DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Understanding Service Gaps

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DCoE Program Evaluation and Improvement Training Series

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[Video Introduction]

[Slide 1] Title slide: Understanding Service Gaps

Ms. Meehan: Hello. My name is Susanne Meehan. I am a senior program management analyst who provides 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, which is part of DCoE's 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 "Understanding Service Gaps." 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 on your screen. Your questions will remain anonymous, and our presenters will respond to as many questions as possible during the Q-and-A.

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 is provided for today's event, and a transcript will be made available at a later date.

At the bottom of the screen is the chat pod. Please feel free to identify yourself 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.

[Slide 3]

Webinar materials for this series are available in the files pod at the bottom left of the screen during the webinar. They are also posted in the Program Evaluation section of the DCoE website. Modules from the newly revised DCoE Program Evaluation Guide will be posted throughout 2016.

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

[Slide 4]

We are pleased to offer continuing education credit for the 2016 Program Evaluation and Improvement webinar series. Instructions for obtaining continuing education through DCoE's collaboration with the Professional Education Services Group were made available during the registration process. Eligibility criteria for continuing education credit are presented on slide four. The length of this episode is 1 hour. Eligible participants will receive 1 hour of credit.

[Slide 5]

If you preregistered for the webinar and want to obtain CE certificates or a certificate of attendance, you must complete the online CE evaluation. After the webinar, please visit dcoe.cds.pesgce.com to complete the online CE evaluation and download your CE certificate or certificate of attendance. The CE evaluation will be open through February 1, 2016.

[Slide 6]

This webinar was introduced by Captain Armen Thoumaian. Captain Thoumaian is the deputy chief for program evaluation and improvement 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 7]

Presenters for this episode include Dr. Barbara Forsyth, Dr. Jill Goodwin, and Ms. Debra Stark.

Dr. Forsyth is a research scientist who provides contract support for DCoE. She is a cognitive psychologist and psychometrician, and earned a doctorate in psychometrics from the University of North Carolina at Chapel Hill. She has over 20 years of experience in research design, measurement, and analysis. Her research includes developing, testing and validating measures and measurement methodologies, generally focusing on survey measurement, survey data collection, and survey analysis. She has worked in health, health services, and health program evaluation for the Department of Veterans Affairs, TRICARE Management Activity, and other agencies.

[Slide 8]

Dr. Goodwin is a research scientist who provides contract support for DCoE. She is a clinical psychologist and licensed marriage and family therapist. She has worked in a variety of inpatient and outpatient settings with both military and civilian populations. Dr. Goodwin specialized in working with individuals affected by addiction, as well as their families, as a lead counselor at the Betty Ford Center. Dr. Goodwin also served as a regional director for the Army National Guard Psychological Health Program. In this role, she responded to numerous suicides and homicides, traveling throughout the country to support and educate staff and military leadership.

[Slide 9]

Ms. Stark is a research scientist who provides contract support for DCoE. She is a survey methodologist who earned her master's degree in business administration from Vanderbilt University. Ms. Stark has over 15 years of research experience in the areas of program evaluation and monitoring, qualitative research, usability studies, and web analytics. She has worked on health services evaluation projects with several federal agencies, including the Department of Veterans Affairs, TRICARE Management Activity, and the Health Resources and Services Administration.

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I am Susanne Meehan, your moderator for today. I am a retired U.S. Air Force command chief master sergeant with over 28 years of military and civilian experience in the Defense Department. I have worked as a program manager for the National Guard Bureau Psychological Health Program, managing day-to-day activities for the program as a member of the Pentagon Joint Staff. I served as point of contact for the National Guard Bureau Legislative Liaison Office on Congressional Inquiries and Joint Action Staff Management System.

[Slide 11]

This training will provide an overview of how program staff can understand and address service gaps for their programs and access existing community resources.
At the conclusion of this webinar, participants will be able to:

- Define program service gaps
- Understand the gap analysis process
- Identify DoD resources and opportunities to collaborate with community partners and other stakeholders
- Apply strategies to address common challenges that program staff encounter when addressing service gaps

[Slide 12]

As seen on slide 12, Captain Thoumaian will begin with “Understanding Service Gaps.” Dr. Forsyth will present important concepts on identifying opportunities for improvement. Dr. Goodwin will address implementing action plans with military and civilian partners. Ms. Stark will present strategies for overcoming common challenges that arise when programs seek to address service gaps. Captain Thoumaian will conclude with a summary of key takeaways. We will wrap up this webinar session by providing a list of references and resources, followed by an opportunity to provide anonymous feedback and a brief question-and-answer session with our presenters. I now turn this presentation over to Captain Thoumaian.

[Slide 13] Title slide: Overview of Service Gaps

[Slide 14]

Service gaps are any differences between program participant needs, and the needs a program is able to address. For example, a program that has few program staff may have difficulty meeting the needs of a large target population. Or a program operating only on weekdays may have trouble meeting the needs of a target population with other weekday obligations.

[Slide 15]

Here are four types of service gaps that can be uncovered by comparing program practices with participant needs.

A scope gap occurs when the target population experiences needs that a program is not designed to address. Gaps related to a program’s scope are particularly likely when no needs assessment was conducted. Scope gaps can also result when needs assessment results are misinterpreted by program developers, or when the target population has difficulty reporting its needs, perhaps because their needs are complex or difficult to describe.

Knowledge gaps exist when program staff lack the knowledge required to implement evidence-based “best” practices. For example, when Service members first express a need for behavioral health care, it is important for programs to follow up with them promptly. Quick follow up encourages continued engagement with the program. Evidence indicates that follow-up should occur within 2 hours. If program staff lack knowledge of this specific guideline, they may follow

up on a more delayed schedule. Delayed follow-up would be a departure from evidence-based practice.

Resource gaps occur when program funds, facilities or staffing are insufficient to meet participant needs. In other words, participant demand exceeds program capacity. For example, resource gaps may occur when program staff are not available in the vicinities where population members live, train, or work.

The last type of gap listed here, environmental constraints, occurs when aspects of a program's context or environment interfere with its impact. For example, social stigma may prevent participants from seeking services they need. As a second example, participants' other obligations may limit the amount of time they can commit to their own care. Also, provider obligations may interfere with a program's available capacity to meet demand.

[Slide 16]

Let's look at each of these gaps in a little more detail, starting with gaps due to inappropriate scope. We've listed two types of scope gap. First, a program may have scope gaps when it addresses only a subset of the target population needs. For example, a program providing support to service members' families may fail to meet participant needs if the program provides strong support for service members' partners but little support that is tailored to children.

Second, a program may have scope gaps when it addresses the wrong problems. For example, consider a preventive program designed to support psychological resilience. This program would fall short in meeting participant needs when a substantial portion of the target population already experiences suicidal ideation.

We have also listed two types of knowledge gaps. First, knowledge gaps will occur when program staff provide care or treatment that is based on an outdated evidence base. This type of gap occurs when program staff are not aware of evolving best practices. Staff training and continuing education are common remedies for this type of gap.

Second, knowledge gaps may occur because the available evidence base includes conflicting evidence on best practices. The available evidence base may also be incomplete. In this case, the practices that qualify as "best" are unknown because science has not made sufficient progress.

[Slide 17]

As shown on this slide, there are several varieties of resource gaps. Funding is a commonly cited resource gap, but resource gaps are also evidenced in program staff shortages or inadequate material resources, for example, exam rooms, meeting rooms, or laboratory equipment. In addition, programs may experience resource gaps if their staff and treatment locations fail to cover the target population's geographic area.

Gaps due to environmental constraints can reflect a range of social, physical, or cultural factors. For example, stigma is a social factor that can inhibit care-seeking. Conflicting obligations, for example, family needs, job duties, or training requirements, are another social factor that can interfere with care-seeking. Physical constraints may include distance traveled, limited transportation options, and program facility accommodations. And cultural factors can

encompass language barriers or cultural norms for conveying personal information. Any of these factors can inhibit care-seeking if they are not anticipated and accommodated.

As shown here, service gaps can be caused by many factors. Furthermore, some service gaps are complex, caused by more than one factor.

As we've seen, gaps come in many forms. Therefore, it is important to take a disciplined and systematic approach to understanding them. I now turn the presentation over to Dr. Forsyth, who will describe ways to use an understanding of service gaps to identify opportunities for program improvement.

[Slide 18] Title slide: Identifying Opportunities for Improvement

Thank you, Captain Thoumaian. In this portion of the presentation, we will present a general approach for analyzing service gaps. Then we will look at gap analysis in more detail. One purpose of gap analysis is to help programs identify potential improvements. We'll review action planning, one tool that guides program improvement. We'll describe an actual example to illustrate the kinds of benefits we can gain through gap analysis. We'll close by looking at how gap analysis allows us to move from present practices to improved practices.

[Slide 19]

Gap analyses serve three major purposes. First, they detect any existing service gaps by comparing the target population's current state with the desired state expected when the program is operating as intended. In this slide, differences between the "current state" and the "desired state" reflect the existence of a service gap.

Second, gap analyses identify the types of gaps a program has and the factors causing the gaps. The underlying causes are the key factors to change in order to move from the current state to the desired state.

Third, programs use results from gap analyses to identify opportunities for program improvements. Decisions about program improvements are operationalized in an action plan.

[Slide 20]

Analyzing service gaps involves three steps. Step one is detecting any service gaps. Step two is determining their causes. Step three is identifying strategies for addressing service gaps.

[Slide 21]

Programs have a variety of methods they can use to detect service gaps and their possible causes. In step one, reviews of service utilization rates and wait times reflect demand and can be used to detect unmet needs. As we've seen, a number of factors can contribute to causing unmet needs. In step two, chart reviews can help evaluators determine current practices and identify service gaps where care delivery falls short of best practices. Peer review and expert review can add further detail, particularly in the areas of knowledge gaps and environmental factors that constrain program performance. Participant input through focus groups and surveys can help programs determine where program scope could be expanded to address a broader range of participants needs.

Later sections of this presentation will focus on step three, strategies to address service gaps. We list a few strategies here, as a preview.

[Slide 22]

A first step in moving from present practice to best practice is to create an action plan to address identified service gaps. As noted on slide 22, an action plan represents a detailed strategy or set of strategies for improving program services and reducing service gaps. Programs select their objectives based on results from gap analyses. As noted here, objectives may include steps to adjust program scope, enhance program practices, or pinpoint new resources. Shortly, we'll talk in detail about action items that aim to reduce service gaps and better meet participants' needs by locating opportunities to partner with other organizations.

[Slide 23]

Here is a template for developing an action plan. The goal of an action plan is to improve program services and reduce service gaps. The gap analysis identifies factors to be addressed by the action plan objectives. For example, if expert reviews reveal that program staff have significant knowledge gaps, then the action plan should include objectives that enhance provider knowledge or reduce the impact of staff who lack required knowledge. Likewise, if participant feedback indicates needs that are unaddressed by current program services, then action plan objectives should include ways to expand program scope or methods for linking to other community resources to ensure that these needs are attended to.

It is essential that the action plan include SMART objectives that is, objectives that are specific, measurable, achievable, relevant, and time-bound. Furthermore, as illustrated here, an action plan's measures of success should include both process and outcome measures. These two sets of measures let programs assess the plan's implementation and the plan's success in addressing unmet needs.

[Slide 24]

More likely than not, each identified action proposed will be associated with a potential obstacle or barrier. Identifying barriers and strategizing to overcome them is key to addressing service gaps. The table shown here on slide 24 illustrates several examples of obstacles a program might encounter as well as strategies the program might implement to overcome these barriers. For a resources and funding obstacle, a program may be able to draw on already existing assets, either internal or external to the program. Policies and procedures may be difficult to change; a strong communications effort could help. Consider how each potential obstacle might be addressed and include your selected strategies in the action plan.

[Slide 25]

Let's review an example program. This example, using hypothetical "Program Sierra," should help demonstrate how program staff might develop their own action plans. The centralized face-to-face program focuses on a target population that includes some geographically dispersed Service members. Gap analyses used survey results to determine that substantial numbers of Service members had difficulty accessing program services. An action plan was developed to introduce an online program component to help meet the needs of all relevant Service members.

[Slide 26]

The objective is to provide basic assistance and to promote program services using an online, web-based interface.

The action plan identifies seven steps to achieve the objective. The plan begins by obtaining leadership approval. The plan ends when the online system is operational.

Note the three measures of success. The first two are process measures to monitor progress implementing the plan. The third measure is an outcome measure.

The outcome measure here could use some additional refinement. The general measure here is really just a placeholder for a few more specific measures that are tailored based on case details.

The plan outlines three potential obstacles and four strategies for overcoming them. The third and fourth strategies are particularly noteworthy. By monitoring progress reports, the program aims to facilitate quick decision making. Quick decision making is useful for combating a variety of obstacles. Therefore, this is a versatile strategy.

Using established data collection and analysis methods is a best practice. It will ensure that information used for decision making is sound. This is another versatile strategy.

[Slide 27]

Before moving on, let's take a moment to summarize how service gap analysis can help programs improve their practices and better meet participants' needs. The graphic here on slide 27 illustrates how we can use gap analyses and action plans to move from present practices to improved practices.

The intermediate steps, analyzing service gaps and developing and implementing the action plan, are key. It is here that programs detect their shortcomings, identify the causes, and develop plans to address them. The identified barriers and causes guide efforts to develop strategies that improve current practices. When carefully implemented and appropriately tested, the result can be not only improved practices, but possibly even a model for "best practices."

[Slide 28]

A case study may help to demonstrate the kinds of benefits that can result from gap analyses. Let's consider a psychological health program that was developed and implemented in response to a service gap analysis.

The new program focuses on suicide prevention. Before the new program was developed, it was standard practice to send Service members at risk for suicidal ideation for emergency room care. While emergency room care effectively protected the Service members in the short term, this care had little longer-term success.

Based on gap analyses, program developers recognized that the emergency room treatment was not meeting service members' longer-term needs. In response, program developers drew

together multidisciplinary support teams. These teams include chaplains, military and family life counselors (or M-FLCS), psychological health coordinators (or PHCs), unit commanders, and battle buddies.

The teams provide “wrap-around” care to at-risk Service members. The wraparound care is designed to provide continual support to program participants. Social stigma associated with help seeking was found to decline, and access to care increased because the program teams provided several points of contact. The program added case management services to ensure program participants received follow up care.

Notably, process and outcome research on this psychological health program show that it effectively reduces distress. The program’s approach is generally recognized as a “best practice.” Moving from current practices to improved or even “best” practices may rest on the ability to involve a variety of civilian and military resources. Dr. Goodwin will address this topic next.

[Slide 29]

Thank you Dr. Forsyth. I will now present some of the important factors to consider when identifying opportunities for improvement related to service gaps, working both internally and externally to the Service environment.

[Slide 30]

We are all aware of examples of limited resources, or limited knowledge that may create a gap in service. In this slide we will examine ways to achieve the desired program goals working within a military context, despite these obstacles. I will also speak on how to arrange access to care. Here we will look at the process from when a Service member self-discloses he or she has a behavioral health concern, or is flagged as having an issue, to the next step of how to obtain treatment.

All branches of Service have a policy that outlines how a Service member can obtain access to care, or treatment. A line of duty or LOD, means that the injury happened while on duty. This is one of the ways a Service member would obtain treatment.

Due to geographic dispersion, sometimes it is necessary for a Service member to travel to obtain the needed behavioral health services. All branches of Service have a policy that outlines how this can be achieved. In some cases, a Service member may be placed on an LOD so that he or she may receive funding for travel, as well as for treatment. In unique situations, particularly with the reserves and National Guard, an LOD may not be granted.

Special considerations may be rendered from various programs to provide emergency funding for a Service member that will cover the cost of travel and treatment. In some cases, where there is a waiting list to enter treatment, various behavioral health programs will work in collaboration with other programs to provide extra counseling and support to ensure the safety of the Service member until he or she can enter treatment.

[Slide 31]

Included on this slide are many psychological health and TBI resources for care. These may be accessed online or via telephone. A Service member, family member, or provider may access or be referred to these resources.

Links to these programs are provided on the resources slides at the end of this presentation, slides 48 and 49. Most of these resources are free.

[Slide 32]

Sometimes it is necessary to seek outside agencies for support of behavioral health care or TBI needs. However, not all civilian providers are familiar with the military culture and what makes this population unique. Therefore, it is important to educate providers, so that they can be effective when working with the military. Knowledge and education are critical.

In truth, this applies to anyone working with the military regardless of their status. It is vital that military personnel are up to date on the latest research, as well as policy guidance. This will ensure program staff and others know what the right thing to do is, what their roles are, and how they can work together within the same branch, across Service branches, and with community providers to provide the best care for our Service members. Literature reviews and sharing best practices with others is an excellent way to stay on top of latest developments.

[Slide 33]

There are an increasing number of opportunities for civilians to learn about the military population and their unique needs. I have listed a few here, although there are many more.

The Center for Deployment Psychology (offered throughout the country) this is one way civilians can learn more about the military, as well as being more adept at helping this population. The National Center for Posttraumatic Stress Disorder or PTSD now has consultation services available for Veteran Affairs and civilian providers. Both of these programs can be accessed online. Their websites will provide the dates and locations of where the seminars are being offered.

Military 101, which I also discuss on the next slide, is another way community providers can learn about military culture. This will hopefully foster an increased ability to help the military population. At a minimum, this seminar will increase awareness of the unique challenges that service members face and how they differ from the general population. Another aspect this program affords is a venue to educate community providers on all the resources that are available to Service members.

The result of attending these kinds of seminars is that it leads to a greater partnership between the military and civilian sector. This partnership creates a warm handoff from military personnel or contractor to a civilian provider. This is a wonderful means by which to have more community providers knowledgeable in the unique factors specific to Service members.

[Slide 34]

I'd like to share some best practices currently being implemented. These are ways military organizations were able to solicit help from community providers:

- Military 101 employs military staff and contractors to educate community providers on military culture and unique challenges Service members face, and to explain how providers can get involved. These informative lectures are conducted throughout the state and held at community colleges.
- Some military programs have started speaking to law enforcement and have developed partnerships with them. One way it has served is to provide assistance back to the military for individuals who were getting into trouble with the law. Oftentimes an increase in reckless behavior is a sign of behavioral health concerns. These military providers give law enforcement their contact number, encouraging them to reach out to them when they have a Service member in custody.
- Other programs go into the school system to educate teachers on military families. This has been a very important program, as many teachers never know if a child comes from a military family. Additionally, teachers may even be unaware of a student's parent being deployed. Changes in behavior may ensue, and unless the teacher is knowledgeable of the stressors in the home, they are ill-prepared to help that child. Additionally, educating the classroom on military families proves invaluable. In one example two students who were not friends became close buddies when they learned both of their fathers served in the military. Also, it is a wonderful way for the community to learn more about military service and hopefully gain respect for their sacrifice.

[Slide 35]

There are many ways community providers can get involved. I have listed a few:

- Counselors can be part of Give-an-Hour. Here a counselor will donate an hour of their time for free counseling to a Service member.
- Military One Source is another opportunity for counselors in the community to sign up to be a Military One Source provider.
- Another way to help the military is to increase the number of physicians who accept Tricare patients.

[Slide 36]

Arrangements made between civilian partners and programs may help a program to more fully address service gaps. Some recommended practices are listed here on slide 36.

Starting with the first item in the left-hand column, note that in order to work with the civilian community, it is important to identify needs the program and the civilian community hold in common. This may be done by examining secondary data such as population characteristics and health data.

Next, establish priorities in concert with civilian community stakeholders. Input from the civilian community may be obtained through primary data collection or direct conversation about results identified through gap analysis, by understanding obstacles from the civilian community's perspective, and by synthesizing data collected from all parties involved.

Lastly, successful implementation of any plans that are made will require agreement on outcome goals and coordinating activities.

[Slide 37]

As part of a completed needs assessment process, a program may have already compiled an environmental scan or inventory of civilian community assets and capacities.

A reminder, the civilian community to be scanned must first be defined. A civilian community may be defined in terms of geographic parameters, service areas, or interest groups. An environmental scan will help the program identify those factors in the civilian community that protect people from identified problems or that address similar needs to the program's own. An environmental inventory helps to determine whether resources already exist within the civilian community to address a targeted problem.

- As discussed in the December PEI webinar, typical ways to conduct an environmental scan or inventory include networking with local hospitals, psychological health and TBI institutions and programs, case coordinators, and social workers. These persons may become interested stakeholders who will help fill PH and TBI program service gaps.

[Slide 38]

Identify priorities that resonate with the local civilian community in terms of what is most urgent, what is affordable, what can be accomplished with existing resources, and what has the greatest potential to generate positive outcomes.

It will likely not be possible to address every gap or need. The goal is to prioritize what is doable given the available time and resources.

Consider barriers that impact planning and implementing an intervention or improvement. From the program side, staff must consider a range of factors, such as congressional or military mandates, deployment cycles, etc. Cost will be a factor. Cost analysis methods such as cost-benefit, cost-utility, and cost effectiveness will be addressed later in this webinar series.

Balance the enthusiasms of the team with achievable strategies that may actually be implemented. Create SMART goals and objectives. Program staff should understand how a proposed shared project fits within or augments the program's own logic model. There are many different decision tools available to help a group achieve a rank-ordered list or consensus. The group may elect to brainstorm, discuss, or enlist expert review.

[Slide 39]

Once assets and priorities in the wider civilian community are identified and agreed-upon, program staff will be positioned to use that knowledge to address a program's unmet health needs or service gaps. A community inventory of civilian health resources may be created and shared. This inventory may have been created as part of a needs assessment activity.

A community inventory directory may be developed for program staff and providers. It should have the name of the civilian community provider or facility, and include location and contact

information such as the name of a point-of-contact, telephone number, website, and physical address. It should note populations served, such as adults or children, and availability: hours and days.

- A directory may be developed for program participants. This will let participants know about the options that are available to them. If a program has the ability to put this information into a spreadsheet, that will enable electronic searches for quick results. Update results on a regular basis to ensure the information is current.

[Slide 40]

Coordinate activities with civilian community partners. Identify what is needed to improve the overall level of system functioning. For example, referrals may be made from a program to a partner agency. These should be tracked.

With approval, representatives from a civilian community-based program and an installation-based program may meet to exchange information. Programs may share resources such as meeting rooms or materials. These arrangements may require a formal agreement, such as an MOU, or memorandum of understanding.

Program staff should seek to maintain visibility or connectedness with civilian community partners. Keep in touch with civilian community members to maintain awareness of civilian community capacity.

Seek creative options to build capacity. It may be possible to enlist civilian community support for program activities.

- Local churches may house psychological health ministries or be willing to create new ones.
- A government laboratory might agree to provide laser technology for TBI therapy.
- Civilian physicians might agree to testify at judicial hearings on behalf of program participants with psychological health issues.

Program staff should continue with their own research to understand what is available. Check websites and annual reports of agencies. Libraries have information about services in the county. United Way maintains a directory of local services. The state human services department might assist as well.

Although coordination to implement plans requires effort, the results should be beneficial and worthwhile. And now we turn to Ms. Stark, who will discuss “Common Challenges.”

[Slide 41] Title slide: Common Challenges

Addressing gaps in services is a necessary component for all programs that strive to meet the needs of Service members. This undertaking brings its own set of unique challenges. Being able to anticipate and prepare for these challenges ahead of time has the potential to set programs up for success in identifying, understanding, and addressing service gaps.

[Slide 42]

On slide 42 we list some questions programs may have when seeking to understand service gaps. First, it might not be surprising to learn that many programs aren't sure where to start in planning for a gap analysis or identifying existing gaps in services. In addition, many programs have questions around implementing best practices. Acquiring specific information on action steps to overcome these challenges and better identify gaps in services can prove beneficial to a program seeking to meet the needs of their target population.

[Slide 43]

The question here is: "How might a program identify existing gaps in services?" The overarching purpose in planning for a gap analysis is to be able to identify what gaps in services exist and to highlight those that can be addressed.

Coordinating a strong network of knowledgeable professionals can certainly help in identifying existing gaps. Stakeholder feedback can sometimes provide insight into the identification of critical needs and gaps in service delivery. For example, stakeholders can inform programs how to operate in a scalable way, leveraging existing capacity and efforts already underway.

Next, programs might consider using a panel of professionals to identify and discuss unmet needs of Service members and best practices to strive for. These brainstorming sessions allow providers to discuss gaps already identified and work toward solidifying a strong course that will lead the program toward implementing best practices.

Overall, the program will want to work toward enhancing these collaborative efforts and coordinating a collective sense of purpose among all partners and stakeholders.

[Slide 44]

The question posed is, "How might a psychological health or TBI program plan to conduct a gap analysis?" First, it is important to coordinate a team of individuals who will be responsible to carry out the gap analysis. A project liaison may carry out the gap analysis while the entire project improvement team can help to collect and analyze information. Those who are to conduct the gap analysis will need to be equipped with tools that will allow them to better understand and assess differences that exist between current practices and those evidence-based practices that suit the needs of program participants.

Evidence-based practices are typically supported by current research that is considered both reliable and valid. In addition, these evidence-based interventions or methods have usually been researched or tested on the population being served.

Finally, the program will want to decide on an approach to analyze existing gaps for possible barriers. In other words, the program will need to identify those challenges or limitations that inhibit it from being able to carry out best practices. The program will next want to determine whether it can overcome these barriers and how it intends to do so.

[Slide 45]

“Once gaps are identified, how might a program implement evidence-based practices?”

Sometimes programs find success in implementing the right practices by observing, documenting, and implementing best practices used by similar programs. For example, the program might benefit from reaching out to programs that work with Service members with a similar set of needs, interviewing staff among those programs, and especially documenting their challenges and strengths that were identified as changes were implemented. After all, these challenges or barriers might be unique to the program or overlap with other programs.

Barriers generally need to be addressed before successful implementation of best practices can take place. Engaging providers and stakeholders in the planning and execution of changes is an important part in setting the program up for success. It will also help in sustaining changes over time. Levels of support and acceptance of implemented practices will determine whether these become permanent changes, or are not integrated into program practices.

[Slide 46]

Thank you, Ms. Stark, Dr. Forsyth, Dr. Goodwin, and Ms. Meehan.

[Slide 47]

As we’ve seen, gap analyses are essential for assessing the alignment between program services and target population needs.

When we find evidence that a service gap exists, we can use results from gap analyses to identify program improvements that could address unmet needs.

Once we identify ways we might make program improvements, we can select actions to take by prioritizing the opportunities based on how realistically they can be implemented and on their expected impacts.

An action plan is one tool we can use to make program changes.