



Understanding Needs Assessments

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DCoE Program Evaluation and Improvement Training Series

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[Video Introduction]

[Slide 1]

Ms. Meehan: Hello. My name is Susanne Meehan. I provide contract support to the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury or DCoE. I will be your moderator for this presentation, the first episode in the 2016 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 "Understanding Needs Assessments." 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 January 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 Mr. Carter Frank, Dr. S. Hope Gilbert, and Ms. Debra Stark.

Mr. Frank is a research scientist who provides contract support to DCoE. Mr. Frank has over 15 years of experience in program development, management, and training. His career spans military and civilian environments and clinical and non-clinical mental health operations. Mr. Frank holds master's degrees in counseling and management information systems and he is a licensed clinical counselor.

Dr. Gilbert is a research scientist who provides contract support to DCoE. She has over 15 years of public health research experience as an epidemiologist, including 10 years in support of TRICARE for the Department of Defense. She has served as the principal investigator for DoD inpatient and outpatient studies for active duty Service members and their dependents. Her primary areas of research include post-traumatic stress disorder and suicide prevention.

[Slide 8]

Ms. Stark is a research scientist who provides contract support to DCoE. Ms. Stark is a survey methodologist and analyst with more than 15 years of research experience. She has worked on health services evaluation projects with several Federal agencies, including the Department of Veterans Affairs and TRICARE Management Activity. Ms. Stark holds an M.B.A.

I am Susanne Meehan, your moderator for today. I am a senior program management analyst who provides contract support to DCoE. I have more than 28 years of cumulative military and civilian experience in the Department of Defense, with 4 years of experience as a program manager for the National Guard Psychological Health Program. I am a retired U. S. Air Force Command Chief Master Sergeant with a bachelor's degree in psychology.

[Slide 9]

This training presentation will provide an overview of how program staff can design a needs assessment for their programs, understand population health needs, and assess existing community resources. At the conclusion of this webinar participants will be able to:

- Define a program's target population;
- Examine data to document health needs for psychological health and traumatic brain injury, or TBI, program target populations;
- Identify opportunities to collaborate with community partners and other stakeholders;
- Apply strategies to address common challenges that program staff encounter when conducting a needs assessment; and
- Obtain resource materials to execute a needs assessment.

[Slide 10]

As seen on slide 10, Captain Thoumaian will begin with an introduction to needs assessments. Dr. Gilbert will present important concepts for understanding needs assessments at the program level, and Mr. Frank will explain how to define a target population. Ms. Stark will discuss opportunities for community partnerships and Mr. Frank will present strategies for overcoming common challenges that arise when programs are tasked to conduct a needs assessment.

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.

[Slide 11]

Captain Thoumaian: Thank you, Ms. Meehan. Now, I will discuss the importance of needs assessments within the program evaluation process for psychological health and TBI programs.

[Slide 12]

A needs assessment is a systematic process used to collect, identify and analyze health needs within a community. They are conducted in order to prioritize, plan and act upon unmet population health needs for psychological health and TBI programs.

Effective needs assessments will take a close look at support systems already existing in the community. Developing a community collaboration process will help identify resources that respond to unmet health needs. This process can increase community partner buy-in and support, identify gaps in existing services, and expand networking capabilities.

[Slide 13]

A needs assessment is part of an overall program evaluation and is, ideally, conducted when the program is first implemented and is continually updated over time. Slide 13 shows how this process can be viewed as a mission-guiding activity that helps a program focus on providing the right activities. During the beginning or formative stages of a program, it will help answer what the target population's needs are and to what extent they are being met. Most importantly, the needs assessment will help psychological health and TBI programs answer what they can do to address assessment results. As a program matures over time, program administrators should revisit their needs assessment to answer related questions, such as, "How satisfied are participants with program services?" and "Is the program achieving its objectives?"

[Slide 14]

Each program should evaluate its resources and capacity to provide services. It is also important to understand the population demand for program services. The relationship between capacity, demand, and need are presented in the equation in the middle of Slide 14. In this equation, demand represents a population's willingness to seek out and use a program's resources and services. Capacity represents a program's ability to provide the services and resources for which there is a demand.

Unfortunately it is rare that there is a perfect balance between the capacity of a program and the

demand placed on that program. By dividing capacity by demand, this equation can be used as a guide to align population needs and a program's capacity to meet them. Conducting a needs assessment can increase the program's ability to meet the target population needs by aligning staffing, leadership, services offerings, and community partnerships. This process will increase the likelihood that services planned and provided will be effective in meeting the target population's needs.

[Slide 15]

Slide 15 presents the population health continuum, which can be helpful for understanding population needs. The top bar illustrates the actual proportions of individuals within a population. The majority of individuals are healthy. Others on the health continuum exhibit risk factors or reduced performance. Those farthest to the right are wounded, ill, or injured. The bottom bar illustrates the desired end-state or goal of increasing the proportion of individuals who are in a healthy state and reducing the numbers of individuals in the at-risk and ill or injured state.

When conducting a needs assessment, a program will benefit from collecting the data necessary to determine the overall proportions of the target population that are healthy, at risk, and those who require treatment. This information will later be useful in setting goals and SMART objectives (those that are specific, measurable, achievable, relevant, and time-bound).

[Slide 16]

Needs assessments have become increasingly important for programs. When properly conducted, it will help program staff identify redundancies and close service gaps. It will assist leadership in prioritizing program activities and identifying target populations in need. Today's economic conditions are driving programs now more than ever to make cost-effective decisions based on a specific set of needs. Implementing a needs assessment will guide the efficient use of existing resources and increase the program's cost effectiveness and capacity.

[Slide 17]

Title Slide: Understanding Needs Assessments at the Program Level

[Slide 18]

Dr. Gilbert: The end result of a needs assessment at the program level is always to obtain optimal health for a program's participants.

Now, to meet that goal, components or factors of a program that will be reviewed during a needs assessment include:

- Determination if the program is evidence-based
- Clarification of the program's target population and specific inclusion criteria
- Identification of the outcomes and how/if the program's outcomes effectively meet the program's objectives, and then finally
- Learn how the program measures and also tracks its outcomes and program satisfaction from participants as well as feedback from command.

As we continue, begin to think about an individual program in terms of an upcoming needs assessment. To start, it would be important to focus on the three building blocks of a program: mission statement, goals, and SMART objectives--those that are specific, measureable, achievable, relevant, and time-bound. These will serve as the core of a program's needs assessment.

[Slide 19]

Once a needs assessment has concluded, programs will have the ability to closely monitor their activities for effectiveness in meeting the goals and objectives as related to its mission statement.

A needs assessment will ultimately provide psychological health and TBI programs with the ability to increase the portion of optimal health of the target population and thereby decrease the program's ill or injured, identify program needs that would aid in strengthening a program's outcomes, and also recognize and ultimately share any best practices.

Specific tools that programs will gain after a needs assessment will include strategies to identify gaps and redundancies; the specific steps to measure a program's process improvement, satisfaction, and long term impact; and facilitate linking the program with potential partnerships that would be able to provide needed support to achieve a program's needs identified during the assessment.

To sum, a needs assessment provides a program with the ability to meet its overarching goal – a strong program that will provide services leading to increased optimal health for its target population.

[Slide 20]

The illustration on slide 20 shows how a needs assessment can directly impact a program's target population and its goal of optimal health. In viewing this bell-shaped curve, the entire shaded area (green and red) represents a program's population. The green shading symbolizes the healthy proportion and the red the ill or injured (such as those who have a psychological health or traumatic brain injury).

After a needs assessment, programs will gain a clear plan outlining the tools and suggested resources to successfully shift the green, healthy proportion to the left, thereby suppressing the red section (those who are ill or injured) and resulting in a population with a more optimal health status and a strong program performance.

[Slide 21]

In the case of programs specific to psychological health and traumatic brain injury, the illustration on slide 21 is a visualization to see how strong programs can enhance overall population health well-being and successfully compress the ill or injured with psychological health and traumatic brain injuries. In understanding population needs and demands, the portion of ill and injured can reasonably be reduced through prevention and educational tactics among the healthy and at-risk portions of a population.

[Slide 22]

The total population (both healthy and ill or injured) falls into one of two program classifications depending on a program's mission, objectives and goals as originally mandated or directed. Programs are either preventive or management and treatment focused.

Prevention programs target the overall healthy population which includes the proportion at risk of becoming ill or injured. This would include the portion of a population who engage in high risk behaviors potentially resulting in a psychological health or traumatic brain injury. These programs are universal and then also selective in the groups they target depending on a program's intent.

Programs designed for the management and treatment of psychological health and traumatic brain injuries are indicated programs that include only the ill or injured.

The ill or injured for a treatment program could further be classified as actively seeking care, not compliant with the care provided, or not seeking care and/or are lost to follow-up. During a program's needs assessment, the identification of these three groups for a management or treatment program would be critical in assessing the outcomes of a program. When a program not only measures and tracks these three groups of ill or injured, management and treatment programs become well-equipped to address gaps and redundancies with the hope of improving retention and by default to decrease the loss to follow-up.

[Slide 23]

To dive further into the population continuum from the previous slide, slide 22, here on slide 23 we see specific examples of services and treatments provided to targeted populations based on their classification type (in other words, whether the program is preventive vs management and treatment). Based on a specified program and its needs, this slide provides suggested specific activities for a program where a needs assessment might focus depending on a program's intent.

As previously noted, the majority of the population is healthy and requires prevention activities that are universal and selective as opposed to case management and treatment. These activities would include health education, outreach efforts, identification of risk factors, and support of command in their recognition of the value of preventive programs and supporting the investment of primary prevention activities.

The at-risk portion of a program's population (depicted in yellow on the continuum) will require more in-depth education, training, and screening with baseline assessments depending largely on program participants' occupations and/or recreational activities.

And finally, there are the ill or injured of the population continuum who require clinical assessment, re-classification, and treatment or management to address the resulting psychological health and traumatic brain injury. This portion of the continuum is a target population that requires monitored case management and follow-up services that will also need to be measured and tracked.

Now that we have a working knowledge on understanding needs assessments at the program level, at this point we will hear from Mr. Carter Frank regarding defining a program's target

population.

[Slide 24]

Thank you Dr. Gilbert. I will now present some of the important factors to consider when developing and refining the definition for a program's target population.

[Slide 25]

Defining a target population is more of an ongoing process rather than a one-time event or a short-term activity. New programs may have limited data and vague language from a supporting mandate to use in formulating an initial definition for their target population. However, as recurring assessments are conducted, changing and emerging needs of the target population will be used to refine an existing definition, and may even suggest a partitioning or expansion of program services.

Over the next few minutes, this webinar will explore how to develop a good working definition for the target population. The primary importance of having a good definition for the target population comes from its use in assessing demand and capacity for services. To that end it:

- Helps establish the true demand or need within the overall population
- Supports demand forecasting efforts, is
- Used to determine capacity of services required to meet the demand, both within the current delivery system and outside networks or communities, and it
- Sets the stage for demand management activities. These will be discussed further in our next webinar.

[Slide 26]

Every government psychological health and traumatic brain injury program is supported by some form of mandate or directive that frames the focus of its mission. And it is this focus that will form the starting point in developing the definition for a program's target population.

This starting point will include varying levels of detail for three program approaches to meeting demands for services within targeted populations.

For prevention-oriented programs, target populations are typically defined by levels of risk. Not all people or populations are at the same risk of developing psychological health problems. Prevention interventions are most effective when they are matched to their target population's level of risk. Prevention interventions fall into three broad categories.

- Universal preventive interventions take the broadest approach and are designed to reach entire groups or populations.
- Selective interventions target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population.
- And finally, indicated preventive interventions target individuals who show signs of being at risk, such as active substance abuse or anti-social behaviors. These individuals may show early signs of a formalized diagnosis although they do not fit the criteria quite yet. These types of interventions often include referral to support services.

For management- or treatment-oriented programs, target populations are typically more narrowly defined as groups of individuals and/or family members who meet a predetermined set of criteria or a clinical diagnosis. In some cases, the language of the applicable mandate or directive may allow for some expansion of services as program administrators and their staff learn more about co-occurring disorders and contributing risk factors.

For combination-type programs that offer both prevention and management- and treatment-oriented services, the target population is defined by partitioned subgroups or subcategories that represent a hybrid of the first two approaches discussed above.

[Slide 27]

Those responsible for initiating new prevention-oriented programs and program administrators may need to consider narrowing a broader or universal-type definition derived from language in a mandate or directive. Moving toward a more selective definition will require additional information such as service history and medical or mental health data banks to identify the prevalence of certain risk factors among the target population, such as service members who have served in combat zones. Further narrowing and moving toward an indicated-type definition would entail additional information-gathering efforts such as conducting wellness surveys and clinical or symptom-related assessments. However, the overall purpose of narrowing a broader definition is to use the additional information to hone the target population down to a manageable level that is more in line with a program's capacity to provide services.

[Slide 28]

On the other side of the service continuum, those responsible for initiating new management- and treatment-oriented programs and program administrators may need to consider the expansion of a narrow definition to make it more meaningful for the target population. A narrow definition, derived from a clinical diagnosis specified in a mandate or directive, could be expanded to include co-occurring disorders found to be prevalent among the target population in service history and medical or mental health data banks. In addition, further expansion of the definition may be warranted through the analysis of information gathered from wellness surveys and annual health assessments completed by service members or their families. The overall purpose of these expansions would be to improve the continuity of care for service members and their families by addressing more of the underlying factors that contribute to and sustain a clinical diagnosis.

[Slide 29]

Factors such as staff, equipment, funding, and support can greatly influence a program's capacity to address target population needs. For example, with little support from the community, programs might face additional challenges or barriers in working with the target population. In contrast, high levels of support from the community can increase the program's capacity to work with and help the target population due to the fact that more networks are open to possibly refer individuals into and out of the program. In addition, there may be initiatives within the same program competing for the same set of limited resources. For example, surge capabilities engaged in responding to a prolonged disaster situation may draw resources from regular services and temporarily reduce program capacity.

[Slide 30]

In this section, I discuss needs assessment and opportunities to create community partnerships.

[Slide 31]

A complete needs assessment involves the community. The most immediate community members to involve are the ones who will be most directly impacted by the proposed program. Depicted here on Slide 31 are those who comprise a program's internal community: service members, their families, Command leadership, program staff, health service providers, and other stakeholders. Information on the topic of needs and obstacles to obtaining care may be gathered from these groups through qualitative or quantitative methods. These methods can range from individual interviews to focus groups and surveys.

The most effective way to learn about people's needs and barriers to obtaining care is to ask them directly. That information can then be considered when priority decisions are made.

A couple of examples: a Military Family Needs Assessment was conducted in 2010 on the topic of support systems for military families. Voluntary online surveys were taken through Military OneSource and volunteer focus groups were held at the installation level in the South, the Mid-Atlantic, and at several overseas locations.

Another example of a needs assessment was one conducted to gather data from Service members, veterans, family members of veterans, and service providers on traumatic brain injury, psychological health, and substance use. An online survey and focus groups were dedicated to answering questions about obstacles to care, networks of support, network access, and gaps in service.

[Slide 32]

Conducting an environmental inventory or scan of community assets and capacities will help program leaders identify existing programs in the wider external community. An environmental scan will help administrators identify those factors in the community that protect people from identified problems or that address similar needs to the program's own. An environmental inventory will help to determine whether resources already exist within the community to address the targeted problem, either through reducing risk factors or strengthening protective factors. Awareness of a readily-available resource may impact the program's "make or buy" decision.

Gathering information from existing programs by mapping community assets and capacities can be a sizeable task. However, it may help program administrators develop program features that are complementary to, and do not duplicate, existing services and resources. This exercise could also identify lessons learned that program leaders can apply as they design or improve upon their program.

Knowledge about community attitudes is important to learn. Community 'openness' or receptivity may affect strategies and actions a program might propose to address identified problems and needs.

Typical ways to conduct an environmental scan include networking with local hospitals,

psychological health and TBI institutions and programs, case coordinators, social workers, and even include accessing community websites.

[Slide 33]

The first step that program staff will need to take is to determine what constitutes the wider community, that is, the community to be mapped. Zip codes or county lines may be appropriate to use to start, however, be aware that geography impacts different communities differently. For example, a senior analyst at the National Association of County and City Health Officials observed that rural communities tend to work together more efficiently than their counterparts in urban areas, with [quote] “fewer of the bureaucratic obstacles, market competition, and political agendas that ... impede meaningful engagement” [end quote].

The next step is to move beyond geographic locations and institutions and consider the important factor of community relationships. See whether it is possible to identify “community connectors,” those individuals who weave together different strands within the community. These entities—faith-based institutions, non-profit organizations, and civic clubs, may be important resources for programs, clinics, and hospitals, and especially important to keep in mind when contemplating a “make or buy” decision.

There may be groups of individuals whose needs coincide with program aims and goals. With leadership concurrence, include issue groups where appropriate. There may be groups focused on helmet laws, homelessness, or other preventive measures related to psychological health, traumatic brain injury, and healthy living. These community programs may already function efficiently and effectively.

[Slide 34]

Healthy places are those designed and built to improve the quality of life for all people who live, work, learn, and play there -- where every person can experience a variety of health-related goods and services that are available, accessible, and affordable. Explore and inventory the community resources that improve the mental, social, and physical health and well-being of residents. Determine whether:

- The county provides adequate public transportation so that people can access community services, if there are
- Groups that rehabilitate, support and help those with mental health and substance issues, if
- there are shelters and counseling resources for abuse and domestic violence, and
- Important volunteer organizations and educational institutions. Also, if
- There are specialty physicians such as neurologists, and alternative medicine practitioners such as acupuncturists, chiropractors, and meditation teachers.

These entities may offer programmatic opportunities. Find specific additional details about these services: how accessible they are in terms of hours, location, language, and capacity; how familiar they are with the issues your program targets, and whether providers in the area are trained to address psychological health and TBI issues.

[Slide 35]

Once assets in the wider community have been identified, use knowledge learned about the community to determine where there are shared priorities and potentially shared responsibility to address unmet health needs.

Determine where there may be areas of shared priority with community partners and stakeholders. There may be complementary aims, goals, and missions. With leadership concurrence, see if it is possible to form a needs assessment team that includes community stakeholders.

Although asset mapping is a labor-intensive process, working with the community can potentially result in cost savings for a program. The community may contain needed expertise, or have financial or in-kind resources available.

If, through completing a needs assessment, a program determines that it has too little capacity, it may elect to conduct a Business Case Analysis, or BCA. A BCA allows leadership to consider whether it will “make” more capacity, by building another wing onto the clinic, for example, or whether the program will “buy” additional assets and capacity, and arrange for a network of services out in the community. The conduct of BCAs will be covered in some depth in a future webinar. The point is, it is only possible to arrange for a network of community services if a program understands what is available within the community.

[Slide 36]

While beneficial to programs, needs assessment can come with its own set of unique challenges. Understanding these challenges and identifying resources to overcome them is a necessary part of the process.

When a program identifies its own set of unique challenges, the best way to overcome them might be to collaborate with staff and stakeholders who have varying perspectives on factors such as demand and capacity. The broader the perspective, the better the program will be able to identify and address needs assessment challenges.

[Slide 37]

On slide 37 we list some questions programs may have when seeking to carry out a needs assessment. They are:

- How might a psychological health or TBI program determine health needs and projected utilization rates?
- How will the program define its population?
- What are the best techniques for gathering information?

[Slide 38]

The question posed is, “How might a psychological health or TBI program determine health needs and projected utilization rates?”

First, begin with a thorough understanding of the eligibility criteria of the program. Check the exact wording of the mandate, directive, or DoD Issuance. Consult with command or Service leadership to determine whether it will be possible to query existing datasets, such as the Defense Manpower Data Center, to obtain access and utilization rates for those with similar characteristics or conditions.

If this option is not available, seek to obtain information from the many datasets that are publicly available, such as those from the Census Bureau, the National Institutes of Health, etc. Use the information obtained to examine health needs of similar populations or those from similar regions.

Projections from these datasets can forecast likely demand and aid in estimating health statistics and approximations for the target population.

[Slide 39]

Slide 39 slide answers the question, “How will the program define its population?”

In order to define its target population, programs might consider a number of factors, such as geography, program mandates, and stakeholder expectations. Geographic region is a good starting point as it affects program accessibility for the target population. Examining population characteristics such as age, ethnicity, gender, and education level are also important considerations. Hours of operation may affect the target population’s ability to access the program.

In addition, program mandates guide and define population definition. The program must ensure that admission criteria and target population parameters are in alignment with both the program mandates and the specific issues the program is designed to address. Identifying stakeholders’ interests, expectations, and buy-in is also an important part of defining the target population and designing appropriate services.

[Slide 40]

Slide 40 answers the question, “What are the best techniques for gathering information?”

A program can incorporate data collection and evaluation activities into ongoing program activities. An example of this may be to ask questions during admission, mid-point through treatment, at discharge, and again at follow-up intervals to gain insight into participant progress and program effectiveness.

Programs might consider consulting with leadership or Service command for access to information from database records such as the Military Health System Management Analysis and Reporting Tool, or M2, and the Managed Care Forecasting and Analysis System, known as MCFAS. Gathering and analyzing data are important facets of developing data analysis techniques.

A program might also consider collecting information by using community assets and capacity mapping techniques. The process of capacity mapping incorporates identifying resources and assets of both individuals and organizations within a community. Once identified, community assets and capacities can perhaps be resources for a program.

[Slide 41]

Thank you, Mr. Frank, Ms. Stark, Dr. Gilbert, and Ms. Meehan.

[Slide 42]

A needs assessment is a formative evaluation activity that lays the foundation for program development decisions. Once a thorough needs assessment has been conducted, programs can analyze results to determine program capacity and direction in order to meet forecasted demand.

Population needs assessments provide psychological health and TBI programs the ability to identify distinct areas of improvement in addition to best practices that would yield a decrease of wounded, ill or injured conditions, and an increase of optimal health.

Having an inventory of local community assets and resources will enhance program staff's ability to evaluate and generate alternate care options.

[Slide 43]

Thank you Captain Thoumaian. There is a great deal of useful information available to programs about needs assessment.

[Slides 44 – 47]

On slides 44-47, we provide a brief list of resources and references that we think may be useful.

[END]