



DEFENSE CENTERS  
OF EXCELLENCE

For Psychological Health  
& Traumatic Brain Injury

# Understanding Service Gaps

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Susanne Meehan, B.A.

January 19, 2016



# Webinar Details

- This webinar presentation has been pre-recorded
- A live question-and-answer session will be held at the conclusion of the presentation
- Questions may be submitted anonymously at any time via the Question pod
- Audio for this presentation will be provided through Adobe Connect; there is no separate dial-in
- Live closed captioning is available in the Closed Captioning pod through Federal Relay Conference Captioning

# Materials for Download

- Materials from this series and other program evaluation resources are available in the Files pod and at:

[http://www.dcoe.mil/About\\_DCoE/Program\\_Evaluation.aspx](http://www.dcoe.mil/About_DCoE/Program_Evaluation.aspx)

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- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families
- The authority for training of contractors is at the discretion of the chief contracting official. Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training

# Continuing Education Details (continued)

- 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 <http://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 Feb. 1, 2016

# Presenter

## **Capt. Armen Thoumaian, Ph.D., USPHS Deputy Chief for Program Evaluation and Improvement Office of Integrated Services, DCoE**

Capt. Armen Thoumaian is a scientist director in the Commissioned Corps of the United States Public Health Service (USPHS) with more than 30 years' experience in health and mental health program design and evaluation.

In January 2012, Capt. Thoumaian joined the staff at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) to help design and implement program evaluation and improvement efforts in the Defense Department.

He holds a bachelors in psychology and sociology, a masters in general experimental psychology, a doctorate in social welfare and social work, and has completed a National Institute of Mental Health fellowship in Community Mental Health.



USPHS Capt. Armen Thoumaian, Ph.D.

# Presenter

## **Barbara Forsyth, Ph.D.**

### **Research Scientist, Contract Support for DCoE**

Dr. Forsyth is a cognitive psychologist and psychometrician with 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 additional experience designing, developing, analyzing and reporting on qualitative data collections. She has worked in a variety of content areas, including health, health services and health program evaluation for Federal agencies including the Centers for Medicare and Medicaid Services, the Department of Veterans Affairs, TRICARE Management Activity, the National Cancer Institute, the Department of Agriculture, the Agency for Healthcare Research and Quality, and the National Institutes of Health. Dr. Forsyth holds a doctorate in psychometrics from the University of North Carolina at Chapel Hill, a master's degree in cognitive psychology from the University of South Carolina, and a Bachelor's degree from the College of Wooster.



Dr. Barbara Forsyth

# Presenter

**Jill Goodwin, Psy.D., L.M.F.T.**  
**Research Scientist, Contract Support for DCoE**

Dr. Goodwin is a clinical psychologist and licensed marriage and family therapist. Her work includes a variety of inpatient and outpatient setting with both military and civilian populations. She has had a private practice, and worked as part of a multidisciplinary team in an adult psychiatric unit and an outpatient children's hospital. However, an extensive amount of her experience includes working as a lead counselor at the Betty Ford Center. Dr. Goodwin specialized in working with individuals affected by addiction, as well as their families. Previous experience includes serving as a Regional Director for the Army National Guard Psychological Health Program. While working in this role, Dr. Goodwin responded to numerous suicides and homicides, traveling throughout the country to support and educate staff and military leadership. She has supervised numerous high risk cases, providing consultation, education, and advocacy.



Dr. Jill Goodwin

# Presenter

**Debra Stark, M.B.A.**  
**Research Scientist, Contract Support for DCoE**

Ms. Stark is a survey methodologist with over 15 years of research experience. Her work includes questionnaire design, program evaluation and monitoring, qualitative and quantitative data collection processes, survey methods, data analysis, usability studies, and web analytics to address the needs of the health services sector. Ms. Stark provides technical advice, manages operations, and monitors progress. She has worked on health services evaluation projects with several Federal agencies, including the Department of Veterans Affairs, TRICARE Management Activity, the Centers for Medicare and Medicaid Services, the National Cancer Institute, the National Institute of Allergy and Infectious Diseases, the Health Resources and Services Administration, and the National Institutes of Health. Ms. Stark holds a master's degree in business administration from Vanderbilt University and a bachelor's degree from the City University of New York (Queens College).

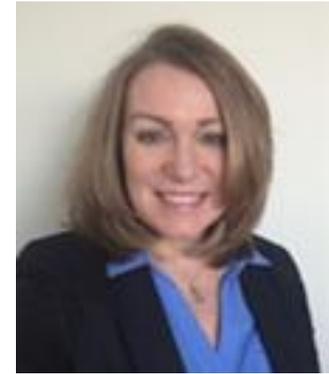


Ms. Debra Stark

# Moderator

**Susanne Meehan, B.S.**  
**Senior Management Analyst, Contract Support for DCoE**

Ms. Meehan has over 28 years of cumulative military and civilian experience in the Defense Department. She has over 3 years of experience as a program manager for the National Guard Bureau Psychological Health Program. While program manager, she managed day-to-day activities for the program as a member of the Pentagon Joint Staff. Ms. Meehan served as the point of contact for the National Guard Bureau Legislative Liaison Office on Congressional inquiries and Joint Action Staff Management System taskers assigned to the program. Ms. Meehan is a retired U.S. Air Force Command Chief Master Sergeant. She holds a bachelor's degree in psychology from Excelsior College and has completed course work toward a master's degree in psychology from Old Dominion University.



Ms. Susanne Meehan

# Overview and Objectives

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 program staff encounter when addressing service gaps

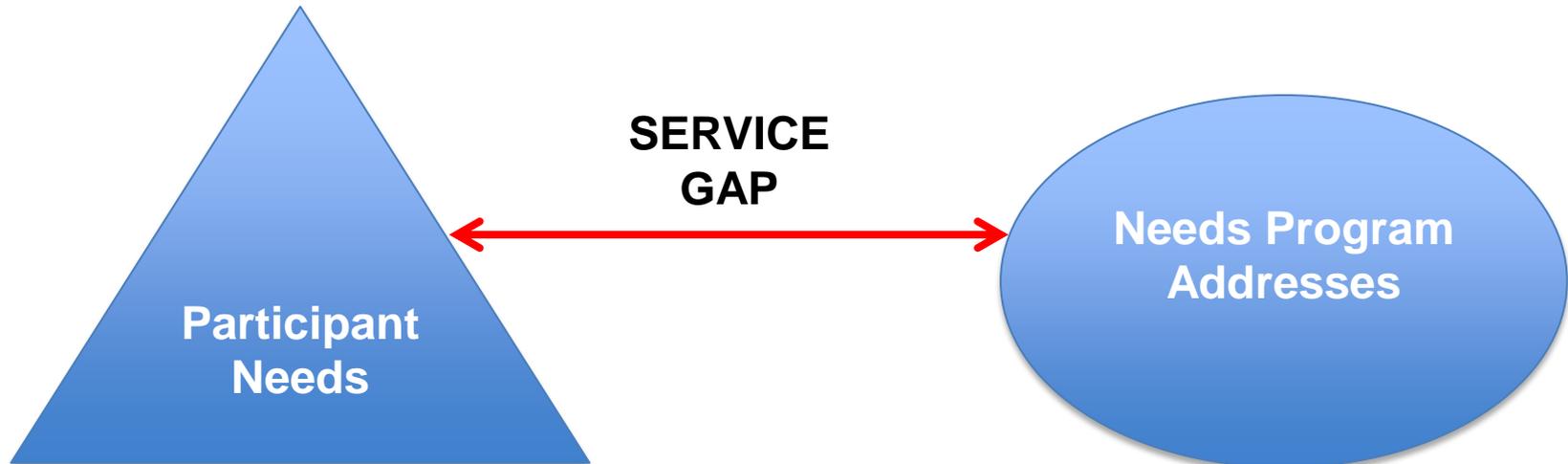
# Agenda

- Understanding Service Gaps
- Identifying Opportunities for Improvement
- Implementing Action Plans with Military and Civilian Partners
- Common Challenges
- Conclusion
- References and Resources
- Feedback and Question-and-Answer Session

# Understanding Service Gaps

# What Are Service Gaps?

Service gaps are any differences between program participant needs and the needs a program addresses



# Overview of Causes

Service gaps can be caused by a variety of factors:

- Inappropriate scope – services offered do not match identified service needs
- Lack of knowledge – services offered do not represent ‘best practices’
- Shortage of resources – participant needs exceed program capacity
- Environmental constraints – program lacks support to implement best practices at levels required to meet participant needs

# Defining Service Gaps

- Inappropriate scope:
  - Treatment only addresses sub-set of problems
  - Treatment address wrong problems
- Lack of knowledge:
  - Providers base care plans or treatment on knowledge that has since been updated
  - Best practices still unknown or conflicting evidence

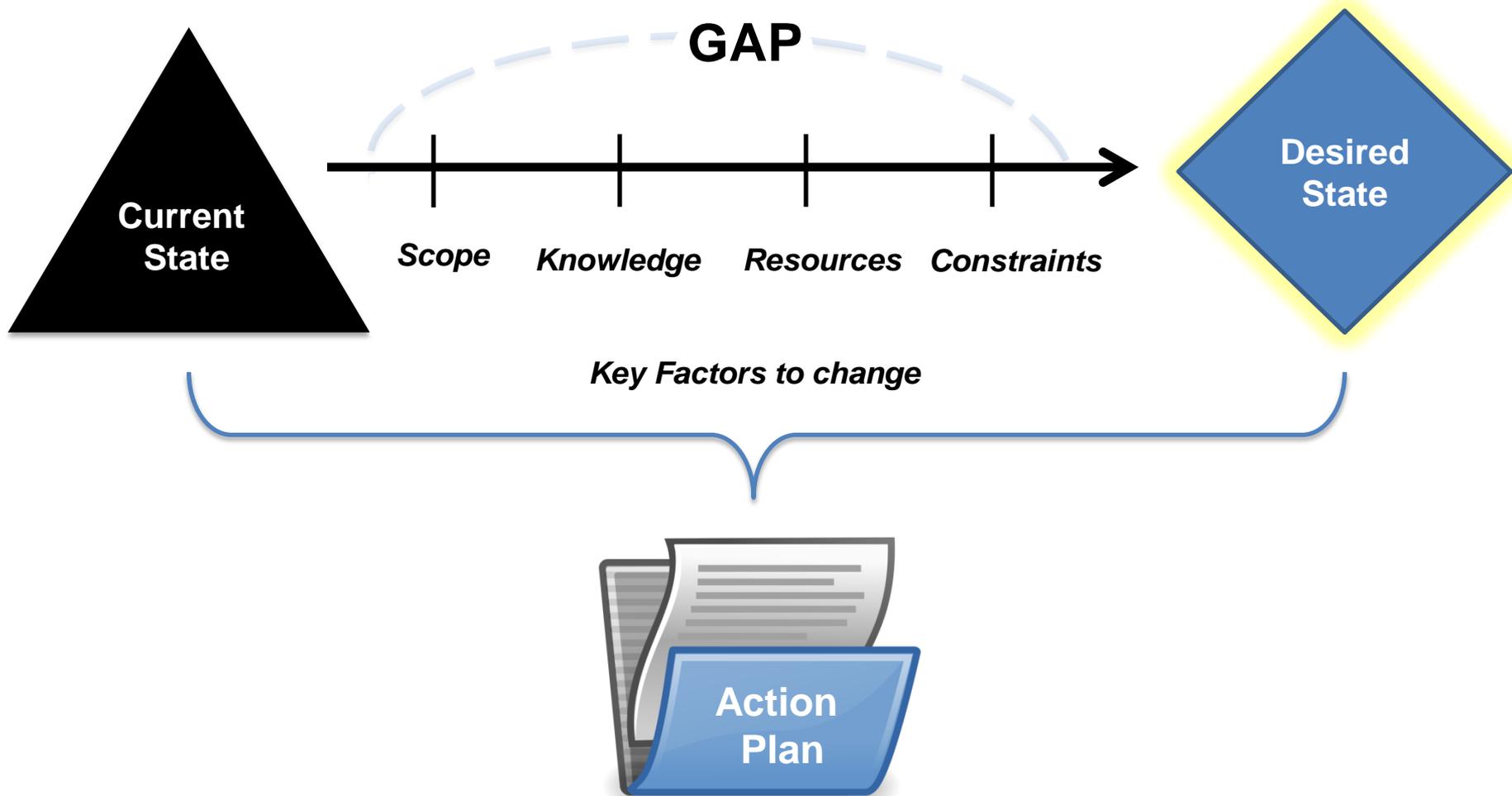
# Defining Service Gaps (continued)

- Shortage of resources:
  - Insufficient funding
  - Too few providers
  - Shortage of exam rooms or lack of treatment equipment, materials
  - Assets geographically clustered or difficult to access
- Environmental constraints:
  - Stigma inhibits SM care-seeking (social environment); inhibits program ability to address
  - Other obligations limit time SMs or providers can direct to care

# Identifying Opportunities for Improvement



# Gap Analysis



# An Approach to Analyzing Service Gaps

## Step 1

- Detect service gaps

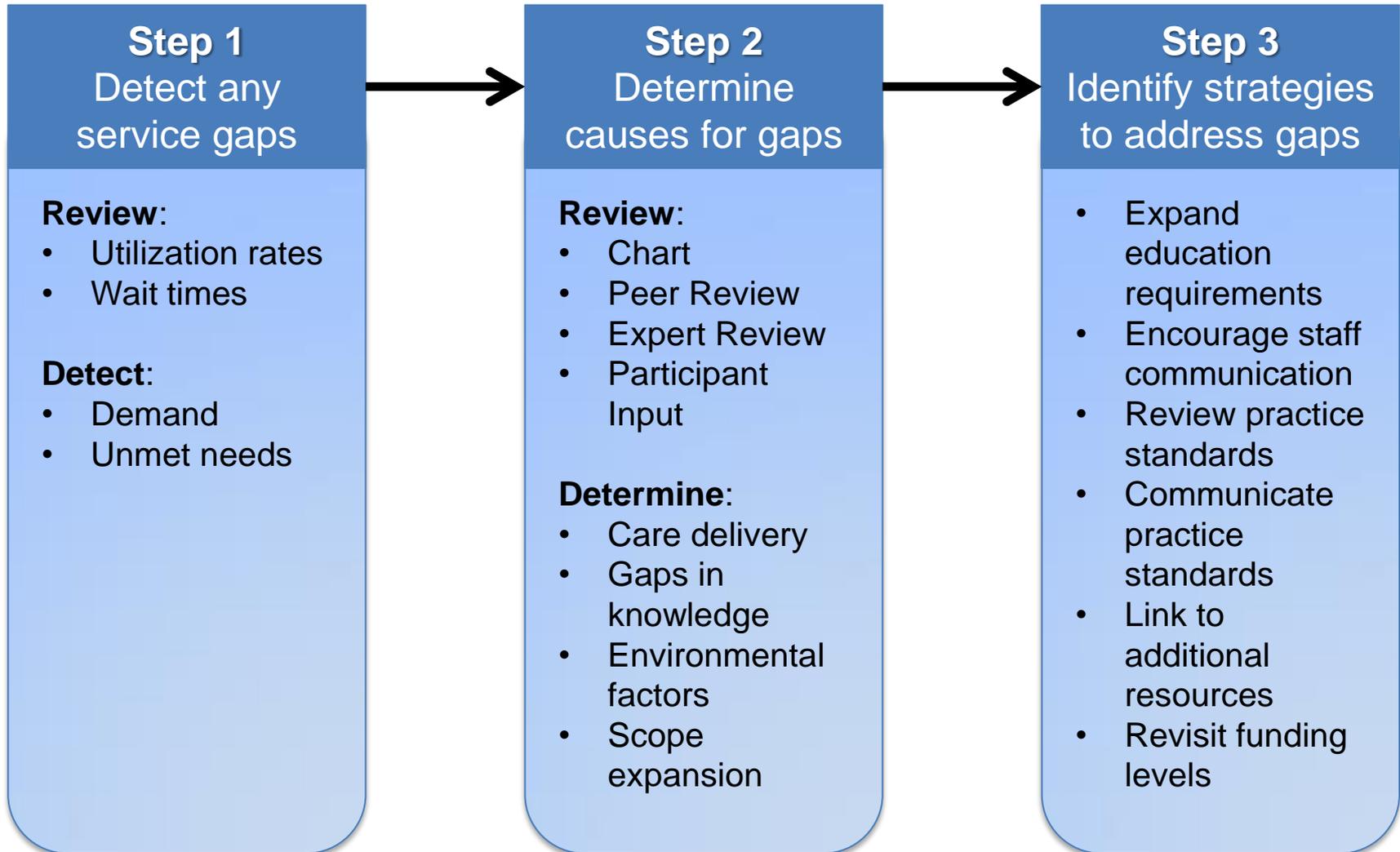
## Step 2

- Determine their causes

## Step 3

- Identify strategies to address gaps

# Implementing the Approach



# Create an Action Plan

- Action Plan:
  - Strategy or strategies for improving services
  - Objectives based on gap analyses
- Objectives might include:
  - Adjusted program scope
  - Enhanced program practices
  - New resources
  - Community partner collaboration

# Action Plan Template

| Action Item:                     | Goal:   |
|----------------------------------|---|
| Objective                        | Clearly outline SMART* objectives for addressing gaps                     |
| Steps to Achieve Objective       | Identify specific action steps for achieving outcomes                     |
| Measure of Success               | Include process and outcome measures to assess implementation and success |
| Potential Obstacles              | Identify possible obstacles to implementing plan and achieving objective  |
| Strategies to Overcome Obstacles | Generate strategies for overcoming obstacles                              |

\*Specific, Measurable, Achievable, Realistic and Time-bound

# Address Potential Obstacles

| Potential Obstacles | Strategies to Developing and Implementing Action  |
|---------------------|---|
| Resources/Funding   | <ul style="list-style-type: none"><li>• Coordinate with internal and external providers</li><li>• Measure outcomes to track and document success</li><li>• Request additional funding</li></ul> |
| Systems             | <ul style="list-style-type: none"><li>• Obtain feedback from stakeholders</li></ul>   |
| Policies/Procedures | <ul style="list-style-type: none"><li>• Develop a strong communication strategy to advocate for changes</li><li>• Disseminate information regarding changes when/if they occur</li></ul>        |
| Cultural            | <ul style="list-style-type: none"><li>• Collaborate to overcome resistance</li><li>• Use process improvement strategies</li></ul>   |

# Example: Nonclinical “Program Sierra”

Service gap for hypothetical “Program Sierra”:

- Geographically dispersed target population: Service members have difficulty accessing centralized, face-to-face program

Objective: Add new online component to supplement

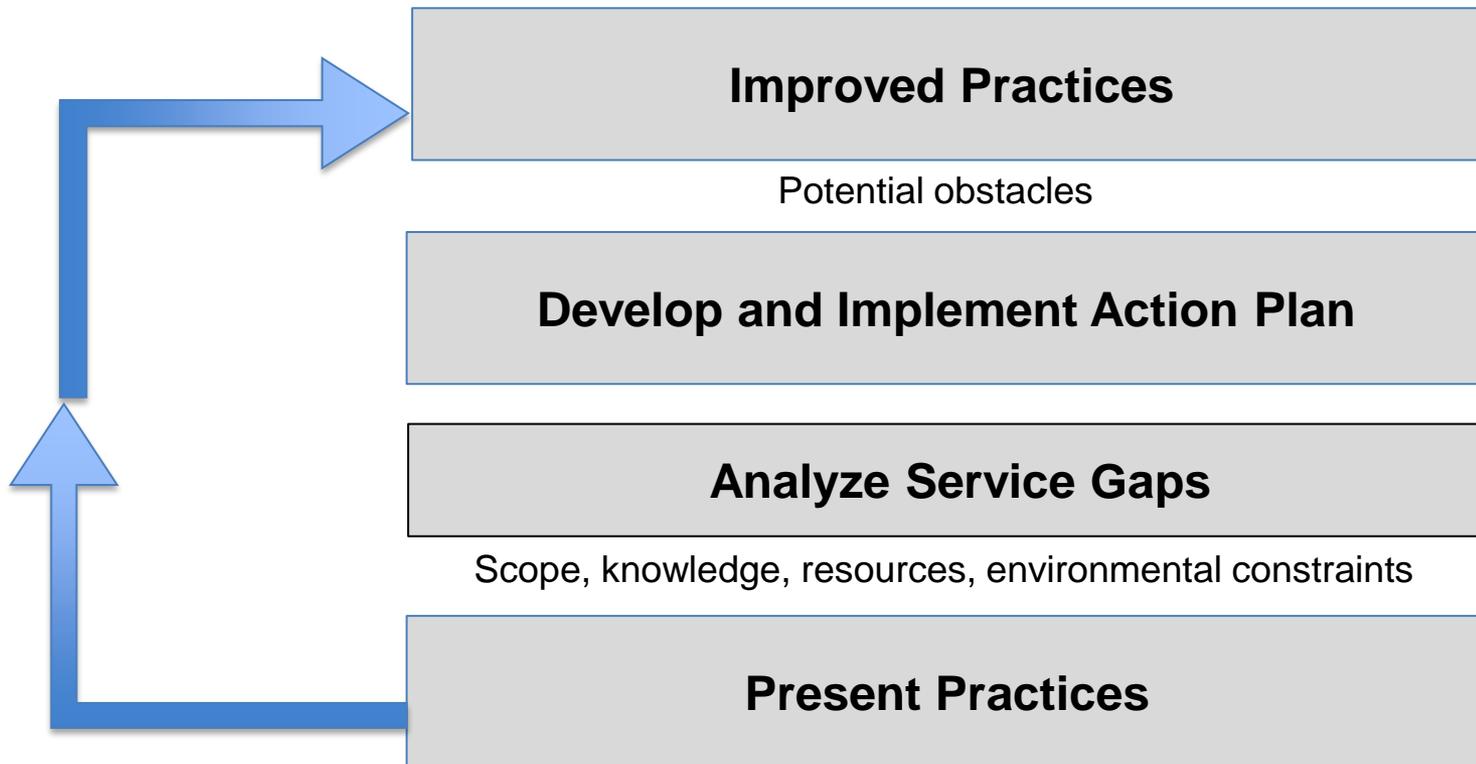


*DoD photo by Pat Cubal*

# Example: Action Plan to Address Gaps in Services for a TBI-related Online Program

|   |   |
|---|---|
| <b>Objective</b>                        | “To provide basic assistance and promote program services for military members experiencing TBI-related symptoms”   |
| <b>Steps to Achieve Objective</b>       | <ul style="list-style-type: none"> <li>• Leadership approval</li> <li>• Funding authorization(s)</li> <li>• Web-related approvals and authorizations</li> <li>• Selection of subject matter experts</li> <li>• Formulate development schedule</li> <li>• Prototype/field testing</li> <li>• Implementation of live online system</li> </ul> |
| <b>Measure of Success</b>               | <ul style="list-style-type: none"> <li>• Meet development milestones</li> <li>• Obtain positive feedback and satisfaction rates</li> <li>• Track participant improvements</li> </ul>  |
| <b>Potential Obstacles</b>              | <ul style="list-style-type: none"> <li>• Funding constraints</li> <li>• Development delays and cost overruns</li> <li>• Awareness and access issues among target population</li> </ul>  |
| <b>Strategies to Overcome Obstacles</b> | <ul style="list-style-type: none"> <li>• Solidify stakeholder support</li> <li>• Justify documentation/research</li> <li>• Monitor progress reports for quick decision-making</li> <li>• Use established data collection and analysis methods</li> </ul>  |

# Moving From Present Practices



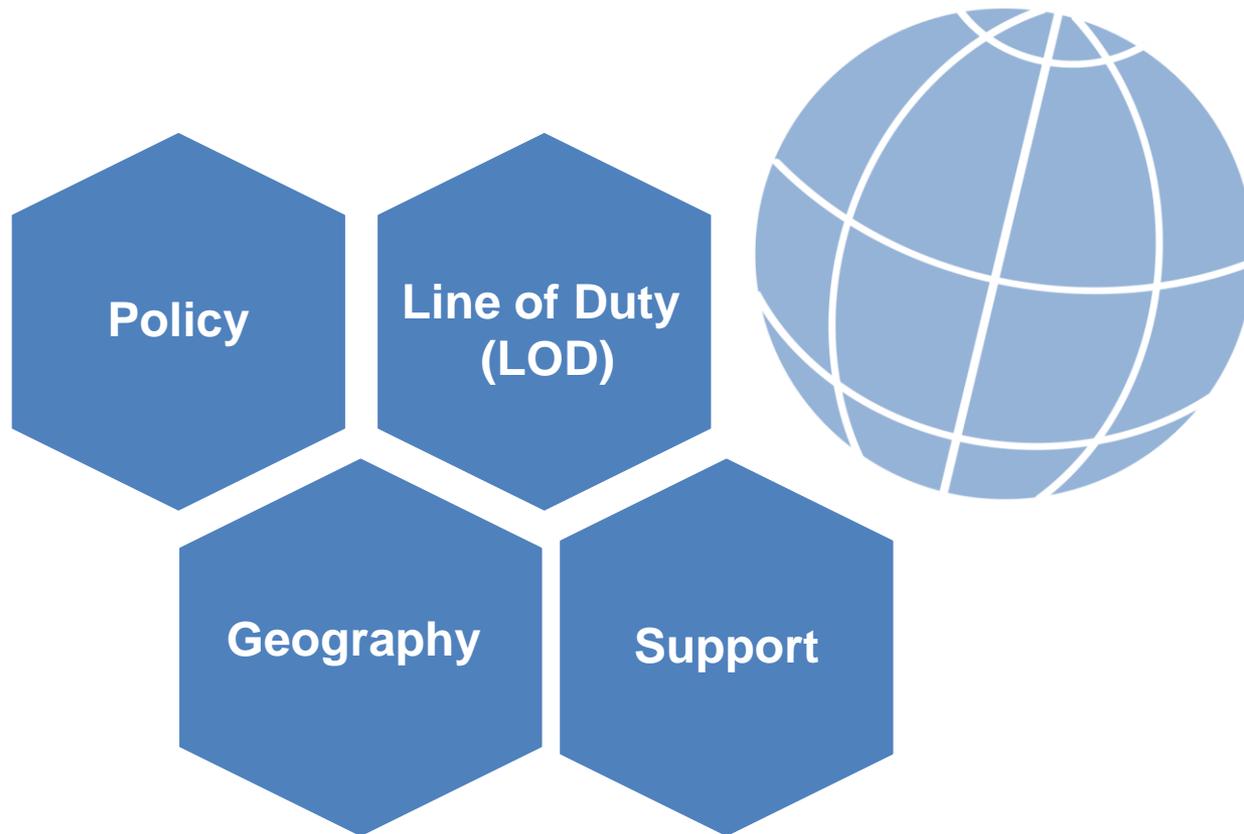
# An Example: Benefits from Gap Analysis

A psychological health program focusing on suicide prevention was developed in response to a gap analysis. Program aims are to:

- Develop multi-disciplinary support teams that provide “wrap-around” care
- Provide continual support to and constant contact with at-risk individuals
- Reduce stigma to encourage help-seeking
- Improve access
- Provide case management, organize follow-up care and monitor situations to be sure individual needs are met

# Implementing Action Plans with Military and Civilian Partners

# Respond to Service Gaps with Military Partners



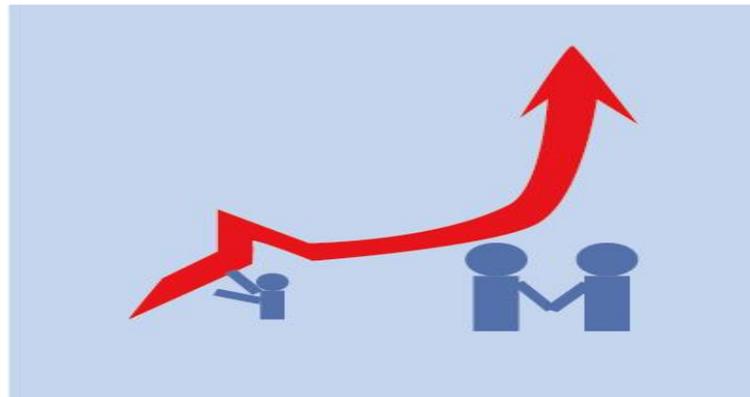
# Selected Military Resources

Programs may access:

- Military OneSource
- Yellow Ribbon Reintegration Program
- DCoE 24/7 Outreach Center for Psychological Health and TBI
- DSTRESS Line
- Wounded Warrior Regiment,  
Sgt. Merlin German Wounded Warrior Call Center
- DVBIC Center Regional Care Coordination
- T2 Telehealth

# Respond to Service Gaps with Community Partners

- Seek outside agencies for support
- Considerations to be aware of when extending services: policies, education and knowledge
- Familiarize civilian providers with military culture



# Educate Community

- Center for Deployment Psychology
- National Center for PTSD
- Military 101



# Recruit Community Partners

Community  
Colleges

Law  
Enforcement

School System



# Selected Community Resources

Programs available to Service members:

- Give-an-Hour
- Military OneSource (MOS)
- TRICARE Extended



Courtesy of the Wounded Warrior Project

# Recommendations for Working with Community Partners

|                       |   |
|-----------------------|---|
| Identify common needs | Population characteristics<br>Health data                                 |
| Establish priorities  | Community stakeholder input<br>Gap analysis<br>Barriers<br>Data synthesis |
| Implement plan        | Establish outcome goals<br>Coordinate activities and services             |

# Identify Common Needs

- Use an environmental inventory or scan to determine which community organizations support program goals or can potentially contribute resources
- Identify key decision-makers and administrators [stakeholders]
- Talk with stakeholders about their needs



# Establish Priorities

- Order priorities in terms of logic, timeliness, and urgency within context of planning process
- Consider barriers to implementation: funding, systems, procedures, policies, people, equipment, etc.
- Identify SMART goals and objectives

# Implement Plan

Create a health resources inventory to promote activity coordination

- Publish a health services directory for program **providers**
  - A directory of health services in the community may help providers facilitate referrals and encourage networking
- Publish a health services directory for program **participants**
  - A directory can be a good source of health resource information for program participants. This directory can also be put on a website in a searchable format

# Implement Plan (continued)

- Referrals: Participants are referred to and from different programs
- Information exchange: Programs exchange information
- Other resource exchanges: the extent to which programs may share meeting rooms, materials or other resources
- Agreements: Formal agreements to coordinate activities, such as a Memorandum of Understanding (MOU)
- Visibility: Program staff visibility with community boards, associations, or civic groups

# Common Challenges

# Items to Consider

- How might a program identify existing gaps in services?
- How might a psychological health or TBI program plan to conduct a gap analysis?
- Once gaps are identified, how might a program implement evidence-based practices?

# How Might a Program Identify Existing Gaps in Services?

- Identify critical needs and gaps in service delivery by gathering stakeholder feedback and observations
- Consider forming an expert roundtable to discuss unmet needs of service members and possible best practices
- Work to enhance cross-collaboration, coordination and collective purpose among partners and stakeholders to receive information on possible gaps and unmet needs

# How Might a Psychological Health or TBI Program Plan to Conduct a Gap Analysis?

- Coordinate a team of individuals who will carry out the gap analysis
- Use tools that will allow the program to better understand differences between current practices and evidence-based
- Decide on the most beneficial approach for analyzing program gaps being sure to assess barriers needing to be addressed prior to implementing improvements

# Once Gaps are Identified, How Might a Program Implement Evidence-based Practices?

- Acquire evidence on interventions that have worked within similar programs and gather information on implementation
- Identify barriers that need to be addressed before successful implementation of best practices
- Engage providers and stakeholders in planning and execution of changes and measure the level of support and acceptance of implemented best-practices

# Conclusion

# Key Takeaways

- ★ Gap analysis efforts are essential to the goal of aligning program services with the needs of the target population
- ★ Use gap analysis results to identify and explore opportunities for program improvements
- ★ Prioritize opportunities and consider which practices can be realistically implemented within the program



*Photo courtesy: Stewart Leiwakabessy*

# References and Resources

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# Resources

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# Resources (continued)

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# Feedback and Question-and-Answer Session

# Feedback and Question-and-Answer Session

- We are now open for a live question-and-answer session. Please submit your questions via the Question box located in the center of your screen.
- Your feedback is important!
  - After the Q&A, please follow the displayed link to complete the Interactive Customer Evaluation (ICE) card
  - Or, you may immediately access the ICE card via the Chat box
- Additional questions and comments may be directed to

Capt. Armen Thoumaian

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# Save the Date

The next webinar in the DCoE PEI Webinar Series will be on February 16, 2016 from 1–2 p.m. ET

***Federal Agency Partner  
Presentation***

**Sylvia K. Fisher, Ph.D.**

**Director, Office of Research and  
Evaluation**

**Office of Planning, Analysis, and  
Evaluation**

**Health Resources and Services  
Administration**

| February |    |    |    |    |    |    |
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