Initiating the Program Evaluation Process: Define Your Program Using Mission, Goals, Objectives and a Program Logic Model

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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 second 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 "Initiating the Program Evaluation Process: Define Your Program Using Mission, Goals, Objectives and a Program Logic Model." 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.

Closed captioning for this event may be viewed in the Closed Captioning pod and is provided through Federal Relay Conference Captioning. In addition, a transcript of today's presentation will be made available at a later date.

[Slide 3]

Webinar materials for this series are available in the Files box at the bottom of the screen during the webinar. They are also posted in the Program Evaluation section of the DCoE website. Modules from the Program Evaluation Guide will be released in parallel with the topics in this series.

For information about other DCoE webinars and trainings, visit the Training section of the DCoE website by following the link on slide 3.

[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.

[Slides 5 through 8]

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 January 27th, 2015, until 11:59 p.m. Eastern Time. Additional details regards continuing education can be found on slides 6, 7 and 8.

[Slide 9]

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.

[Slide 10]

Dr. Aaron 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.

Dr. Richard Best is an industrial and organizational 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 master of science and a Ph.D. in industrial-organizational Psychology and is certified in Prosci's change management process.

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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.

[Slide 12]

This training presentation will provide an overview of the development and use of mission, goals, SMART objectives and logic models in program planning and evaluation.

At the conclusion of this webinar, participants will be able to:

- Develop mission statements, goals and SMART objectives
- Explain the major components of a logic model
- Apply provided guidance to design and construct a logic model
- Select strategies to address challenges that program personnel commonly encounter when defining a program

[Slide 13]

As seen on slide 13, Captain Thoumaian will begin with a discussion of defining a program's intent through mission statements, goals and SMART objectives. Dr. Best will then provide an introduction to logic models, and Dr. Sawyer will provide guidance as to how to build logic models and discuss common challenges. We will conclude with a summary by Captain Thoumaian. Then, 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 describe how programs can provide clear definitions of their intent through use of a broad mission statement and increasingly specific goals and objectives. By clearly defining program intent, program personnel are better able to determine how well a program is working through evaluation efforts. This allows program leaders to enact improvement that enhance the quality and effectiveness of Defense Department's psychological health and Traumatic Brain Injury programs.

[Slide 15]

Among Yogi Berra's many wise words, he said, "If you don't know where you're going, how are you gonna know when you get there?"

Of course, Yogi Berra had no idea that his off-the-cuff remarks would be quoted decades later in a webinar about logic models, but these remarks speak to the general idea that a program, or rather a program's leaders and staff, must know why the program exists, what it does, and what should happen as a result of its practices. If not, there is no way to know if the program is actually working. Mission, goals, objectives and logic models are all important tools in clarifying the nature of a program and can be used to examine its results.

[Slide 16]

In program planning, a mission statement explains the purpose for a program's existence. Goals and objectives are more specific and should support that mission. Mission statements encompass everything the program does and intends to achieve, and they align with the mission of the broader organization, such as the service branch in which the program is located.

Goals outline in more specific detail what a program intends to accomplish. Goals lay out the major targets of a program within its mission.

Objectives are the most specific type of definition for a program's intent. They describe goals, or even parts of goals, in terms of highly specific units that can be measured to determine whether a program is working. As will be discussed, it is important that these objectives be SMART: specific, measurable, achievable, relevant and time-bound.

[Slide 17]

As seen on slide 17, the organization of mission, goals and objectives is best viewed as a hierarchy. A mission statement encompasses a small number of goals, and each goal may be defined in terms of multiple objectives. Ideally, these objectives will specify how outputs and outcomes are to be measured. Using this hierarchy will also help in the development of a program's logic model. A few examples will help to make this hierarchy more clear.

[Slide 18]

As seen on slide 18, a program's mission statement should align with the priorities of its larger organization. At Brooke Army Medical Center, for example, the mission statement for the Behavioral Medicine Department is, "to promote behavioral health and provide quality, compassionate, patient-centered care while developing healthcare professionals and optimizing readiness." Thus, providing quality care is an aspect of the medical center's mission as a whole, and optimizing readiness is a major goal of the Army's training and health programs.

Likewise, the NavyTHRIVE program states its mission as encouraging "Sailors, commands, families, and civilians to empower themselves by taking personal responsibility for their health, wellness and growth – the next step in building resilience." You see in this statement a mission consistent with the Navy's prevention efforts.

[Slide 19]

Goal statements should be actionable, meaning they make statements about what a program does and what should result from those actions.

As two examples, consider a substance abuse treatment program and a psychological health screening program:

Program A's goal statement says it will provide effective and safe treatment that is comprehensive and meets the unique needs of active-duty service members with substance abuse problems. The statement says what will be done, who the program serves, and the target problem.

Program B's goal statement says it will screen all post-deployment service members for psychological health concerns and ensure referrals are made. So, it is specific in that it says what the program staff's main activities will be, who will be screened, and what will happen as a result of those screenings.

Both statements are detailed enough for goals, but the level of detail is not sufficient to be used as a point of comparison for program evaluation efforts.

[Slide 20

In order to be detailed enough for accountability standards and program evaluation, objectives need to be SMART. That is, goals must be broken down into smaller parts that represent different elements of the logic model and the connections between those elements. So, objectives must be SMART: specific, measurable, achievable, relevant and time-bound.

[Slide 21]

On slide 21, we borrow from Module 2 of DCoE's Program Evaluation Guide and the Minnesota Department of Health's Quality Improvement Toolbox, which are both referenced at the end of this presentation.

One of the best ways to examine whether your objectives are SMART is to see if you can use them to answer these questions. To be clear, it is not recommended that a single objective statement be able to answer every question – doing so will only result in extremely long objective statements. Rather, objective statements should be SMART enough to be useful but not so SMART that no one can understand them.

To be specific, an objective statement should ideally include information about who will deliver program services, the nature of the target population, outputs or work products and intended outcomes, which are the benefits or changes participants can expect as a result of their participation.

To be measurable means that an objective specifies how much, what direction, and what kind of changes are expected. In addition, it should specify how data will be collected, from whom, by whom, and so forth. It is also worth considering whether there are better or more accurate ways to measure results. Keep in mind there may be multiple measurement sources.

To be achievable, an objective statement should make clear how it will be accomplished, perhaps including information about linkages between resources or inputs, activities, outputs and outcomes. One must also consider the scope of an objective – is it too big or too small, and can it be accomplished in light of external factors?

To be relevant, an objective statement should be about something that matters; in other words, it should relate to the program or organization's mission and goals. Most importantly, an objective should be related to the need that drove the basis for creating the program. Objectives

should also have support from stakeholders, staff, and program participants, without whose blessing no objective is likely to be accomplished. Finally, an objective statement may take into account the relative importance of an objective in the scope of that program's broader mission or the priorities of the organization, such as the service-level or Defense Department as a whole.

The T in SMART stands for time-bound. This means an objective should specify how long it will take to accomplish or in what order outputs and outcomes will be produced. Will it be achieved in stages? Is the time-frame realistic? Is the objective achievable given available resources and deadlines?

[Slide 22]

To provide a few examples of SMART Objectives, consider the samples on slide 22. In the top statement on slide 22, Program X will provide up to 12 sessions per year of therapy to each of 500 active-duty service members who have been diagnosed with posttraumatic stress disorder or referred by a medical or behavioral health professional for trauma-related concerns.

This is a SMART statement. It could be SMART-er, or it could be a little less SMART, but it's SMART enough for our purposes. You will notice that the statement specifies, how many sessions will be provided, a one-year time period, what kind of services will be provided, how many and what type of participants will be included, and the mechanism for referral and acceptance into the program. So, this is mostly an objective statement about outputs.

Below that statement, Program Y will deliver two half-day live web-based trainings per week to unit commanders, who will demonstrate increased awareness of traumatic brain injury symptoms from pre- to post-training assessment.

This statement is SMART in that it specifies what will be delivered, how it will be delivered, and to whom it will be delivered (which are again outputs). In addition, the statement specifies the outcome – that is, increased awareness as measured by comparing pre- to post- assessments.

Some program administrators may wish to shy away from developing such specific objectives. After all, if a program administrator makes very specific statements about what will be achieved by the program and doesn't fully realize those achievements, it could be considered a failure. However, failure itself provides a great deal of useful information, and it is unlikely that a program with realistic, achievable goals will fail to meet its objectives. Moreover, it is unlikely that programs can adequately determine their needs for improvement if they are not measuring their progress in meeting objectives and continually raising standards over time.

In the words of Teddy Roosevelt, "It is hard to fail, but it is worse never to have tried to succeed."

Now, I'd like to turn over the presentation to Dr. Best, who will introduce logic models.

[Slide 23]

Dr. Best: Thank you, Captain Thoumaian. In this section, I will provide an overview of the components and uses of logic models in defining a program.

[Slide 24]

In the simplest terms, a logic model is an action-oriented tool for program planning and evaluation. A logic model can visually connect a program's outcomes with its practices and products as well as the assumptions that underlie the program.

Many programs neglect to start with a clear description of the program and what it intends to achieve, which undermines both program planning and evaluation efforts.

The logic model, as a map of what a program is and what it intends to do, is a useful tool for clarifying objectives, drawing connections between activities and outcomes, and for developing evaluation plans and strategies for improvement.

[Slide 25]

Program managers and other key parties should strongly consider developing a logic model for their program, not only because it is useful in defining a program, but also because logic models may be required in reports to senior-level stakeholders.

Specifically, a logic model provides a roadmap for progress and results. In Yogi Berra-terms, a logic model ensures that a program knows where it's going. A good logic model will specify the sequence of activities that are thought to produce results.

In addition, a logic model forms the core for a highly-focused management plan that helps identify and collect data to monitor performance and improve programming. With a roadmap of specific activities and products, it is easier to identify gaps or redundancies. For instance, a logic model might show a program manager that multiple individuals or teams are working on the same task, or that no one is really working to produce an output linked with a key outcome. Moreover, logic models guide program evaluation and improvement efforts as described on the next slide.

[Slide 26]

Program evaluators, whether internal to a program or external, use logic models to assess the relationship between a program's stated objectives and its inputs, activities, outputs, and outcomes.

A logic model is like GPS for a program; evaluators can use it to assess whether programs are on track to reach their goals, or if a program is off track and needs to re-route or change direction toward its target destination.

Many program administrators believe their programs are well designed and effective. Although that view may be correct, in a modern, data-driven, highly accountable environment, it is essential that administrators be able to demonstrate in clear, concrete terms what their program does and what it achieves. Without a clear program design and measurements, that task is next to impossible.

So, improvement efforts, based on the results of evaluations, will target specific parts of a logic model to improve quality, outcomes, and efficiency. This may mean changing the way a program uses resources, or the types of activities employed and the products and outcomes of

those activities.

[Slide 27]

Let's review the key components of a logic model. There are four parts that form the core of a logic model:

Inputs are what a program needs to operate, or in other words a program's resources.

Activities are what program personnel do with resources in service to the program's mission, its goals and its objectives.

Outputs are what the program produces with its inputs and activities.

Outcomes include the changes that result in program participants as a result of their participation.

Assumptions and external factors underlie the program and influence how it operates and whether it achieves its mission. Assumptions are beliefs or theories that drive how a program is designed to work. External factors are the forces outside a program that influence it.

[Slide 28]

Slides 28 to 30 provide detailed definitions and examples for each logic model component.

Examples of inputs, or what a program needs to execute activities in order to produce its outputs, include such things as funding and staff or personnel.

Activities a program might engage in to support its mission, goals and objectives might include clinical, outreach, or educational services; or, programs might do other activities such as data collection, research, or evaluation.

[Slide 29]

Examples of outputs, or products that result from the activities, include such things as the number of participants the program has served or the number of referrals generated.

Outcomes, or changes in participants as a result of their participation in the program, might include short-term achievements such as an increase in knowledge, skills, and behaviors – or longer term results such as improved functioning at work or an increase in force readiness.

[Slide 30]

Briefly on slide 30, assumptions are ideas, or theories, that influence program operations, such as the theory that posttraumatic stress disorder is best addressed through exposure therapy, or that wearing helmets is the best way to prevent traumatic brain injuries in training exercises and combat zones. The words "assumption" and "theory" are not used lightly; some assumptions or theories are backed by substantial evidence. A well-supported theory is, in fact, the highest level of scientific achievement. However, some assumptions are unsupported, perhaps because no one has looked at the evidence, or perhaps because new or contradictory evidence has not been taken into account.

External factors represent the array of contextual factors that influence a program, including aspects of culture, such as stigma in a military culture against service-seeking, and aspects of organizations, such as a hierarchical command structure in which orders from higher levels are meant to be followed.

[Slide 31]

Word choices for program outcomes will vary depending on the type of program, for example psychological health or traumatic brain injury, and the scope of the changes one is considering, whether short-, medium-, or long-term, prevention or treatment.

For example, in a public awareness campaign, short-term outcomes might include awareness of the campaign or understanding of the message. Longer-term outcomes might include increased positive health practices and improved rates of unit readiness.

Alternatively, for a clinical intervention program targeting combat-related posttraumatic stress, short-term outcomes might include: increased knowledge about posttraumatic stress disorder, improved coping skills, and knowledge of how to perform therapeutic exercises like deep breathing or thought stopping.

Medium-term outcomes could include: decreased levels of symptoms, increased ability to manage day-to-day stressors, and decreased levels of risky behaviors such as binge drinking or driving under the influence.

Long-term outcomes could describe decreased disability due to deployment-related illnesses, absence of the disorder due to the service member no longer meeting criteria, decreased rates of administrative separation for problematic behaviors, or improved quality of life.

[Slide 32]

Confusion often arises when distinguishing between outputs and outcomes. There are a couple of ways to think about this. First, conducting an activity, or perhaps making a product, is not the same thing as the results that are achieved through that activity or product. In the most basic terms, program staff can perform tasks and create products that may or may not lead to a desired outcome in program participants.

In program evaluation terms, outputs are the activities and products created by a program. Outputs are reflected in data about the number of people who attend training events, the number of sessions or service units delivered, materials distributed, web content developed and so forth.

On the other hand, outcomes are the measurable changes that occur among program participants as a result of the program. This may include intended changes, such as a decrease in completed suicides, as well as unintended changes, such as an increase in withdrawal symptoms. Outcomes are reflected in data about symptoms, increased knowledge and awareness, and other domains of interest.

Outcomes and outputs both result from inputs and activities, but you must have outputs of some sort to get to outcomes. We hope this distinction becomes increasingly clear as we continue.

[Slide 33]

Slide 33 shows an example of a basic logic model that was developed to visually represent the inputs, activities, outputs, and outcomes of a road rally to enhance awareness of psychological health and traumatic brain injury issues among service members and their families. Note the examples of inputs, or resources that are needed to operate the road rally: drivers, gas, GPS or map.

Examples of activities or what gets done with the resources promote Psychological Health and Traumatic Brain Injury awareness include meet and greets and local interviews. The products of those activities, or the outputs, include measures such as the number of miles in the trip, the number of TV interviews and so on. Note the short- and long-term outcomes of the road rally: increased awareness and increased resiliency, respectively.

Finally, examples of assumptions and external factors are included in this example logic model. Assumptions might include things like drivers should not encounter any detours or their cars will not break down during the rally. External factors that road rally might include things like weather and traffic.

This was a fun example of a logic model to demonstrate the various components as well as the assumptions and external factors that contribute to a program's operations.

[Slide 34]

On slide 34, you will see a template for a detailed logic model. It shows how all of the components of a logic model fit together. You will find another template in Module 2 of the Program Evaluation Guide, which is available in the Program Evaluation section of DCoE's website.

This logic model is a diagram that depicts relationships between different parts of a program. This is an approach to integrate program planning, accountability, evaluation, and so on by providing a theory of change for a program, or a theory of how the program produces intended outcomes.

In the next section, Dr. Sawyer will describe how to build a logic model.

[Slide 35]

Dr. Sawyer: Thank you Dr. Best. Now that you have an understanding of the key components of a logic model, we will help you to put it all together by providing guidance regarding how to insert program information into the logic model. In addition, we'll provide a detailed example of how mission, goals, SMART objectives and the logic model fit together for a hypothetical program.

[Slide 36]

Inputs, activities, outputs, and outcomes form the core of a program logic model. You may wonder where to obtain these. Descriptions of these elements may already be written down, and you can simply extract them by examining program descriptions, procedural manuals, vision statements, and plans.

Inputs, activities, outputs, and outcomes are often documented in a variety of locations. Review the program's policy and procedures manual, training manual, or handbook; each of these may contain descriptions of important elements in the logic model. One cautionary note: different documents may have been developed at different times and might contain different descriptions of inputs, activities, outputs, and outcomes. Be sure to build in time to allow for clarifying discussions with stakeholders, staff, and program leadership to reach consensus.

[Slide 37]

Slides 37 and 38 present two techniques to help you extract and organize logic model elements gathered from existing documentation or to assist you when documentation is sparse.

"Forward mapping" begins by examining existing program inputs and activities and asking, "So what?" to describe the outputs and outcomes that are expected to result. "So what" if a particular activity occurs or if a certain resource is applied? It may be helpful to operationalize "So what" questions and answers as a series of "if/then" statements. Starting with program resources or activities, think about what happens next in the programmatic chain of events.

Consider a hypothetical domestic abuse prevention class that may be running at your program site.

If program personnel provide the intervention, then military spouses will participate in that intervention and have a forum to express their concerns. When program personnel provide an intervention, the products or outputs of that activity are participation and the number of training sessions delivered.

If training for communication and coping skills is provided, then military spouses can employ learned skills to achieve healthier relationships. Learned skills are a short-term outcome, and changes in relationships are a medium-term outcome.

If participants' relationships improve as a result of attending this program, then the work functioning and readiness of service members will improve, which are long-term outcomes.

[Slide 38]

Another approach to identify logic model elements is to identify the desired results of your program and ask, "How? How do we get those results?" This is "reverse mapping."

Here's an example of reverse mapping. Consider the end result, which we will call, "improved memory functioning." With that outcome in mind, what are the logic model elements that will bring about improved memory function?

In order to attain improved memory functioning, the program participants will need to incorporate new "sleep practices" or take prescribed medication. Those changes – new sleep practices and taking prescribed medication – are the desired outcomes.

In order for changes in sleep patterns to occur, program personnel will provide education about sleep or deliver self-management training. Information pamphlets provided and training sessions held are outputs.

Likewise, if medication is prescribed, a provider must either write a prescription or provide a referral—prescriptions written or referrals made are also outputs.

In order to provide informational pamphlets, self-management trainings, or prescriptions, the program will need resources, such as staff with appropriate training, space in which to conduct activities, funding, computers and printed materials. Those resources are your inputs.

[Slide 39]

On slides 39 to 41, we provide an example of a hierarchy of mission, goals and SMART objectives for Program Sierra[1], a hypothetical program focused on reintegrating wounded, ill or injured service members. Hopefully, this will give you a better understanding of how these statements become more and more specific.

On slide 39, you see that the program's mission is to ensure that wounded, ill or injured service members reintegrate into either civilian life or return to duty in the military. If the mission is accomplished effectively, then it will likely enhance force readiness and improve the quality and efficiency of services across the Defense Department. Thus, the program's mission aligns with the mission of the Defense Department as a whole.

[Slide 40]

On slide 40, you see one of two goals and the objectives that fall under that goal. Goal 1 specifies how and what will be achieved through the program's direct services to participants. The goal is to increase functioning and produce a sustainable, individualized system of support and care for service members to meet any ongoing needs they have.

Objective 1A gets more specific. It states that staff will develop a reintegration plan with all service members and their family members or caregivers, followed by guidance sessions and service referrals. This objective specifies outputs.

Objective 1B specifies outcomes: increased use of services and supports and enhanced functioning in target areas measured over time. Those target areas might include quality of life and stability.

Objective 1C states that program personnel will ensure continuous access to services over time, which may be measured by whether there are any gaps in necessary services.

[Slide 41]

On slide 41, we link our discussion of the hierarchy of objectives for this example to our earlier discussion of SMART objectives. To select one example from the previous slide, Objective 1A can be consider SMART in that it is:

- Specific about who will participate
- Measurable with respect to how many will be served by the program
- Achievable in that this objective can be accomplished using the resources listed in the logic model you will see in a few slides
- Relevant in that the outputs listed relate to the program's mission
- And finally, time-bound, because the objective clearly specifies the order in which

[1] Program Sierra was formerly known as Program Echo.

activities will be completed

[Slide 42]

On slide 42, you see the second goal: to provide media materials and outreach in order to enhance service members' knowledge and awareness of the support and services available to assist them with reintegration. So, the first goal is specific to those who actually participate in program activities, and the second is directed toward the broader population.

Objective 2A specifies an output, that is media materials, and that they will be delivered to targeted locations. The reach of these materials will be measured by reports from programs about how they receive referrals and knowledge about services and supports.

Objective 2B states that the program seeks to increase service use and improve the quality of those services. Increased service use is an outcome, as is improved service quality.

[Slide 43]

On slide 43, we provide one more annotated example to demonstrate what it means for an objective to be SMART. From the previous slide, Objective 2A is SMART in the following ways:

- It is specific about what output will be produced
- It is measurable in that it makes clear how the outcome "awareness" will be assessed
- It is achievable in that this objective can be accomplished using the resources listed in the logic model you will see on the next slide
- It is relevant in that the outputs and outcomes listed are specifically related to the program's mission
- And lastly, the objective is time-bound, because the order in which activities, outputs and outcomes arise is made clear

As we mentioned earlier, objectives can always be made SMART-er but a balance must be struck in that overly SMART objectives, those that try to do too much, will be difficult to understand.

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[Slide 44]

Slides 44 and 45 show a detailed logic model. On slide 44, beginning on the left side, you will see the program's target population, information about staffing and stakeholders, and funding.

Moving to the right, the activities box is divided into two areas that match the goals presented on the previous slides. The top grouping – care coordination – involves services provided directly to participants. Program personnel administer assessment checklists to determine needs, complete recovery plans and progress updates, and consultations as needed. Below, outreach activities include development of content for various outlets, such as news agencies, social media, and the program website. In addition, outreach activities might include more direct interactions with other programs as well as attendance at events.

Outputs, the work products of the program, include the number and type of guidance sessions or consultations completed, as well as referrals made to other programs within the local service sector and available DoD programs. Likewise, outputs might include the number of participants who go through the program and any feedback they provide. Pertaining to outreach activities,

outputs include information delivered and accessed, such as web downloads. Reports from other programs that they are using the information are also a type of output.

Outcomes are separated into short-, medium- and long-term, and they are also separated in terms of the outcomes generated by direct care coordination services versus outreach activities. To list a few examples, short-term outcomes of direct services would include improved attitudes toward reintegration or recovery and increased use of services. Medium- and long-term outcomes might include improved quality of life and broader improvements in force readiness and service continuity.

Outcomes for outreach activities, at the bottom, may include increased knowledge about services, increased resilience and retention of service members, and improved service quality.

[Slide 45]

Finally, on slide 45, we list assumptions and external factors. Assumptions include the basis for the program, that care coordination is required in order to obtain effective access to services and supports.

External factors include the highly politicized nature of caring for wounded service members, since this attention from powerful stakeholders makes this a priority for the public.

We hope you find this type of example helpful in considering how to develop your own logic models and sets of mission, goals and SMART objectives. Additional guidance and examples are presented in Module 2 of DCoE's newly revised Program Evaluation Guide.

[Slide 46]

There are a number of common challenges that arise when military program managers and administrators seek to define their programs in the ways described today.

[Slide 47]

By now you may have questions about defining your program, such as:

- How detailed does my program's logic model need to be?
- How do I form a logic model that connects the headquarters level of a program to the site level?
- How do I deal with absent or insufficient information?

These questions are common challenges or concerns of those who develop mission statements, goals, objectives and logic models but should not deter program administrators from getting started on the process.

[Slide 48]

On slide 48, "How detailed does my program's logic model need to be?"

A logic model should be detailed, but not so detailed that the major parts of the program cannot be identified by someone trying to understand what it's about. You should be able to hand your logic model to someone unfamiliar with your program and provide an accurate basic description of how the program works and what it intends to accomplish. This means you don't want cats,

dogs and the kitchen sink included, since the extra detail will distract from the major point.

It is important to include information that is directly related to program outputs and outcomes such as:

- Major resources life staffing and funding,
- Key activities that personnel perform in their daily duties
- The measurable outputs of those activities, such as the number of participants, number of trainings or sessions held
- And of course, the major outcomes expected as a result of participation

If the logic model is getting rather full, consider excluding elements such as:

- Administrative tasks and staff meetings
- Itemized lists of resources, such as specific staff members or stakeholder names
- Infrequent activities and outputs, like an annual report or accreditation visits that may occur several years apart
- And staff trainings that are not specific to the program.

In many cases, when it comes to logic models, "less is more."

[Slide 49]

On slide 49, "How do I form a logic model that connects the headquarters level of a program to the site level?"

This scenario often occurs with larger programs that have a headquarters with a number of units under it that provide services at locations nationally and internationally. The functions of the headquarters component differ markedly from those at the locations where the services are provided, but both levels are important parts of the program as a whole.

The key in developing any logic model is to create a logical chain from inputs to outcomes and to connect what is done at the headquarters level to the site level.

The best way we have identified to accomplish these connections is to use a single logic model that designates different sets of activities as either an "HQ" or a "S" function. In the example provided in the last section, we divided up the logic model based on different sets of activities that aligned with goals. In the same way, a program may separate its headquarters activities from its site level activities.

As an alternative, a program could have separate logic models for each level. However, this creates challenges in terms of providing a coherent explanation of the program as a whole, so we generally recommend this tactic only if a single logic model is not feasible.

[Slide 50]

On slide 50, "How do I deal with absent or insufficient information needed to build a logic model?"

One of the advantages of developing or revising a logic model is that it forces program personnel to determine how a program is organized and what its intent really is. When information is missing or not sufficiently detailed, that calls for developing the basis for that information as part of improving and further developing the program as a whole.

In developing this information, program personnel should closely attend to the program's mission statement, goals and objectives, which should be closely aligned with the logic model.

When internal or external personnel involved in an evaluation effort see areas of missing or inadequate information, it helps to identify key areas for improvement, especially in terms of clarifying program procedures and ensuring that important aspects of the program are measured and analyzed on an ongoing basis.

Now Captain Thoumaian will provide concluding comments.

[Slide 51]

Thank you, Dr. Sawyer, Dr. Best and Ms. Aguirre.

[Slide 52]

A key takeaway from this presentation is that it is essential to define a program's intent and the manner in which it is organized at the outset of an evaluation effort.

Mission statements, goals and objectives provide increasingly specific definitions of the purpose and intent of a program. This is why it is especially important that objectives are SMART: specific, measurable, achievable, relevant and time-bound.

Logic models illustrate the structured approach that is the hallmark of a successful program. Successful programs start with a clear description of the relationships between inputs, activities, outputs and outcomes, and a logic model ensures this work is done. To summarize, building a logic model aids clarity and understanding. A logic model maps out program intentions, identifies appropriate activity sequencing, specifies the resources needed to carry out those activities, and will help to identify gaps in program planning. It will also help to guide and develop evaluation plans.

A detailed definition of a program's intent ensures that measured results can be compared to what a program is designed to accomplish. Program evaluation, based on clear program definitions and expectations, will allow us to improve and positively impact the entire system of prevention and care for psychological health and traumatic brain injury.

I hope you will continue to attend these webinar training presentations and also consult the Program Evaluation Guide and other materials on the DCoE website.

Now, Ms. Aguirre will provide relevant resources and then begin the Q&A following some polling questions.

[Slides 53 through 55]

Thank you, Captain Thoumaian. There is a great deal of useful information available to programs on program evaluation. On slides 54 and 55, we provide a brief list of relevant references and resources that we think may be useful.

[END]