



A Culture of Effectiveness: Using Program Evaluation and Improvement Processes to Build a More Effective System of Prevention and Care for Psychological Health and Traumatic Brain Injury

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[Video Introduction]

CAPT Thoumaian: Hello. My name is Captain Armen Thoumaian of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury or DCoE. Thank you for joining us for this episode of the DCoE Program Evaluation and Improvement webinar training series.

DCoE's Mission is to improve the lives of our nation's service members, families and veterans by advancing excellence in psychological health and traumatic brain injury prevention and care.

DCoE accomplishes that mission in coordination with its three Centers: Defense and Veterans Brain Injury Center, Deployment Health Clinical Center and National Center for Telehealth and Technology. Together, we produce a variety of trainings on subjects ranging from program evaluation to clinical care and prevention practices.

This training series is designed for program administrators and service leadership who are

involved with or who plan to conduct program evaluation activities within the Defense Department's psychological health and traumatic brain injury programs. Our objective is to enhance the capability of these personnel to actively engage in program evaluation activities and, ultimately, make program evaluation an inherent component of everyday program operations.

By supporting enhanced program evaluation capabilities across the Defense Department, this series contributes to DCoE's larger mission to improve the quality and effectiveness of the psychological health and traumatic brain injury prevention and care programs that serve our military members, their families and veterans.

On behalf of DCoE, thank you for participating in this training series.

[Slide 1]

Ms. Aguirre: Hello. My name is Carmina Aguirre. I provide contract support to the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury or DCoE. I will be your moderator for this presentation, the first episode in the 2015 DCoE Program Evaluation and Improvement webinar training series. The webinar is hosted using the Adobe Connect platform, and the technical features are being handled by DCoE's webinar support team in Washington, D.C.

Today's topic is "A Culture of Effectiveness: Using Program Evaluation and Improvement Processes to Build a More Effective Psychological Health and Traumatic Brain Injury System of Prevention and Care." Before we begin, let's review some details.

[Slide 2]

This presentation has been pre-recorded; however, there will be a live Question-and-Answer session at the end of the presentation.

Throughout the webinar, we encourage you to submit technical or content-related questions using the Question pod located on the left of your screen. Your questions will remain anonymous, and our presenters will respond to as many questions as possible during the Q-and-A.

At the bottom of the screen is the Chat pod. Please feel free to identify yourselves to other attendees and to communicate with one another. Time is allotted at the end of the presentation to use the Chat pod for networking.

All audio is provided through the Adobe Connect platform; there is no separate audio dial-in line. Please note there may be delays at times as the connection catches up with the audio. Depending on your network security settings, there may also be some noticeable buffering delays.

Although closed captioning is not available for this event, a transcript of today's presentation will be made available at a later date.

[Slide 3]

Webinar materials from past episodes in this series are available in the Program Evaluation section of the DCoE website. For information about other DCoE webinars and trainings, visit the Training section of the DCoE website by following the link on slide 3. Slides and other materials are available in the boxes at the bottom of the screen during the webinar.

[Slide 4]

We are pleased to offer continuing education credit for the 2015 Program Evaluation and Improvement webinar series. Instructions for obtaining continuing education were made available during the registration process. Eligibility criteria for continuing education credit are presented on slide 4.

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If you preregistered for the webinar and want to obtain CE certificates or a certificate of attendance, you must complete the online CE post-test and the evaluation. After the webinar, please visit continuingeducation.dcri.duke.edu to complete the online CE post-test and evaluation and download your CE certificate or certificate of attendance. The Duke Medicine website online CE post-test and evaluation will be open through December 23rd, 2014, until 11:59 Eastern Time.

Additional details regarding continuing education can be found on slides 6, 7 and 8.

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This webinar was introduced by Captain Armen Thoumaian. Captain Thoumaian is the Deputy Chief of Integration for the Office of Shared Services Support at DCoE. He is a Scientist Director in the Commissioned Corps of the U.S. Public Health Service with more than 30 years of experience in health and mental health program design and evaluation. In January 2012, Captain Thoumaian joined DCoE to help design and implement program evaluation and improvement efforts in the Defense Department. He holds a B.A. in Psychology and Sociology, an M.A. in General Experimental Psychology, and a Ph.D. in Social Welfare and Social Work. Captain Thoumaian has also completed a National Institute of Mental Health fellowship in Community Mental Health.

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Our first presenter is Dr. Aaron Sawyer. Dr. Sawyer is a research scientist who provides contract support to DCoE. He 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 master's degree in Experimental Psychology and a doctorate in Clinical Psychology. He completed postdoctoral training at The Kennedy Krieger Institute of Johns Hopkins University and is a licensed psychologist.

Our next presenter is Mr. Carter Frank. Mr. Frank is also a research scientist who provides contract support to DCoE. Mr. Frank has over 15 years of experience in program development and management at local, regional and national levels. The breadth of his 33-year career includes 11 years of military service, spans military and civilian environments, clinical and non-

clinical mental health operations, training, human resource management, business development and government contracting. Mr. Frank holds a B.S. in mathematical sciences and master's degrees in counseling and management information systems. He is a licensed clinical professional counselor.

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I am Carmina Aguirre, your moderator for today. I am also a research scientist who provides contract support to DCoE. I have over 14 years of experience within the Defense Department. My background includes executive leadership, psychological health, sexual assault prevention and response and public affairs. In addition to supporting DCoE, I serve as Chief of Public Affairs in the Florida Air National Guard. I hold a B.A. in Psychology and an M.A. in Human Services with a specialization in executive leadership.

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This training presentation will provide an overview of the DCoE program evaluation and improvement effort, describe the uses and benefits of program evaluation and also explain DCoE's approach to program evaluation.

At the conclusion of this webinar, participants will be able to:
Explain the major parts involved in the conduct of program evaluation
Identify common challenges that program personnel face when conducting evaluations
Describe what a culture of effectiveness means for psychological health and traumatic brain injury prevention and care programs

[Slide 13]

As seen on slide 13, Captain Thoumaian will begin with an introduction of DCoE's program evaluation and improvement effort. Mr. Frank will then describe DCoE's manner of approaching program evaluation, and Dr. Sawyer will discuss common challenges and the need for programs to work toward a culture of effectiveness. We will conclude with a summary by Captain Thoumaian, and I will provide a list of references and resources, followed by a question-and-answer session with our presenters and an opportunity to provide anonymous feedback.

[Slide 14]

CAPT Thoumaian: Thank you, Ms. Aguirre. In this section, I will provide a background and introduction to DCoE's program evaluation and improvement effort, part of a broader effort within the Defense Department to enhance the quality and effectiveness of its psychological health and traumatic brain injury programs.

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DCoE was created in 2007 in response to heightened political and public interest in the quality of military health care stemming in part from in-depth investigations showing deficiencies in care at key military health facilities.

DCoE's Vision is to be a trusted source and advocate for psychological health and traumatic brain injury knowledge and standards to improve the system of care within the Department of Defense.

This vision serves the Mission of improving the lives of our nation's Service members, their families and veterans by advancing excellence in psychological health and traumatic brain injury prevention and care.

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As an executive agency, DCoE is well positioned to serve as an integrator for psychological health and traumatic brain injury programs across the service branches. DCoE's primary role is to support service members by increasing knowledge and optimizing prevention and care by advocating for interventions and practices that have demonstrated evidence of effectiveness. This is a substantial task, given that the military has developed numerous programs serving thousands of individuals, with programs' focus areas ranging from early screening to resiliency training to treatment and rehabilitation.

To help this mission become a reality, DCoE relies on its component centers, which have specific areas of expertise.

The Defense and Veterans Brain Injury Center, or DVVIC, "serves active duty military, their beneficiaries, and veterans who have sustained traumatic brain injury through state-of-the-art clinical care", "...clinical research initiatives and educational programs, and support for force health protection services."

The Deployment Health Clinical Center, or DHCC, works to improve deployment-related health care. "DHCC seeks to transform military health care delivery systems from a disease management model to a more effective and efficient population-based collaborative model of care through health systems research, program....support at military treatment facilities, and program evaluation services."

The National Center for Telehealth and Technology, or T2, is "comprised of psychologists, researchers, interactive designers, and technical specialists who develop....assessment, screening, reference, and treatment tools for the military community." Their mission is "to lead the development of telehealth and technology solutions for psychological health and traumatic brain injury to improve the lives of the Nation's Warriors, Veterans, and their Families."

If you haven't done so recently, we invite you to visit the websites of DCoE and its Centers, which are listed in the Resources section at the end of this presentation. DCoE and its Centers are continuously innovating new services across the system of prevention and care to address the unique challenges of service members.

[Slide 17]

Within DCoE, three major directives have driven DCoE's program evaluation and improvement efforts to date. The full text of these directives is available online for anyone who is interested. The links are included on slide 42 at the end of this presentation.

First, the DoD Agency Priority Goal seeks to "Improve the care and transition of wounded, ill, and injured warriors." Most relevant to the program evaluation and improvement effort, this goal includes a focus on improving program effectiveness, in part by supporting the development of a comprehensive system "... to monitor the success of individual programs" and to ensure that routine assessments are completed to determine the needs of service members.

Second, the National Defense Authorization Act mandates that the Secretary of Defense submit to “the Committees on Armed Services of the Senate and the House of Representatives a plan to improve the coordination and integration of the programs of the Department of Defense that address traumatic brain injury and the psychological health of members of the Armed Forces.” As part of that plan, the Defense Department was asked to identify gaps and redundancies in the system of prevention and care, and provide a plan to address those gaps and redundancies.

The third major directive, an Executive Order, also focused on providing the best possible prevention and care programs for service members. The order calls upon the Department of Defense to review all existing programs that target psychological health, traumatic brain injuries, and related concerns, “using metrics that assess their effectiveness.” The goal is to ensure that those programs found most effective are made available across the military’s service system and that those found least effective are replaced by the more effective programs.

Again, these are only summaries, so please consult the full text on the web for more information.

[Slide 18]

DCoE has initiated responses to the directives just mentioned as part of a broader Program Evaluation and Improvement effort, or PEI, effort. This effort will inform senior-level decision-makers with the goal of improving the effectiveness of psychological health and traumatic brain injury programs across the Department of Defense.

In fiscal year 2013, the PEI effort included completion of an information collection and assessment of psychological health programs and a scientific panel review of those programs.

In fiscal year 2014, as many of our participants know, DCoE completed an Information Collection and Rapid Evaluation effort, which used telephonic-based interviews to document baseline attributes of effectiveness for clinical and non-clinical programs, including both psychological health and traumatic brain injury programs.

Moving forward, in 2015 and beyond, DCoE plans to conduct more thorough evaluation studies and trainings tailored to meet the needs of individual programs. In addition, we will continue to develop trainings, tool kits, and other services to support the PEI efforts. At the end of this presentation, we invite you – our participants – to submit feedback to let us know what types of training, support and services would be most beneficial in helping you to further develop your program evaluation and improvement capabilities.

[Slide 19]

This webinar series is an important part of our effort to assist personnel within programs to enhance their abilities to evaluate service quality and effectiveness. This series provides broadly applicable guidance on how internal program personnel, such as program managers and staff, can carry out evaluations in a structured, step-wise process. The content of these webinars is aligned with the newly revised DCoE Program Evaluation Guide, which is organized as a series of modules and includes templates that may be used to support program evaluation efforts.

Now, I turn the presentation over to Mr. Frank, who will describe DCoE’s structured approach to program evaluation.

[Slide 20]

Mr. Frank: Thank you Captain Thoumaian. I am pleased to be here today in support of the Defense Department's effort to enhance the quality and effectiveness of programs that serve our nation's military members and their families.

[Slide 21]

It may seem a bit elementary, but it is important to begin with a common definition for program evaluation. Simply stated, a program evaluation is an individual systematic study conducted on a regular or ad hoc basis to assess how well a program is working. Two key parts of that definition are worth highlighting:

First, program evaluation is systematic – this means that evaluation is done according to objective methods that are applied in a consistent manner. Second, program evaluation is designed to answer the question, “How well is a program working?” Thus, the various steps involved in program evaluation – data collection, analysis and interpretation – help examine a program's effectiveness in relation to the mission it is designed to achieve. Program evaluation helps identify areas in which a program's ability to meet its mission can be improved in specific areas in addition to documenting areas in which the program is already working well.

[Slide 22]

Because programs are often subject to many types of activities that may seem similar to program evaluation, it is important to clarify what program evaluation is not. For instance, program evaluation is not the same as inspections, audits, or accreditation reviews.

Inspections are visits by external entities that focus on whether a program follows certain rules and regulations. For example, an inspection might focus on whether a program's staff complies with mandatory safety and privacy regulations.

Audits are also generally carried out by external entities. They involve examination of a program's records or accounts. Audits are frequently carried out to ensure appropriate billing for services and that programs have accurate reporting mechanisms regarding their service utilization.

Finally, accreditation is another process carried out by an external body that assures the general public that an institution or a program has clearly defined, appropriate objectives and maintains conditions under which their achievement can reasonably be expected. For example, many programs may be subject to accreditation review by The Joint Commission, commonly known as “J-CO.”

Likewise, program evaluation can also be contrasted with performance improvement processes such as continuous quality improvement, Lean Six Sigma and business process reengineering, which are tools or methodologies that may be used to refine a program or an organization after an evaluation is conducted.

Based on these definitions, program evaluation can be distinguished in that it focuses on a program's effectiveness in meeting its stated mission, goals and objectives. The other processes just mentioned – inspections, audits and accreditation – generally focus on whether a program is compliant with sets of rules, regulations or professional standards.

[Slide 23]

On slide 23, we provide a generally applicable series of steps organized into three phases. The steps listed here are intended to guide internal program evaluation efforts and may differ somewhat from steps used by external evaluators. In future episodes in this series, we will discuss ways in which each step in this process can be tailored to meet evaluation needs specific to a given program, since those needs will vary according to the type of program, how long it has existed and the population it serves.

First, start with good planning and preparation. This means that the program should be clearly defined in terms of what it is designed to do and how it is organized. Then, evaluation strategies can be developed to address specific evaluation questions and needs, followed by a data plan specifying the details of how the evaluation will be completed.

Second, execute the evaluation. This involves collecting information and storing it for future use and record keeping, followed by analysis and interpretation to determine what the data mean in relation to the purpose of the program evaluation. For example, it may be that the program is working well for one group but not as well for another group. Additionally, the program may be affecting some outcomes but not others, or analyses may reveal that certain subgroups aren't able to access the program despite a documented need.

Third, during the feedback phase, personnel communicate findings and make changes or improvements to the program. Reporting on evaluation findings may include multiple communications directed toward a variety of groups, such as leadership, funding agencies, taxpayers and program participants. Finally, evaluations reveal potential areas for improvement, so program leadership and others must work together to figure out what changes are most important and how those changes can be realistically accomplished given available resources.

[Slide 24]

As a preview to the next few episodes in this webinar series, it is important to begin with specific objectives against which to compare the results of an evaluation. Objectives are the most specific statements about a program's purpose or intent and fall under broader sets of goals and the program's overall mission. Mission, goals and objectives are often overlooked or not sufficiently detailed. This is one reason why we advocate for SMART objectives, which stands for specific, measurable, achievable, relevant and time-bound. When the purpose of a program is clearly defined, it is much easier to determine whether it is working and to ensure it continues to operate effectively.

[Slide 25]

As will be described in detail in the next episode in this series, logic models are a useful tool in program planning and evaluation. They clarify how a program's inputs – the resources it uses to operate – support core program activities and the measurable products of those activities. Finally, outcomes are changes in program participants that occur as a result of the program. Outcomes are aligned with specific objectives and are often a major focus of evaluation efforts.

[Slide 26]

Another key part of planning and preparing for program evaluation is selecting an appropriate design. There are three major types of program evaluation designs, each of which includes

several subtypes that will be described in more detail in a future episode.

Formative evaluation designs are labeled as such because they are most relevant during the formation of a program and during the early stages of its development. Formative evaluations may examine the population's needs that call for a program to be developed or the types and amounts of resources required to set up and operate a program over time. Similarly, an evaluability assessment may be conducted to determine whether a program is prepared to complete a more thorough evaluation based on how much information it can readily provide.

Process evaluation designs assess how a program operates and whether a program is performing as it was intended. For example, a common area of interest is fidelity, or the degree to which a program operates according to a plan, such as a set of best practices. Similarly, a program may wish to examine whether it provides services to the group it set out to serve; this is known as coverage. The results of process evaluation designs can be used to refine program operations.

Summative evaluation designs focus on the overall results of the program in terms of whether the program accomplishes its mission, goals and objectives. Outcome evaluations are a type of summative evaluation that focus specifically on whether a program achieves desired changes among program participants, such as increased learning or skills or perhaps decreases in symptoms or negative behaviors. Similarly, other types of summative evaluations may focus on whether outcomes are specifically attributable to program activities or whether a program's benefits are worth the costs of operating, perhaps relative to other types of programs.

Summative evaluations are generally applied to more mature programs – those that have been in existence long enough to collect outcome information and stabilize operations.

[Slide 27]

Slide 27 builds on the previous slide by providing samples of the types of evaluation questions that can be answered under each major evaluation design. For example, a formative evaluation might examine the question, "Does the program address a specific need within the community or a specific target population?" This would require that personnel obtain information about the community's needs and figure out whether the program is designed to meet those needs. As another example, in the center box, a process evaluation may be designed to assess how satisfied participants are with the program. This would require that a program collect and analyze information about how participants experience the program in some systematic way. That information could then be used to tailor program refinements to enhance participants' engagement and improve the likelihood of positive outcomes. To be clear, however, participants' satisfaction with a program should not be considered an outcome itself.

As a final example, consider the question listed in the bottom row under summative evaluation: "What should be improved or changed about the program to enhance outcomes?" This question requires information about select outcomes at a level of detail that allows program personnel to determine both what is working well and what could be better. In addition, this question requires a thoughtful analysis to determine how to modify resources and program activities so that outcomes consequently improve.

We will describe each step in the evaluation process in greater detail in future episodes in this series.

[Slide 28]

As a way of summarizing, I will briefly describe some of the key benefits of program evaluation. Starting at the top of slide 28 and moving clockwise:

The most immediate benefit provided by program evaluation is that it can provide rich information about a program's strengths and opportunities for growth or improvement. Every program should be able to highlight what it's doing well and identify areas in which it could improve so that it can accomplish its mission more effectively.

Second, program evaluation helps to establish programs as evidence-based. On a basic level, evidence-based means that the program has undergone evaluation and has been shown to be providing meaningful benefits to participants. The more evidence-based programs that exist in a system, the greater the overall quality and outcomes across the service spectrum.

Third, program evaluation supports the development of best practices. By collecting information about program practices and tying them to participant outcomes, programs can determine which practices are most likely to lead to successful results. These best practices can then be disseminated across the system to help other programs enhance their performance.

Fourth, although it may not seem especially desirable at first glance, the process of conducting program evaluation helps to develop capabilities to conduct future evaluations at the program-level. For example, by completing an internal evaluation, program personnel will develop their ability to measure key processes and outcomes, which will make it easier to answer other evaluation questions. In addition, conducting evaluations helps to ensure that program personnel are ready to respond to external evaluation initiatives when called upon to do so.

Fifth, program evaluation helps to identify gaps and redundancies by measuring each part of a program's operations and determining how well they work together. In many cases, a program evaluation can identify inefficiencies that can be refined or duplication of efforts that can be eliminated through process improvement efforts.

Finally, program evaluation provides information that justifies a program's existence to stakeholders. When a program submits a budget, the reviewers want to see data that demonstrate the program is doing what it set out to do: meeting a need and making effective use of limited resources. In later webinars, we'll talk about how to capitalize on evidence to make the case to stakeholders in reports and other communications that highlight the strengths of programs.

Now, I'll hand off the presentation to Dr. Sawyer for the next portion of the program.

[Slide 29]

Dr. Sawyer: Thank you, Mr. Frank. There are a number of common challenges that arise when military program managers and administrators seek to conduct evaluations and demonstrate their program's effectiveness. Here we highlight a few general challenges. In future episodes in this series, we will describe challenges related to specific steps in the evaluation and ways you may address them.

[Slide 30]

There are many challenges to conducting program evaluations. At the start of the evaluation process, program personnel may wonder, “How is all of this to be accomplished?” Program evaluation can indeed be time-consuming, and it may be difficult to estimate how much time it will take. However, careful planning and preparation can ensure that all the necessary activities can be integrated into normal program operations.

In addition, program evaluation requires the use of resources, such as staff members, space and computers. Some of these resources may not be immediately available. For example, staff members may need additional training in how to administer measures, code data or conduct analyses, so it will be important to determine what is needed to conduct evaluations at the outset.

Also, it may be difficult to determine which design and tools will best fit the needs of a program’s evaluation effort. However, when the purpose of an evaluation is clearly defined at the start, it will become more evident how to best address evaluation goals.

Finally, once evaluation activities have been conducted, you will need to determine what to do with the results. This may mean making changes to a program, which will require close collaboration with leadership and funding agencies as well as knowledge of how staff and participants may respond to those changes.

[Slide 31]

DCoE’s trainings, tools, and support services are designed to help overcome many of the challenges inherent in carrying out the evaluation process. DCoE can provide the guidance needed to break down the component parts of an evaluation into smaller, manageable steps and increase program personnel’s knowledge and readiness to contribute to evaluation activities. In addition, trainings such as this series can assist programs in determining evaluation needs and methods as well as designing achievable improvements based on evaluation results. Thus, these resources will help programs move toward a culture of effectiveness.

Although the technical aspects of evaluation can be complex, the evaluation process itself builds on what most program managers already do – figure out whether the program’s objectives are being met, which aspects of the program work, which aspects are less than effective and why. You may already collect and have access to some of this data needed for evaluation, and DCoE can assist you in interpreting the data and documenting results.

[Slide 32]

[Slide 33]

What characterizes a culture of effectiveness? Foremost, it is the use of evidence-based interventions and practices. In a culture that places high value on effective services, practices are informed by research and the results of systematic evaluations. When combined with providers’ experiences and knowledge, this ensures the highest possible quality of prevention and treatment services.

In a culture of effectiveness, accurate objective data is used to drive decision-making and program improvement. Each program will be readily able to demonstrate its ability to achieve

the objectives for which it was designed. In this age of fiscal realignment and budget-cutting, when members of leadership look at programs to determine what benefits they provide to service members and the military as a whole, they will need to see results. Accurate and timely data ensure that decision-makers can compare “apples with apples” and “oranges with oranges.” In this way, leadership can set programmatic system-wide directions and priorities based on objective information and communicate to policymakers about what is being accomplished “in the field.”

In addition, programs in a culture of effectiveness monitor their performance on an ongoing basis as it relates to mission, goals and objectives, not just when required to respond to an external evaluation effort. Consistent ongoing evaluation ensures that a program always has information available so that it can maintain a high level of quality and effectiveness over time as the characteristics of service members and the nature of military missions evolve.

Finally, by maintaining a focus on effectiveness, programs help to support the military’s broader mission to maintain readiness to meet the needs of the nation and resilience in the face of challenging military engagements, such as those experienced in recent years.

Having accurate data is a cornerstone in the process of building a culture of effectiveness. As the economist Milton Friedman once said, “One of the great mistakes is to judge policies and programs by their intentions rather than their results.” Without data, it is not possible to know how well a program is really working.

[Slide 34]

Why is a culture of effectiveness needed? A culture of effectiveness is needed to ensure that the very best system of care is attained.

The graphic on the left of slide 34 illustrates what is meant by a system of prevention and care. The graphic shows the continuum of programs that form a system — a system of prevention and care that guides and tracks participants over time.

This graphic illustrates the essence of good care where activities from prevention to screening to rehabilitation are interwoven and coordinated to address the full range of needs present in military populations.

As a system of prevention and care, this interface between the program services and program participants needs to be based on trusted knowledge, needs to be properly implemented, and needs to be responsive to changing needs.

That is where the culture of effectiveness comes in—forming a strong culture of effectiveness across the Department of Defense will ensure the system is effective, efficient and responds to the ever-changing needs of service members and their families.

[Slide 35]

How do we get to a culture of effectiveness? To get to a culture of effectiveness, DCoE, program managers, and administrators will need to work together to identify and implement high-quality programs and practices, to identify gaps in services or redundant efforts that can be streamlined and to support program improvements.

“High-quality programs and practices” refer to services that result in the best possible outcomes for a program participant in a timely manner and in a location that is readily accessible. The ability to obtain the best possible outcomes across the system of prevention and care requires refinements and improvements in a variety of areas, as in any large complex system. These refinements, in turn, should be based on objective information rather than guesses or assumptions. By increasing the availability of data on what programs are doing well and what areas are in need of change, improvement efforts can better address the ultimate goal of psychological health and traumatic brain injury programs, which is to provide effective services to military members, their families and veterans.

This takes us to the third bullet on this slide. Building a culture of effectiveness means that program evaluation activities must be a part of everyday activities. This is not a “once-and-done” effort. This effort involves a different mindset, where program evaluation and improvement activities are integrated into—and become an inherent part of—day-to-day operations.

[Slide 36]

A culture of effectiveness needs to be enacted from the inside out, starting at the point where services or interventions are delivered. This will provide benefits directly to the personnel who actually manage and deliver programs. Ongoing program evaluation and improvement efforts are not done solely to meet the expectations of external stakeholders.

By external stakeholders, we mean others who have a strong interest in a program’s operations and outcomes, such as funding agencies, unit or service commands, researchers and policymakers.

Access to program evaluation data will help program personnel at the local level by determining how well the program you are implementing at your site actually works, and to the extent it is working well, you will have evidence to back up assertions about its effectiveness and value.

Evaluation data can also help programs identify where performance gaps exist that might be addressed by staff training and determine whether best practices are in fact being implemented as planned. In addition, evaluation data can help to identify ways to make more efficient and effective use of limited resources, and use program feedback to make program improvements to better serve your participant population.

In essence, evaluation data can provide accurate up-to-date information about program operations and may point to the way forward toward ensuring that the right services get to the right people at the right time.

[Slide 37]

To support a transition toward a culture of effectiveness, DCoE is presenting this webinar series as well as the newly revised Program Evaluation Guide modules to support program personnel in further developing their capabilities to engage in program evaluation and improvement activities.

The webinar series will highlight available tools and services related to PEI processes -- to help carry out evaluations and identify and monitor improvements. We hope you will join us for future webinars in this series on how to perform specific evaluation activities such as:

- defining a program through mission, goals and objectives

- designing logic models
- creating evaluation strategies and data plans
- conducting data collection and analysis
- developing reports for stakeholders, and
- implementing program improvements.

Additionally, DCoE's Centers offer a variety of other training, tools and services, such as webinar series on best practices, technology that can support program services, and research on psychological health and traumatic brain injury provided by experts in their fields. Likewise, DCoE's Centers offer best practice guidelines and assessment tools, and in some circumstances, tailored technical support, trainings and consultation may be available.

Now Captain Thoumaian will summarize today's presentation and provide some concluding comments.

[Slide 38]

CAPT Thoumaian: Thank you, Dr. Sawyer, Mr. Frank and Ms. Aguirre.

[Slide 39]

A key takeaway from this presentation is that program evaluation is not an end in and of itself. Program evaluation is intended to make programs more effective in achieving their missions to provide high-quality prevention and care services to military members, their families and veterans.

We advocate for a structured approach, because accurate data collected and interpreted in an objective manner is the best way to determine how well programs are working and to identify the best areas for program improvements.

Program evaluation works best when conducted regularly throughout the entire life cycle of a program. When program personnel actively engage in evaluation of their efforts, they support a broader culture that places high value on quality and effectiveness. Moreover, ongoing evaluation ensures that programs remain effective and that they can demonstrate their value and be sustained over time.

Now to Ms. Aguirre.

[Slide 40]

Thank you Captain Thoumaian. There is a great deal of useful information available to programs on program evaluation. On slides 41 through 44, we provide a brief list of relevant references and resources that we think may be useful.

[END]