all participants receiving program activities as frequently and for as long as intended?
- Is the program being implemented as scheduled?
- How satisfied are participants with program services?
- Are participants able to provide feedback on the program?
- Are participants being followed during and upon conclusion of program services?

Summative Evaluations

Common areas of focus for summative evaluations:

- Determine whether a program is achieving its intended outcomes
- Examine whether outcomes can be attributed to a program
- Compare program benefits to costs and/or alternative programs

Sample Summative Evaluation Questions

- To what extent did the program achieve the desired outcomes?
- What, if any, unexpected (positive) effects were observed as a result of program activities?
- Were there any unintended (negative) outcomes?
- What should be improved or changed in the program?
- What is the cost per participant?
- Did the program impact vary across different groups?
- What outcomes are attributable to the program versus other influences?
- Does the benefit of the program to its participants warrant its costs?
- Were participant outcomes sustained following the conclusion of program services?

Evaluation Design Example

Mission: At Program Sierra*, we seek to ensure that service members who are wounded, ill or injured successfully reintegrate into civilian life or return to duty in the military. By performing our mission effectively, we hope to enhance force readiness and improve the quality and efficiency of services across the Defense Department

See Program Sierra objectives and logic model in slides at end of this presentation and Module 2 of the Program Evaluation Guide, 2nd Edition

*Program Sierra was formerly known as Program Echo.



DoD photo by Pat Cubal

Evaluation Design Example (continued)

- **Evaluation goals:** Program Sierra leadership and stakeholders have stated that the program appears to be reaching its intended population but want to know
 - 1) whether the program is being implemented with quality
 - 2) whether program activities lead to expected outcomes for participants
- **Program nature and intent:** program has SMART objectives and a detailed logic model (see slides 73-77)
- **Program maturity:** program is in the implementation stage but is regularly assessing some outcomes

Evaluation Design Example (continued)

- **Evaluation design:** Program Sierra should undertake a process evaluation focused on services provided directly to participants (versus outreach activities) but may incorporate some elements of a summative evaluation design to examine available short-term outcome data

- **Key evaluation questions:**
 - Was the program implemented with fidelity (e.g., as intended or planned)?
 - To what extent did the program achieve the desired short-term outcomes?
 - What should be improved or changed in the program to improve quality and effectiveness?

Planning for an Evaluation: Select the Most Appropriate Design

- Choose one of the three major types of evaluation designs as the primary focus of an evaluation effort
 - Develop focused evaluation questions
 - Include aspects of other evaluation designs dependent upon evaluation goals and availability of information
- Proactive planning in the early stages of an evaluation effort will ensure that goals are achieved in a timely manner without disrupting core program activities



Key Concepts in Measurement



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Program Evaluation is About Measuring Quality and Effectiveness



Photo courtesy of Popular Science Monthly

“Whatever exists at all, exists in some amount. To know it thoroughly involves knowing its quantity as well as its quality.”

– *E.L. Thorndike (1918)*

Key Terms

- **Measurement** – process of collecting information, or data, about some area of interest
- **Metric** – standard by which something is measured
- **Measure** – a tool used to collect data (e.g., test, questionnaire, survey, instrument)



Basics of Classical Measurement Theory

One way to conceptualize measurement is as follows:

$$X = T + E$$

X = Data point

T = "True" value

E = Error

High quality measurement minimizes error so data accurately represent true values

Validity and Reliability



Validity – the degree to which a measure accurately represents the characteristic it is designed to measure



Reliability – the degree to which a measure's results are consistent over time and across situations

Qualitative Data Types

| Source | Description | Characteristics |
|-----------------------------|---|---|
| Interviews | One-on-one conversation | Can be structured or semi-structured |
| Focus groups | Group conversation facilitated by moderator | Use structured protocol with groupings of similar individuals |
| Open-ended comments | Written response on feedback forms or surveys | Voluntary expression of thoughts, opinions, suggestions |
| Observations | Log or description of activity | Applied in consistent manner to minimize bias |
| After Action Reviews | Group review following activity | Focus on strengths and opportunities for improvement |
| Case Studies | In-depth longitudinal observations | Study of one individual, process or program over time |

Quantitative Data Types

| Scale | Description | Examples |
|-----------------|--|---|
| Nominal | Category or type | Gender, ethnicity, service branch |
| Ordinal | Rank order, units of variable size | Rankings, rating scales, scores on opinion and attitude surveys |
| Interval | Equal unit size with arbitrary zero point | Time on 12- or 24-hour scale, temperature, scores on standardized scale |
| Ratio | Equal unit size with meaningful zero point | Reaction time, pulse, symptom count, days present at work, number correct on test |

Mixed Method Designs Can Produce More Complete Findings

Mixed methods combine the benefits of both qualitative and quantitative methods and can:

- Assess size and frequency and explore meaning and understanding
- Answer multiple evaluation questions using tailored methods (e.g., focus groups and statistical analyses)



Choosing What to Measure



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Objectives and Logic Models Drive Measurement Choices

- SMART objectives (Specific, Measurable, Achievable, Relevant, Time-Bound) contain detailed information about the intent of a program and how it operates
- When combined with the logic model, choice of measurement areas should be as straightforward as pointing to a specific element and then determining what metrics will be used

Use SMART Objectives to Guide Measurement

Each program objective should identify a collection of inputs, activities, outputs and/or outcomes that can be measured based on evaluation design and questions.

Measure whether activities are completed as planned (Activities/Outputs)

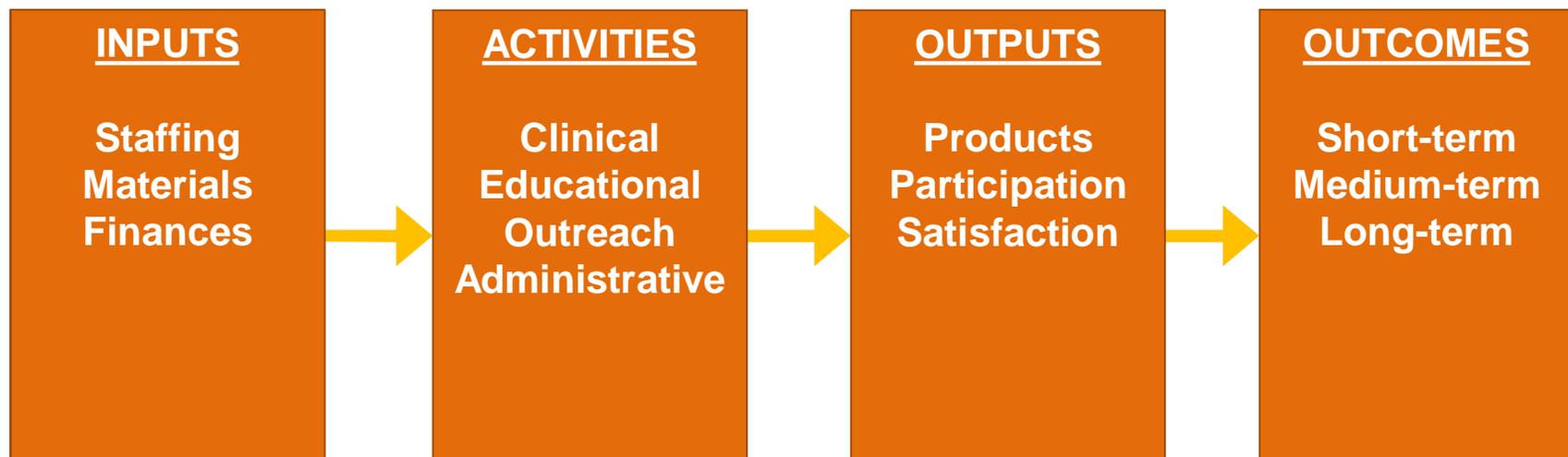
Program Tango will deliver monthly web-based trainings to unit commanders and enlisted personnel, who will demonstrate increased knowledge of posttraumatic stress symptoms from pre- to post-training assessment

Measure number and characteristics of participants (Outputs)

Measure whether outcomes occurred as intended (Outcomes)

Use Program Logic Model to Guide Measurement

Each component of a logic model contains specific elements that should be matched to one or more metrics or measures



Note: Although assumptions and external factors are important to acknowledge and document in a logic model, they are not the focus of measurement efforts

Tracking Metrics: Inputs

Use forms, records, logs and other related materials available to track information relevant to staffing, materials and program finances

Examples include:

- Staffing – demographics, turnover, qualifications
- Materials – number and age of computers, software, space availability, office supplies
- Finances – expenditures for staffing, materials, training, program activities
- Other inputs – stakeholder relationships, connections with other programs

Tracking Metrics: Activities

Track program delivery activities, including clinical and non-clinical services as well as outreach and administrative activities

Examples include:

- Delivering webinars, trainings or treatment
- Staffing a booth at a health fair or a help line
- Handing out fliers
- Providing on-air interview (radio, tv, newspaper)
- Attending conferences
- Conducting assessments and following up with participants
- Making referrals for participants
- Taking meeting minutes

Tracking Metrics: Outputs

Participation

- Attendance or program completion
- Program accessibility
- Downloads or web hits
- Demographics (age, gender, race, ethnicity)
- Service branch, rank and duty status
- Satisfaction ratings

Products

- Pamphlets
- Webcasts
- Mobile phone applications
- Units of service
- Scientific publications



Tracking Metrics: Outcomes

Track intended outcomes as well as possible unintended outcomes (e.g., adverse effects)

Examples include:

- Short-term – Awareness of campaign, understanding of message, knowledge gained, opinion or attitude change, intentions or motivation to change
- Medium-term – Increase in positive behaviors, use of coping skills, decreased symptoms, improved memory functioning, change in addiction or disorder status
- Long-term – Increase in health practices, decrease in condition prevalence, improved job functioning, improved unit readiness, change in group norms, improved family relationship quality

Use Multiple Metrics to Assess Outcomes

Each outcome area should ideally be measured using two to three metrics and varying sources of information

Resiliency

Metric: Resiliency questionnaire

Source: Self-report

Metric: Resiliency focus group

Source: Groups of unit members

Job Functioning

Metric: Days of work missed per year

Source: Administrative data

Metric: Performance ratings

Source: Phone interviews with unit command

Family Relationships

Metric: Family relationship questionnaire

Source: Self-report and spouse/partner

Metric: Quality of family relationships

Source: In-person interview with spouse/partner

Next Steps: Develop a Data Plan

Once an evaluation design is selected and important decisions about measures and metrics have been made, the next step in the evaluation process is to develop a detailed plan for how to complete data collection, including:

- What data will be collected?
- Who will collect the data?
- When will data be collected?
- How will data be stored?
- How will data be analyzed?
- How will quality assurance and accuracy be checked?



Specify Key Details of a Data Plan Using a Data Matrix

| Matrix Item | Metric 1 | Metric 2 | Metric 3 |
|------------------------|----------|----------|----------|
| Data source | | | |
| Data collection method | | | |
| Who will collect data? | | | |
| Frequency | | | |
| Who will input data? | | | |
| Who will analyze data? | | | |
| How will data be used? | | | |

Data Matrix Example

Sample Data Matrix for Program Sierra Short-Term Outcome

| Matrix Item | Outcome Metric 1 | Outcome Metric 2 | Outcome Metric 3 |
|-------------------------------|--|---|--|
| Data source | Participant | Participants | Provider |
| Data collection method | Self-report measure of attitudes toward reintegration and ability to manage challenges | One-hour focus group with volunteer participants regarding program benefits and areas for improvement | Provider service summary and checklist regarding participant gains |
| Who will collect data? | Service provider | Program manager | Service provider |
| Frequency | Pre- and Post-intervention, 3-month follow up | Post-intervention | Post-intervention |
| Who will input data? | Service provider | Program manager | Program manager |
| Who will analyze data? | Program manager | Program manager | Program manager |
| How will data be used? | Intervention planning and outcome tracking | Outcome tracking and reports | Outcome tracking and reports |

Measure Selection and Development



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To Select or to Develop a Measure?



- In general, it is best to select existing measures shown to be valid and reliable for the program's purpose and target population
 - Resources for finding existing measures include published lists of validated measures, relevant scientific literature and expert consultation
 - To determine validity and reliability, consult user's manuals, measure websites and published research
- New or custom measures are most appropriate when assessing learning relevant to a specific program process (e.g., skills training)
 - Use best practices when modifying or developing new items

When Selecting Measures, Consider...

- Validity and reliability for purpose and population
- Training and professional licensure required to administer
- Time, costs and usage license required to administer and score
- Availability of suitable alternatives
- Alignment with stakeholder interests and goals
- Overlap with other measures used in the continuum of services
- Practical or clinical utility in guiding program services

Best Practices in Item Development

- ✓ Seek a sixth to eighth grade reading level to accommodate varying language skills and cultural backgrounds
- ✓ Provide participants with clear instructions on how to complete measure
- ✓ Train staff in how to administer measures, and conduct quality assurance checks on an ongoing basis
- ✓ Avoid complex language, such as items with multiple clauses (i.e., “double-barreled” questions), metaphors or culture-specific examples
- ✓ Spell out all acronyms and abbreviations the first time they are used

Best Practices in Item Development (continued)

- Use items that measure what they appear to measure (i.e., “face valid” items)
- Be consistent in the number and type of response choices offered (e.g., 5-point response scale, True-False, Yes-No)
- Obtain input on measure content from multiple sources, such as similar measures, experts, staff and program participants
- Consult an expert if translating between languages, developing measures for individuals with limited language capabilities (e.g., children) or working with a population that includes individuals with hearing or vision impairments.
- Pilot test the measure before use



Item Development Example

Which of the following is the most accurate descriptive phrase representing an individual's probability of developing PTSD?

- A. A rolling stone gathers no moss
- B. Those who experience trauma are subject to increased hyperarousal triggered by memories of traumatic events over the course of time
- C. People who experience a traumatic event, who are predisposed to anxiety and who have little social support
- D. Certain people

Item Development Example (continued)

This language is more complicated than it needs to be

Which of the following is the most accurate descriptive phrase representing an individual's probability of developing PTSD?

Spell out acronyms

Avoid culture-specific metaphors

A. A rolling stone gathers no moss

Too long relative to other responses and too complicated

B. Those who experience trauma are subject to increased hyperarousal triggered by memories of traumatic events over the course of time

C. People who experience a traumatic event, who are predisposed to anxiety and who have little social support.

Okay but too long

D. Certain people

Too short relative to other responses and not descriptive enough

Item Development Example, Revised

Which of the following best describes who is most likely to develop posttraumatic stress disorder, or PTSD?

- A. Only people who are exposed directly to combat
- B. People who are abused as children prior to going into combat situations
- C. People who experience a traumatic event, are predisposed to anxiety and lack social support
- D. People who have weak moral character

This revised item is easier to understand and better assesses knowledge that may be gained in a training. The correct response is circled above.

Common Challenges



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Special Considerations for Measurement in the Military

- Some issues, such as TBIs, make measurement processes more difficult; adaptations may be needed (e.g., breaks, alternative tools)
- Widely varying abilities and cultural differences must be considered when selecting measures
- Stigma and career concerns may prevent reporting of psychological health problems and TBIs; develop FAQs to address concerns and clarify how data will be used
- Comorbidity is common in clinical settings (e.g., between PTSD and TBI); measure both presenting concerns and commonly co-occurring conditions



Photo courtesy of California National Guard

Common Challenges in Measurement FAQ

- If my prevention program is successful, how do I measure something that did not happen as a result?
- I cannot find measures with demonstrated validity and reliability for the purposes and population of my program
- My program lacks the resources, such as time, training, materials and funding to conduct measurement activities

If My Prevention Program is Successful, How Do I Measure Something That Did Not Happen as a Result?

- Prevention should address both risk reduction and health promotion (Institute of Medicine, 2014a)
- Non-clinical programs can and should measure processes and short-term outcomes related to longer-term objectives
 - Measured processes and outcomes may include participation, referrals, learning, health behaviors, risk behaviors, etc.
- Service-level databases may be available to link outputs and short-term outcomes to long-term outcomes but can only do so if the output and outcomes data have been collected

I Cannot Find Measures With Demonstrated Validity and Reliability for the Purposes and Population of My Program

- First, consult with experts in your program area, such as researchers, consultants or other programs
- Second, for measures that have been validated for similar purposes and populations, pilot testing and focus groups may help to determine appropriateness for a program
- Third, it is often possible to adapt an existing measure using best practices for item development and then re-examine validity and reliability within the program
- Last, if no suitable measures exist, a custom measure may be developed

My Program Lacks the Resources, Such as Time, Training, Materials and Funding, to Conduct Measurement Activities

- Measurement is an important investment in a program's future; evaluation informs program leaders about what is working and what needs improvement and allows them to share results with stakeholders
- Through careful planning, high-quality measurement is possible; over time, the results may be used to identify which processes are most critical and which can be eliminated or streamlined
- Many measurement materials are free or low-cost, and consultation and training may be readily available from colleagues, researchers or partnerships with other programs

Conclusion



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Key Takeaways

- ★ Evaluation designs vary based on evaluation goals, program nature and intent, and program maturity
- ★ Programs can use data to establish clear connections between objectives, inputs, activities, outputs and outcomes
- ★ High quality measurement ensures accuracy in reporting and usefulness in making targeted program improvements



Courtesy photo by Stewart Leiwakabessy

References and Resources



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References and Resources

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References and Resources (continued)

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American Evaluation Association: <http://www.eval.org/>

Centers for Disease Control and Prevention, Program Performance and Evaluation Office: <http://www.cdc.gov/program/>

Center for Quality Assessment and Improvement in Mental Health: <http://www.cqaimh.org/NIMHQM.htm>

DCoE Program Evaluation: http://www.dcoe.mil/About_DCoE/Program_Evaluation/Resources_and_Training.aspx

Defense and Veterans Brain Injury Center: <http://dvbic.dcoe.mil/>

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<http://www.iom.edu/Reports/2014/Treatment-for-Posttraumatic-Stress-Disorder-in-Military-and-Veteran-Populations-Final-Assessment.aspx>

Joint Commission on Accreditation in Health Care Hospital Based Inpatient Psychiatric Services Core Measurement Set:

<http://www.jointcommission.org/assets/1/6/HBIPS.pdf>

References and Resources (continued)

Medical Outcomes Trust: <http://www.outcomes-trust.org/instruments.htm>

Mental Measurements Yearbook: <http://www.unl.edu/buros/>

Military Health System, 2014 Report: Final Report to the Secretary of Defense Military Health System Review:
<http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/MHS-Review>

Minnesota Department of Health, Quality Improvement Toolbox: <http://www.health.state.mn.us/divs/opi/qi/toolbox/>

National Center for PTSD: <http://www.ptsd.va.gov/professional/assessment/overview/index.asp>

National Institutes of Health Toolbox: <http://www.nihtoolbox.org/>

National Institute of Neurological Disorders and Stroke, Common Data Elements:
<http://www.commondataelements.ninds.nih.gov/>

National Quality Forum: www.qualityforum.org/Measures_Reports_Tools.aspx

Society for Prevention Research, Standards of Evidence: <http://www.preventionresearch.org/advocacy/#SofE>

Substance Abuse and Mental Health Services Administration, National Behavioral Health Quality Framework:
<http://www.samhsa.gov/data/national-behavioral-health-quality-framework>

References and Resources (continued)

The Center for Outcome Measurement in Brain Injury: <http://www.tbims.org/combi/list.html>

Veteran's Health Administration Mental Health Program Evaluation Technical Manual:
http://www.rand.org/pubs/working_papers/WR682.html

University of Kansas, Community Toolbox: <http://ctb.ku.edu/en>

University of Wisconsin-Extension: www.uwex.edu/ces/pdande

U.S. Department of Veterans Affairs, Health Services Research & Development: <http://www.hsrd.research.va.gov/>



Program Sierra Example

Continued from Episode 2 (Jan. 20, 2015)
in the FY2015 DCoE PEI Series



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Non-Clinical Program Example

Mission: At Program Sierra, we seek to ensure that service members who are wounded, ill or injured successfully reintegrate into civilian life or return to duty in the military. By performing our mission effectively, we hope to enhance force readiness and improve the quality and efficiency of services across the Defense Department



DoD photo by Pat Cubal

Non-Clinical Program Example (continued)

Goal 1: Program Sierra helps service members transition to civilian life or return to duty with increased functioning and a sustainable, individualized system of support and care to meet ongoing needs

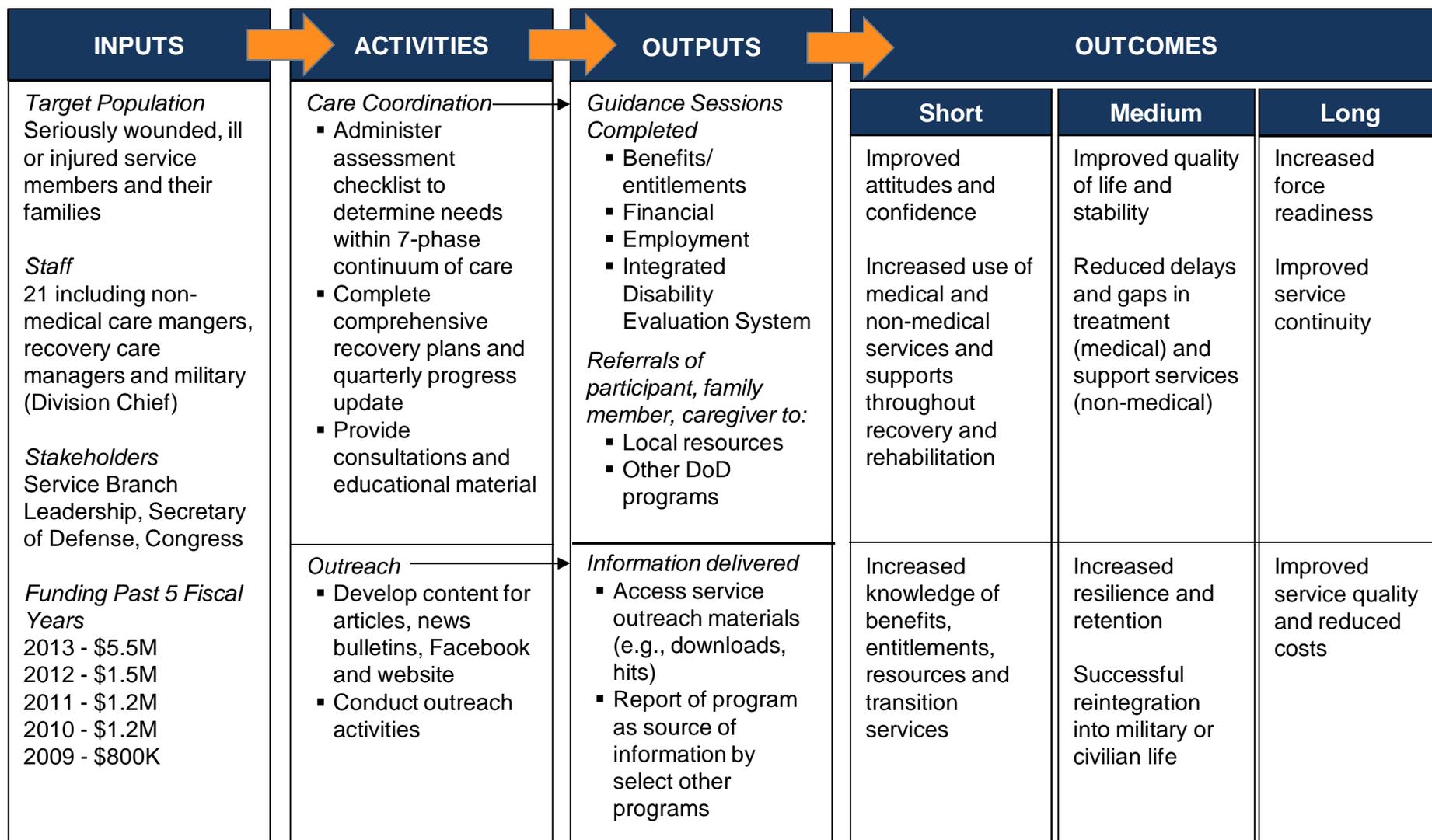
- **Objective 1A:** To assess all service members referred to the program and work with the service member and his or her family or caregiver to determine their needs and develop a plan for reintegration, followed by guidance sessions and service referrals
- **Objective 1B:** To increase use of services and supports for participating service members and enhanced functioning in targeted areas measured on an ongoing basis
- **Objective 1C:** To ensure continuous access to medical and non-medical services from point of illness/injury and for as long as needed to secure resilience and stability

Non-Clinical Program Example (continued)

Goal 2: Program Sierra provides media materials and outreach in order to enhance service members' knowledge and awareness of the support and services available to assist them with reintegration

- **Objective 2A:** To produce and deliver media materials to targeted locations in order to increase awareness of services and supports as indicated by reports from other programs regarding source of referral or knowledge
- **Objective 2B:** To increase service use and improve quality by promoting effective support and care services to those who need them

Non-Clinical Program Example (continued)



Non-Clinical Program Example (continued)



An additional example for a clinical program is provided in DCoE's *Program Evaluation Guide* (2nd Edition), Appendix A