

# Program Design & Development

Instructor: Valerie Nash

## Learning Objectives

By the end of this workshop participants will have:

1. Increased understanding of the tasks involved in program design and development
2. Increased understanding of how to approach a competitive grant proposal
3. Completed a draft problem or need statement
4. Completed a draft program design framework



**Yes it's a photo of a three-legged stool**

You need all three legs for a three-legged stool to work.. Successful community programs or projects also have three legs:

- ▶ Leg 1 - Demonstrable need for whatever it is you plan to do "*is this project needed?*"
- ▶ Leg 2 - A design that is based upon logic and knowledge "*will this approach work?*"
- ▶ Leg 3 - Organizational (or collaborative) capacity to do the work "*can we deliver?*"



**Task 1 - To clearly define and understand the community need or problem you are addressing.**

## Where's your evidence?

The INTERNET IS YOUR BEST RESOURCE - BUT NOT YOUR ONLY ONE

- ▶ Hard data - Check local, state and federal government agencies (examples would be CDE Data Quest, ARJIS, CHKS) as well as organizations like SANDAG that are data and research hubs.
- ▶ Research Articles - Source some nationally recognized journal articles or academic publications and refer to their findings both in terms of need and solutions.
- ▶ Issue focused organizations - Know who the “go to” organizations are in your field and check their website. Also good for best practice info.
- ▶ Assessments - Check to see if there have been any needs assessments conducted and look at what their findings and recommendations are.
- ▶ Home Grown Data - Case studies, survey results, focus group report etc.

## Need Statement

- ▶ The need you address must clearly relate to your nonprofit's [mission](#) and purpose.
- ▶ It should focus on the people you serve, rather than your organization's needs.
- ▶ It should be well supported with evidence such as statistics, expert views, and trends.
- ▶ It must directly connect to, and support, your organization's ability to respond to that need.
- ▶ It must be easy to understand.

## What is the need or problem that your project or program will meet.

### Examples of need statements

- ▶ San Diego has a growing problem of youth homelessness.
- ▶ Many homeless youth have significant mental health problems, including depression, anxiety disorders, posttraumatic stress disorder, suicidal ideation, and substance abuse disorders.



Task 2: To design a solution to meet the need that you now understand



Program Design Includes - What, Why, How, Who, Where and When

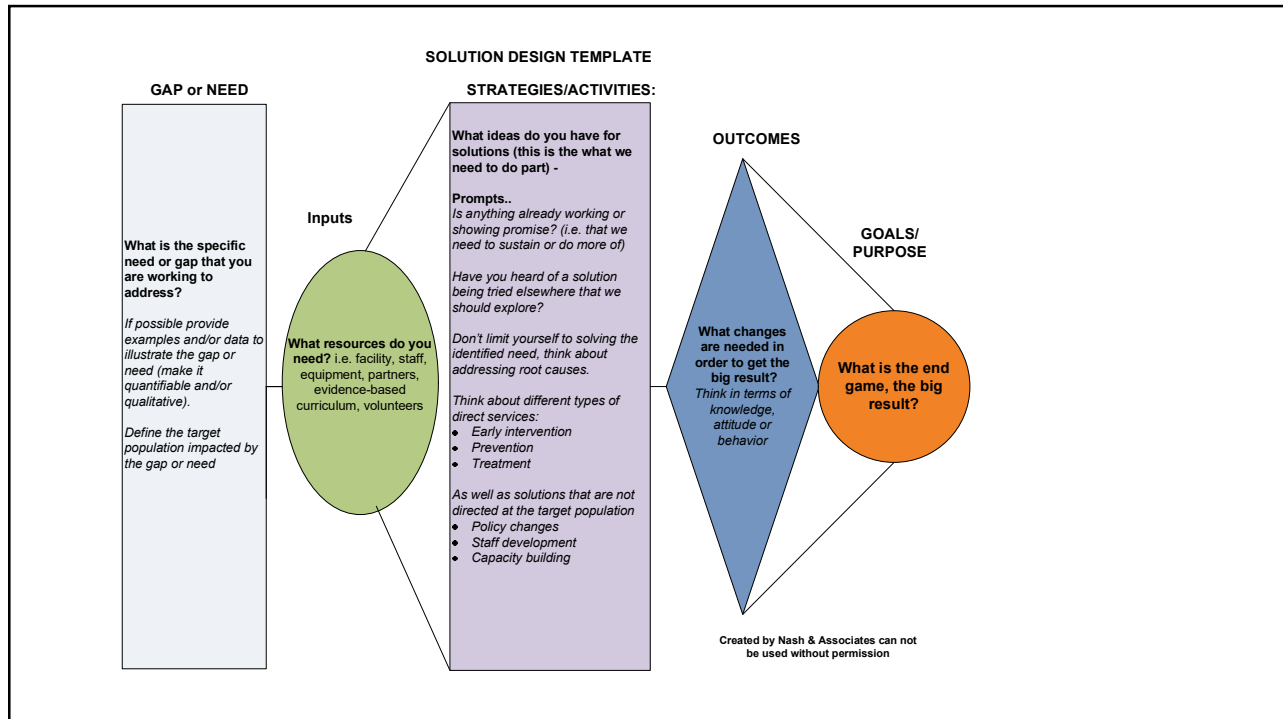
## Program Design Checklist

- ❑ The logic behind the program makes sense as the services link to outcomes
- ❑ Program is research-supported and theoretically-sound
- ❑ There is congruence across program elements
- ❑ The program is appropriately timed and located
- ❑ The program aligns with community needs and strengths

## Program Design Framework

Main thing I am trying to accomplish is to help you visualize:

- ▶ What you plan to do? (strategies, activities, outputs)
- ▶ Why you want to do it? (needs, benefits, conditions, problems)
- ▶ How you plan to do it (approach, values, philosophy)
- ▶ How you will know you have been successful (outcomes)



## Activity: RFP Review

- ▶ Programs are often designed and developed in response to an invitation or request from a funder. The ability to understand and respond to a Request For Proposal (RFP) is an important skill.
- ▶ Find a partner
- ▶ Review Prop 47 RFP
- ▶ Complete the worksheet

# Thank You

My Contact Information

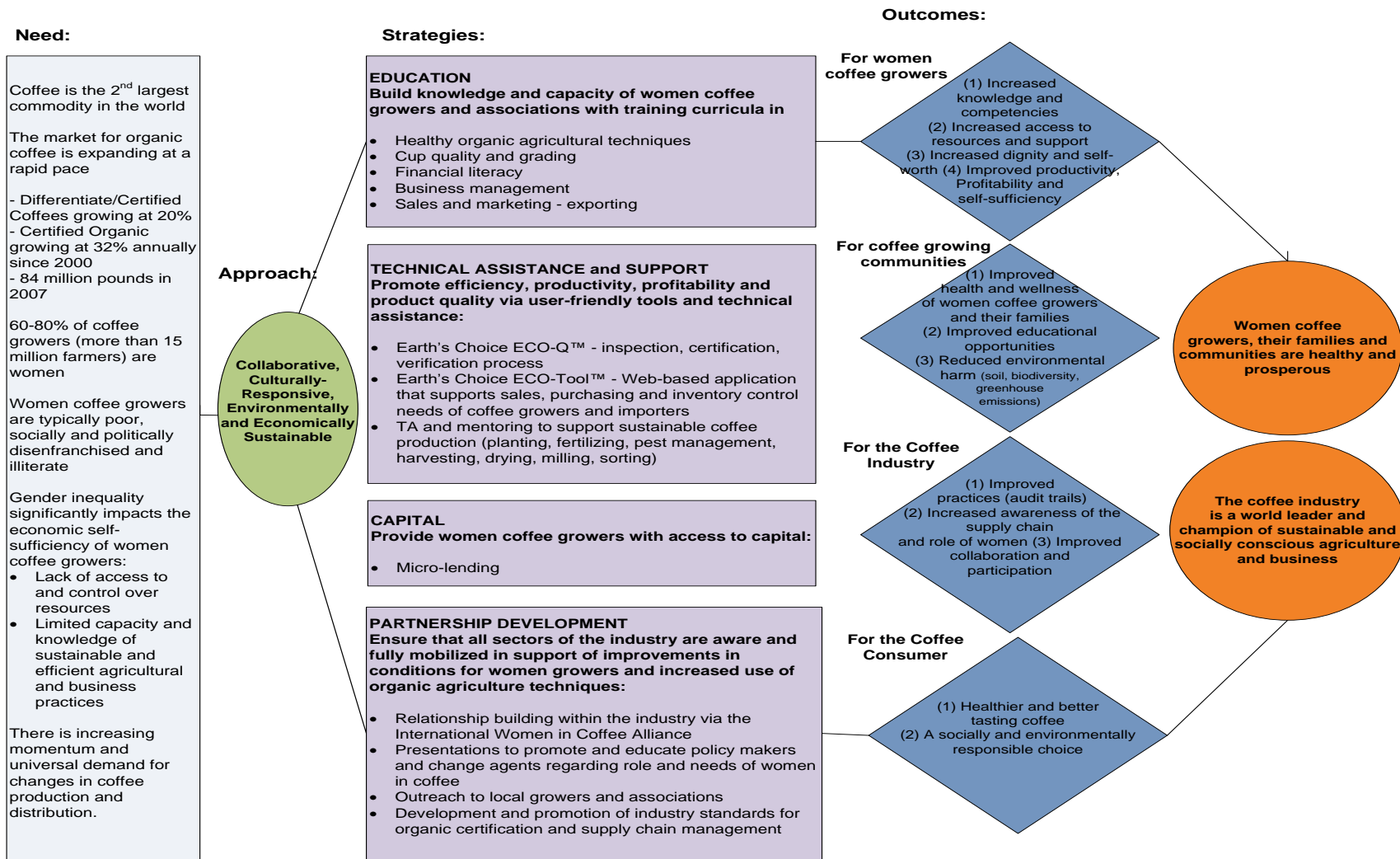
[vnash@nashandassociates.org](mailto:vnash@nashandassociates.org)



## Example Design Framework

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM & INTERMEDIATE OUTCOMES	LONG-TERM & OUTCOMES (GOALS)
<p><b>Underlying Conditions:</b></p> <p>Prevalence of methamphetamine use, affect on child welfare</p> <p>limitations of current system to provide therapeutic services for children and education and supportive services to parents/families</p> <p><b>Target Population</b></p> <p>Children ages 0-8 who are in/at risk for out of home placement due to mother's methamphetamine or other substance abuse and whose mothers are receiving out-patient recovery services</p>	<p><b>SERVICES</b></p> <p><b>For Children:</b></p> <ul style="list-style-type: none"> <li>• Trauma Assessment</li> <li>• Pre and Post Developmental Assessment</li> <li>• Assessment based treatment -Trauma Focused Cognitive-Behavioral Therapy and/or Parent – Child Interaction Therapy</li> </ul> <p><b>For Mothers:</b></p> <ul style="list-style-type: none"> <li>• Parent Development Incredible Years</li> </ul> <p><b>For Family:</b></p> <ul style="list-style-type: none"> <li>• Enhanced Visitation</li> <li>• Enhanced Case Management</li> </ul> <p><b>CAPACITY BUILDING</b></p> <ul style="list-style-type: none"> <li>• Staff development - Incredible Years training</li> <li>• Cross Training between treatment providers</li> <li>• Interagency collaborative management, program development and sustainability</li> </ul>	<p><b>SERVICES</b></p> <ul style="list-style-type: none"> <li>➤ # of children receiving Trauma assessment</li> <li>➤ # of children receiving Pre and Post Developmental Assessment</li> <li>➤ # of children receiving assessment based treatment</li> <li>➤ # of mothers completing parent development classes</li> <li>➤ # families receiving coordinated CWS/ADS case management and referrals</li> <li>➤ # of families receiving enhanced visitations</li> </ul> <p><b>CAPACITY BUILDING</b></p> <ul style="list-style-type: none"> <li>➤ # of treatment providers trained in Incredible Years</li> <li>➤ # of partner staff receiving cross-system training</li> <li>➤ Develop shared goals, mission and vision</li> <li>➤ Develop collaborative policies and procedures for assessment, service delivery, follow-up and communication</li> </ul>	<p><b>Child Outcome</b></p> <p>Increase in the number of children 0-8 assessed and connected to supportive services and treatment</p> <p><b>Adult Outcomes</b></p> <p>Increase in the number of mothers within ADS out patient treatment facilities who are connected to supportive and educational services</p> <p><b>Family Outcomes</b></p> <p>Increase in protective factors relating to prevention of abuse/neglect relating to bonding and attachment, parental resilience and knowledge of parenting and child development</p> <p><b>Capacity Level Outcomes</b></p> <p>Increase in availability of child focused treatment and family centered services in San Diego</p> <p>Increase in number of families receiving treatment together</p> <p>Increase in staff knowledge and capacity relating to cross agency services/policies/processes</p> <p>Increase in number of staff cross trained</p> <p>Increase in coordinated case management and planning</p>	<p><b>SAFETY</b></p> <p><b>Children are protected from abuse and neglect.</b></p> <p>Reduced recurrence of maltreatment</p> <p><b>PERMANENCY</b></p> <p><b>Children have permanency and stability in their living situations</b></p> <p><b>WELL-BEING</b></p> <p><b>Families have enhanced capacity to provide for their children's needs</b></p> <p><b>SERVICE CAPACITY</b></p> <p><b>Regions have a new or increased ability to address parental/caregiver substance abuse and its effect on children</b></p>

## Women in Coffee Program



## Theory of Change Worksheet

**Format:** (INSERT TARGET POPULATION) experiences (INSERT CHARACTERISTICS or RISK FACTORS) as a result they are vulnerable to (INSERT DESCRIPTION OF SOCIAL PROBLEM). If the following actions are taken (LIST SERVICE/S or STRATEGIES) then it is expect that (INSERT OUTCOME THAT YOU EXPECT TO ACHIEVE).

**Example:** Because there are adolescents who experience poverty, childhood abuse and a lack of social supports, they are vulnerable to dropping out of school, homelessness, involvement in crime and sexual exploitation. If these youth are provided with counselling, family supports, and a positive adult mentor, then they will have increased social capital, decreased involvement in crime, and become more engaged in school.

**Your Turn:** \_\_\_\_\_ experiences

\_\_\_\_\_ as a result they are vulnerable to \_\_\_\_\_.

If the following actions are taken \_\_\_\_\_

\_\_\_\_\_

then it is expect that \_\_\_\_\_

\_\_\_\_\_.



# PROGRAM DESIGN

A Practical Guide

**Prepared by:**  
Katherine Main

Give. Volunteer. Act.

## INTRODUCTION

Designing social programs is both a science and an art that requires careful analysis and attention to detail. It is a creative problem solving process to complex social problems. Thoughtful program design takes into account sound research knowledge and best practices to determine the critical elements required to meet unique client needs and alleviate a particular social problem. The end goal of program design is to establish the service or combination of services which have the best possible chance of achieving the program objectives and improving quality of life for clients.

It is important to note the difference between planning *new programs*, planning *program changes* to an existing program, or *articulating the design* of an existing program.

**New programs** are typically geared toward finding new solutions to long-prevailing problems. New programs also result from newly emerging problems that arise from changing social, political or economic environments.<sup>1</sup>

**Program changes** in existing programs are geared towards modifying present services to enhance impact for the client and the outcomes that are intended for them.<sup>2</sup> The need for program changes may result from funding cuts or when new funding is secured for expanded services. Examples of program changes may include redefining eligibility criteria, changing the number of clients served, modifying the way services are delivered, or improving quality standards. Program redesign is typically much more intensive than designing a new program.

**Articulating the design of an existing program** is necessary when details of the design may be implicit but need to be made explicit to either facilitate evaluation or to review program fidelity. Articulating an existing design assumes that there may be essential components missing from the overall design such as an articulated program theory or a program logic model.

This manual is intended to be a practical developmental guide in program design for either improving current programs or creating new programs. The content was developed from current literature and best practices in program design specifically for non-profit organizations. Among the approaches that informed this manual, two worth noting are *evidence-informed program improvement* (EIPi) and *effectiveness-based program planning* (EBPP). Both approaches emphasize the importance of using precision and research to develop program services which will have the most success in resolving a social problem and meeting the needs of clients.<sup>3</sup>

The program design process begins with problem analysis and needs assessment which will inform the development of a program theory upon which core program services are built. This manual provides a framework through the steps and components that can be applied to either existing programs or new designs. Examples from one consistent program will be provided whenever possible.



<sup>1</sup> Pawlak, E.J., Vinter, R.D. (2004). *Designing & Planning Programs for Nonprofit & Government Organizations*. San Francisco: Jossey-Bass.

<sup>2</sup> Ibid.

<sup>3</sup> Kettner, P.M., Maroney, R.M., Lawrence, L.M. (2008). *Designing and Managing Programs*. (3<sup>rd</sup> ed.). Thousand Oaks: Sage.

## Quantitative and Qualitative Data

Throughout the design process, both quantitative and qualitative data are used to establish an empirically sound program design. These sources are valuable for understanding the social issue, developing the program theory, determining the program activities, and forming the basis for later program evaluation. To give breadth and depth to the data collected, it is important to include both quantitative and qualitative indicators.<sup>4</sup>

Quantitative research involves literature and statistical data collection. It includes tasks such as:

- Reviewing government, funder, and scientific research and journals that provide information on social issues
- Compiling a resource list of available services that already exist in the community



Quantitative Data  
Numbers/Statistics

Qualitative data is collected through surveys and interviews with key stakeholders. The benefits of gathering data through interviewing and surveying help to:

- Identify barriers to utilization of services
- Build awareness and support around the social problem
- Establish a baseline for data and reference points for evaluation later on<sup>5</sup>



Qualitative Data  
Text/Descriptions

## Program Design Literature Review

A literature review captures all relevant research about the program's services and forms the basis of the program rationale. The review should include an exploration of key areas such as literature related to the problem, research related to specific interventions for the problem, results of program evaluations, and any other studies related to understanding or examining the problem.<sup>6</sup> The results of the literature review provide an empirical basis for the program design and the program's identified interventions. An overview of how to conduct a literature review for program design is provided in Appendix D at the end of this guidebook.

*The need for data to justify predetermined service planning decisions is being replaced by a need for data that will lead to a clearer understanding of social problems and will help in identifying the most effective directions for planning decisions.*

— P.M. Kettner, R.M. Moroney, L.L. Martin, *Effectiveness-Based Program Planning*

<sup>4</sup> Ontario Public Health Association. (2009). *Towards Evidence-Informed Practice*. <http://www.tehp.hrc.net/>

<sup>5</sup> Kettner, P.M., Moroney, R.M., Lawrence, L.M. (2008). *Designing and Managing Programs*. (3<sup>rd</sup> ed.). Thousand Oaks: Sage.

<sup>6</sup> Colley, N.G. (2011). *Program Development In the 21<sup>st</sup> Century*. Thousand Oaks: SAGE.

## ANALYSIS PHASE

The purpose of the Analysis Phase is to critically examine the social problem that is being addressed by the program. Social problems include existing problems that continue to need resolution (e.g., homelessness, child abuse), problems that have developed new features (e.g., the homeless now includes families) and problems that are critical or emergent (e.g., children with AIDS).<sup>7</sup> Problem analysis is used within this phase to understand the nature and scope of the social problem, to define the target population to be served, to identify and prioritize the needs of the target population, and to determine the services required to resolve the problem. Having a thorough understanding of the problem and its characteristics is critical for creating a strong evidence-based theory which will lead to a program that successfully changes lives.<sup>8</sup>

### Considering Context

Social problems exist within a context of economic, socio-political, and cultural conditions. When considering context, the external factors that are likely to influence the program's ability to achieve its expected results need to be assessed for how the program might mitigate or adapt to such influences.<sup>9</sup> The contextual factors that a program exists within may affect aspects such as the following:

- Program relationships and capacity
- Program implementation
- Program participants
- The speed and degree to which change occurs
- Staffing patterns and resources available<sup>10</sup>

### Identifying & Analyzing the Social Problem

It is vital to take the time to understand the situation and to carefully define the problem and its causes. This may be the most important step in program development.<sup>11</sup> Once the problem is identified and clarified, it needs to be analyzed to determine its scope, nature and distribution. This process involves researching literature and surveying key stakeholders:

- ✦ What is the social problem?
  - What are the causes of the problem and the factors associated with its presence?
  - What are the social, cultural, economic and political symptoms of the problem?
  - Who judges it to be a problem and why?
  - What are the likely consequences if nothing is done to resolve the problem?
- ① Who is affected by the problem?
  - Who are they?
  - How many people are affected?
  - What are their demographics?
  - Are there ethnic and gender considerations?
  - Where are they located geographically?

<sup>7</sup> Pawlak, E.J., Vinter, R.D. (2004). *Designing & Planning Programs for Nonprofit & Government Organizations*. San Francisco: Jossey-Bass.

<sup>8</sup> Kettner, P.M., Moroney, R.M., Lawrence, L.M. (2008). *Designing and Managing Programs*. (3<sup>rd</sup> ed.). Thousand Oaks: Sage.

<sup>9</sup> *Ibid.*

<sup>10</sup> *Ibid.*

<sup>11</sup> Planning, Implementing, and Evaluating a Sexual Assault Prevention Program. Colorado Department of Health and Environment's Sexual Assault Prevention program, <http://www.cdphs.state.co.us/>



*Quality Check-in*



Key Question	In Progress	Completed	Comments
Is the social problem and its characteristics clearly identified and supported by research?			
Does the program respond to the identified needs of the target population?			
Has a needs assessment been conducted and primary data collected?			
Does the program fill a unique need in the community that is not met by other programs or services?			
Was the target population actively engaged in the process?			
Were individuals from the community engaged or consulted in the process?			
What does the literature say about best practices to address this problem?			



## PROGRAM THEORY PHASE

Whether implicit or explicit, all social programs have an underlying program theory. The goal of a program theory is to explain *why* and *how* a program will be effective. This is accomplished by articulating the rationale and specific change strategies for the program. Often times, programs are poorly designed because their program theories were based on hunches or personal beliefs and values rather than sound research knowledge.<sup>19</sup> A strong program theory, built on empirical research, increases the probability that the desired outcomes of a program will be achieved. The focus on program evaluation also begins here with the stating of a proposed relationship between the program and the desired outcomes.<sup>20</sup>

### *Developing an Effective Program Theory:*

- ✦ Helps focus programs on problems rather than on activities
- ✦ Helps make explicit the assumptions about the program expectations
- ✦ Provides a basis for long range planning
- ✦ Provides a framework for that can be used to bring internal consistency to the program<sup>21</sup>

In recent years, the *theory of change* approach has been widely embraced by funders, evaluators and non-profit program managers. Although both logic models and theories of change help to tell the story of a program, there is a distinct difference between the two:

*Logic models* usually start with a program and graphically illustrate its components (inputs, outputs, activities, and outcomes) so you can see at a glance if the outcomes are out of sync with inputs and activities, but they don't show WHY activities are expected to produce outcomes. An advantage of logic models lies in their structural support for planning and measurement.<sup>22</sup>

*Theories of change* may start with a program, but are best when starting with a goal, before deciding what programmatic approaches are needed. Theories of change link outcomes and services to explain HOW and WHY the desired change is expected to come about. When programs are successful, theories of change indicate why they worked.<sup>23</sup>

There are many ways to create a program theory of change. Some theories of change involve intense critical analysis and incorporate a comprehensive framework of elements. For the purposes of this manual, theory of change will explicitly serve the purposes of program design and is geared to support the development of outcomes measurement.

*Alice: Would you tell me please, which way I ought to go from here?*

*Cat: That depends a great deal on where you want to get to.*

~ Lewis Carroll

<sup>19</sup> Brouelle, A., Champagne, F. (2011). Program theory evaluation: Logic Analysis. Evaluation and Program Planning, 34, 69-78.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

<sup>22</sup> Developing a Theory of Change: A Framework for Accountability and Learning Social Change.

<http://portal.wlur.nl/files/docs/ppme/KeystoneTool-DevelopingTheoryofChange.pdf>

<sup>23</sup> Ibid.

## Program Goals

Program goals reflect organizational priorities and provide a clear direction for future action. The **program goal** is a general statement representing the ideal or “hoped for” outcome. It should be phrased in terms of the ultimate outcome for the program rather than a summary of services provided.<sup>24</sup> While it may be tempting to have more than one goal, only one clear solution needs to be articulated for the problem statement.<sup>25</sup> Other goals of the program may be stated as long-term outcomes. Goals should:

- ✦ Include the intended results of the program
- ✦ Specify the target population
- ① Be compatible with the organization mission statement and illustrate that the program is a step towards the overall organization mission
- ✦ Be responsive to the problems and needs of the clients
- ✦ Be a statement that stakeholders can rally around to gather support for the program<sup>26 27</sup>

Examples of goal statements including a goal for our guidebook example, a men’s residential treatment program:

- *All men recover from addiction and lead healthy productive sober lives.*
- *To ensure that economically disadvantaged students have access to safe, affordable, nutritious food.*
- *All girls grow up to be strong, healthy, empowered women.*

## Change Strategies

Establishing the program theory requires capturing the specific strategies the program will use to promote change for clients. These are called change strategies. The most practical method to accomplish this is to capture the components using the 5 W’s (Who, What, Where, When, Why, and How). Change strategies are based on research and best practices and should be detailed as specifically as possible.

### What is it the program will do?

- ✦ Articulate the type of interventions or services the program will offer
- ① Program services should be developmentally appropriate and strength-based

### Who will the program serve?

- ✦ Specify the program eligibility criteria to ensure target population is being served
- ① Identify client risk factors and strength profiles

### Who will provide the services?

- ✦ Specify the type of staff who are the best fit to serve the targeted clientele
- ① Staff demographics, degrees, training, certification and experience needed to serve the target population (look for specific staff competencies recommended by industry standards)

<sup>24</sup> *Ibid.*

<sup>25</sup> The Logic Models Workbook. (2001). The Health Communication Unit at the Centre for Health Promotion, University of Toronto. <http://www.thcu.ca/infoandresources/publications/logicmodelwkbk.v6.1.fullaug27.pdf>

<sup>26</sup> *Ibid.*

<sup>27</sup> Kettner, P.M., Moroney, R.M., Lawrence, L.M. (2008). *Designing and Managing Programs*. (3<sup>rd</sup> ed.). Thousand Oaks: Sage.

- ✦ Specify the minimum staffing model requirements for the program based on best practices (look for accreditation and industry standard recommendations)

### Where is the program offered?

- ✦ Site is accessible in terms of location, service hours and minimal barriers
- ① Site is determined to be the best setting which will affect client improvement most

### When and how much of services are offered?

- ✦ How does the program determine if a client is “program-ready”?
- ① Clients need to be exposed to enough of a program or intervention for it to have an effect. What dosage of services and at what intensity is required for a client to benefit from the program and have a change in their quality of life? Dosage or intensity can be measured in the quantity of contact hours, duration of the total program, intensity and complexity of the program's activities, and participants' level of engagement. Generally, the more severe or entrenched the problem or issue being addressed the greater the dosage and intensity need to be.<sup>28</sup> Dosage should be determined by best practices and empirical research.
- ① When is a client considered to have received the full menu of services and finished with the program?

### How will services be delivered?

- ✦ How does the program respond to the statement: “This is the way we work with our clients”?
- ✦ The program should use established evidence-based perspectives and approaches for working with specific populations (i.e., using a trauma-informed perspective for working with domestic abuse victims)
- ① Programs use developmentally appropriate and strength-based approaches in their delivery of services

## Determining Rationale

The **program rationale** describes *why* these particular change strategies will be the most effective services for a population struggling with a specific issue. The rationale is based on research, program history, and best practices about *how change occurs*.<sup>29</sup> The rationale takes into account the unique needs of the target population and can include empirically based approaches and methodologies.

For example, part of the rationale for a men's residential treatment program includes:

*Because addiction affects so many aspects of a person's life, treatment must address the needs of the whole person to be successful. The best programs incorporate a variety of rehabilitative services and therapies to provide comprehensive treatment regimens. Recovery involves making substantial changes to whole patterns of living. Treatment methods need to resemble those of a chronic disease model of care rather than an acute care medical model (White, Boyle & Loveland 2002). This process can take months and years rather than days and weeks (Sellman 2009).*

<sup>28</sup> Small, S.A., O'Connor, C., & Cooney, S.M. (2008). Evidence-Informed program Improvement. What Works, Wisconsin Program Improvement Manual. Madison, WI: University of Wisconsin-Madison/Extension.

<sup>29</sup> Logic Model Workbook. Innovation Network, Inc. (2002-2011). <http://www.innonet.org>

## Quality Check-in



Key Question	In Progress	Completed	Comments
Is there a theory guiding the program? Is there research to support the theory's validity?			
Which risk and protective factors does the program target? Does research indicate that these factors are the most relevant to address?			
Can you clearly articulate the program's theory of change and how it operates to achieve the program's intended outcomes?			
Are the chosen services adequate to fulfill the needs of the target population – do services provide enough intensity and dosage to impact change?			
Does the program rationale logically explain why the services will work for clients?			
Do staff have the knowledge and skill to offer the services or carry out the change, and, if not, can they be adequately trained, or can new staff be hired?			

## PROGRAM DESIGN COMPONENTS

COMPONENT	CONTENT	CONSIDERATIONS
<b>Problem Statement</b>	<ul style="list-style-type: none"> <li>• Prevalence and incidence of problem over time</li> <li>• Projections for the future</li> <li>• Political, economic and social context of the problem</li> <li>• Prevalence of demographic characteristics</li> </ul>	<ul style="list-style-type: none"> <li>• What individual and contextual factors give rise to the problem? Which of these factors can be influenced by the program?</li> <li>• Who experiences the problem? Is it expected to increase or decrease? How strong is the data?</li> <li>• Do rates vary by ethnicity/cultural aspects? Gender?</li> <li>• Does the public consider the problem to be important?</li> </ul>
<b>Needs Assessment</b>	<ul style="list-style-type: none"> <li>• Risk factors associated with the problem</li> <li>• Protective factors that reduce risk</li> <li>• Existing programs and policies that support the program purpose</li> </ul>	<ul style="list-style-type: none"> <li>• Are there new or unrealized opportunities for the problem?</li> <li>• Does the program fulfill an identifiable gap or need in the community?</li> </ul>
<b>Program Goal</b>	<ul style="list-style-type: none"> <li>• Goal Statement</li> </ul>	<ul style="list-style-type: none"> <li>• Is the program compatible with the organization's mission and other programs?</li> </ul>
<b>Change Strategies</b>	<ul style="list-style-type: none"> <li>• What: program services are grounded in evidence-based practices</li> <li>• Who:                             <ul style="list-style-type: none"> <li>• eligibility criteria for program participants</li> <li>• skills, knowledge, and experience of program staff</li> </ul> </li> <li>• Where: accessibility and environment of program location</li> <li>• How: Intensity and dosage of services</li> </ul>	<ul style="list-style-type: none"> <li>• What is innovative about the program theory? (newly specified targets, new delivery mechanism?)</li> </ul>
<b>Program Rationale</b>	<ul style="list-style-type: none"> <li>• Relevant theories or perspectives the chosen services/interventions are based upon</li> </ul>	<ul style="list-style-type: none"> <li>• Does the evidence suggest that the activities, if implemented, will produce desired outcomes?</li> </ul>
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• Articulated beliefs about why the program will work</li> </ul>	<ul style="list-style-type: none"> <li>• Have all assumptions been made explicit?</li> </ul>
<b>Theory of Change Statement</b>	<ul style="list-style-type: none"> <li>• If/then statement: hypothesis of etiology and working intervention hypothesis</li> </ul>	<ul style="list-style-type: none"> <li>• Is the theory clearly articulated and based on evidence to illustrate how and why the program will succeed?</li> </ul>
<b>Logic Model</b>	<ul style="list-style-type: none"> <li>• Inputs</li> <li>• Activities (Intake, Screening, Intervention Services, Discharge - recommendations for implementation)</li> <li>• Outputs</li> <li>• Outcomes (short, medium, long term)</li> </ul>	<ul style="list-style-type: none"> <li>• Are the necessary resources and inputs available to carry out the program?</li> <li>• Do the outcomes represent meaningful changes for program participants?</li> <li>• Are the outcomes realistic and within the scope of the program?</li> </ul>
<b>Outcome Measurement Plan</b>	<ul style="list-style-type: none"> <li>• Indicators of Success</li> <li>• Measurement Tools</li> <li>• Benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• Are the indicators accurate and measurable aspects of the outcomes with achievable targets established?</li> <li>• Does the outcome measurement plan have clear timelines in place for when to administer the measurement tools?</li> </ul>
<b>Client Service Pathway</b>	<ul style="list-style-type: none"> <li>• Client pathway through program from entry to exit</li> </ul>	<ul style="list-style-type: none"> <li>• Have all possible routes through the program been considered and planned for?</li> </ul>