Needs Assessment and Environmental Scan Guidance

SS/HS State Program FY 2013
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NEEDS ASSESSMENT AND ENVIRONMENTAL SCAN

AT-A-GLANCE

During Year 1 of the SS/HS State Program, the state, in partnership with the three community management teams, will develop and implement a comprehensive plan that addresses the five SS/HS Elements:

1. Promoting early childhood social and emotional learning and development;
2. Promoting mental, emotional, and behavioral health;
3. Connecting families, schools, and communities;
4. Preventing behavioral health problems, including substance use; and
5. Creating safe and violence-free schools

As a part of the comprehensive planning process, grantees must first conduct a needs assessment and environmental scan that encompasses both the state and community levels. This section provides guidance to assist grantees in building upon the grant application and the Behavioral Health Disparities Impact Statement to conduct a thorough and well-conceived needs assessment and environmental scan that will inform the development of the state’s comprehensive plan.

Careful and thoughtful planning is critical for successful implementation and meaningful evaluation of the SS/HS State Program. SS/HS grantees will use a public health approach to inform and guide all areas of state and community planning, implementation, and continuous quality improvement. As envisioned, the SS/HS State program will result in community- and state-level transformation and systems change leading to a sustainable expansion of SS/HS to other local education agencies and communities across the state as well as the adoption of state policy, program, and regulatory changes that will foster safe and healthy schools and communities and positive student outcomes.

The needs assessment and environmental scan process provides an opportunity for grantees to communicate with important stakeholders in their state and communities. The findings from each local community can help inform policy and decision-making at the state level. State findings may help inform communities about ways in which their gaps in service, needs, resources, and practices compare with those in other jurisdictions. The needs assessment and environmental scan process further informs the state and communities about the contextual factors that influence the work of achieving the goals of the SS/HS State program and shape decisions regarding both technical and adaptive strategies that can support success.

Participation by a range of stakeholders throughout the needs assessment and environmental scan process, including the State and Community Management Teams (SMT/CMTs), will ensure that there is
broad representation of the state and community systems that encompass the SS/HS State Program. The needs assessment and environmental scan process will:

- Improve the alignment, integration, and effectiveness of systems level efforts;
- Identify gaps in existing services and assess resource capacity;
- Identify risk and protective factors;
- Strengthen existing partnerships and identify new and expanded opportunities for local- and state-level organization partnerships;
- Build support between program partners and other public and private sector partners; and
- Engage key stakeholders, including families and youth that reflect the diversity of populations within the selected communities and at the state level.

THE SS/HS COMPREHENSIVE PLANNING PROCESS

SS/HS State Program grantees are required to participate in a comprehensive planning process that includes the following:

1. **Conduct a needs assessment by March 1, 2014.** The needs assessment is a planned and purposeful process of gathering, analyzing, and reporting current data and information about the characteristics and needs of children, youth, schools, and communities in which SS/HS services will be implemented. The needs assessment should also identify any gaps in resources. The five SS/HS Elements must be considered when conducting the assessment.

2. **Conduct environmental scan by March 1, 2014.** The environmental scan will identify the existing resources, services and systems, and programs, at both the state and community levels that serve children, youth, and their families. The five SS/HS Elements must be considered when conducting the environmental scan.

3. **Conduct a gaps analysis based on the information gathered from the needs assessment and environmental scan.**

4. **Develop a SS/HS State Program comprehensive plan by June 1, 2014.** The comprehensive plan is a narrative and logic model that is developed in response to an analysis of the data and information obtained through the needs assessment and environmental scan. Prior to the development of the comprehensive plan each grantee will work with their assigned Grant Project Officers (GPO) and Resource Specialist to incorporate the parts of the SS/HS Framework into the comprehensive planning process.

The SS/HS Framework integrates the following three components:

- **The five SS/HS Elements.** The SS/HS Elements comprise the core content areas to be addressed when conducting the needs assessment and environmental and when the comprehensive plan is being developed.
• **Strategic Approaches**: The Strategic Approaches are the roadmap that ensures success in planning and implementation and supports improvement in how education and child and family serving agencies work together at both the state and local levels.

• **Guiding Principles**: The Guiding Principles are the values that connect the content and program areas of the SS/HS Framework with best practices for planning and implementation. They are also the values that are intended to guide the SS/HS State Program throughout its life.

See Appendix A for more information about the relationship between the needs assessment, environmental scan, and comprehensive plan.

### SUBMITTING THE NEEDS ASSESSMENT AND ENVIRONMENTAL SCAN REPORT

SS/HS State Program grantees will submit an electronic version of the needs assessment and environmental scan report to their GPO by March 1, 2014. Although the Community Management Teams will contribute their own needs assessment and environmental scan data to the state, only one report should be submitted. The report should include a completed template for each of the five Elements.

*Appendix B* includes a template for documenting data from the needs assessment and environmental scan as well as an example of a completed template for one of the five Elements. *Table 1* identifies the required components and recommended page count for the report.

**Table 1: Report Components**

<table>
<thead>
<tr>
<th>Needs Assessment and Environmental Scan Report Components</th>
<th>Suggested Page Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder participation: A description of who participated in the process and how stakeholders (including youth and families representing the diversity of populations within the community/state) were engaged and the inclusion of diverse perspectives ensured.</td>
<td>1-2 Pages</td>
</tr>
<tr>
<td>Methodology: A description of the methods used for gathering the data (e.g., extant data, focus groups, surveys, etc.).</td>
<td>1-2 pages</td>
</tr>
</tbody>
</table>
### Needs Assessment and Environmental Scan

**Data:** The information that has been collected on target populations, indicators, risk and protective factors, and existing resources will lead to identifying need, existing gaps, and redundancies in relevant systems. Grantees should submit a table that captures an “inventory” of the data.

A completed Needs Assessment and Environmental Scan Data Template for each of the five SS/HS Elements.

See Appendix B for a sample table.

### Summary of Finding and Conclusions

This section should include a summary of data and conclusions that can be drawn from the assessment and scanning process, especially in relation to helping the project define its goals, objectives, and outcomes. It should also include the analysis of gaps in services, resources and funding streams.

3 to 5 pages

<table>
<thead>
<tr>
<th>Total</th>
<th>7 – 10 pages, plus competed templates</th>
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</table>

Grantees should be aware that delays in completing the needs assessment and environmental scan could result in further delays in the comprehensive planning process and subsequent implementation of the program. If the needs assessments and environmental scan are delayed, grantees should contact their GPO directly to discuss and agree upon a timeline for completion.
SECTION I: THEORETICAL MODELS THAT INFORM THE NEEDS ASSESSMENT AND ENVIRONMENTAL SCAN

The 2009 Institute of Medicine report, “Preventing Mental, Emotional and Behavioral Health Disorders Among Young People,” emphasized the need for a public health approach and the need for development of prevention infrastructure in states and communities. Developing this infrastructure requires that the state and local communities become familiar with, adopt, and implement a framework that will guide their work. In most widely recognized public health models, a series of action steps are necessary. The Public Health Wheel in Figure 1 shows the action steps that address three core functions: Assessment, Policy Development, and Assurance.

![Figure 1: The Public Health Wheel](image)

“A Conceptual Framework for a Public Health Approach to Children’s Mental Health” further builds upon the prevention focus of the IOM report, making the case for promotion and providing

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modifications to the three core functions of the public health wheel by adapting it to incorporate a special focus on children’s mental health and well-being. This public health conceptual framework, often referred to as the Georgetown Conceptual Framework, includes a strong focus on promotion as well as prevention and integrates values and principles that infuse concepts central to public health as well as systems of care, including the following:

- Taking a population focus. This concept requires an emphasis on the behavioral and overall health of all children. Data needs to be gathered at the population levels to drive decisions about interventions and to ensure they are implemented and sustained effectively for entire populations.
- Placing greater emphasis on creating environments that promote and support optimal behavioral health and on developing skills that enhance resilience.
- Balancing the focus on children’s behavioral health problems with a focus on children’s “positive” mental health—increasing measurement of positive mental health and striving to optimize positive mental health for every child.
- Working collaboratively across a broad range of systems and sectors, from the child mental health care system, to the public health system, and all the other settings and structures that impact children’s well-being.
- Adapting the implementation to local contexts—taking local needs and strengths into consideration when implementing the framework.

States and communities may have identified other public health frameworks that provide structure and tools to support the SS/HS strategy. Listed below are several approaches that may be helpful:

- Strategic Prevention Framework
- PROSPER: Promoting School-community-university Partnerships to Enhance Resilience
- Communities that Care
- Collective Impact

See Appendix C for additional information and links to these approaches.

**Contextual Factors:**

As identified above, a central concept within a public health approach is the focus on adapting implementation to the context of the local community and its cultural diversity. The National Network for Collaboration supported by eleven Land Grant Universities and the Cooperative States Research Education and Extension Service (CSREES) has developed a Collaboration Framework, based upon knowledge, research, and experience. The framework describes contextual factors such as characteristics of the ecology/environment that are related to the effectiveness of a collaborative partnership such as those built through the SS/HS State program. Ecology includes, but is not limited to, the physical and the structural settings of the community, (i.e., resources available in the community),
and the social context (i.e., political atmosphere). Six contextual factors have been identified as important to successful and sustained collaborations such as the SS/HS State Program: 1) Connectedness; 2) History of Working Together/Customs; 3) Political Climate; 4) Policies/Laws/Regulations; 5) Resources; and 6) Catalysts.

The collaboration of the SS/HS State Management Team (SMT) and the Community Management Team (CMT) may be able to influence these characteristics, but might not have direct control over them. A variety of data are needed to ensure these contextual factors are understood. Technical and adaptive strategies can then be identified and implemented along with continuous quality improvement strategies to achieve a successful and sustainable SS/HS State Program.

For more information about contextual factors see: http://www.uvm.edu/extension/community/nnco/collab/framework.html#contextual

Addressing Behavioral Health Disparities within the Needs Assessment and Environmental Scan

In 2011, the U.S. Department of Health and Human Services released it’s first-ever HHS Action Plan to Reduce Racial and Ethnic Health Disparities. An overarching priority in this plan is to assess the impact of federal investments, such as grants, on the reduction of disparities in communities across the country. SAMHSA grantees are required to consider behavioral health disparities for racial and ethnic minorities throughout the needs assessment and environmental scan process. In reviewing existing services, policies, and procedures, it is important to investigate how these resources, policies, and procedures impact defined sub-populations within the three communities and state with respect to behavioral health disparities.

To address behavioral health disparities, grantees must consider what programs and agencies are doing to maintain specific strategies to reduce these disparities among the sub-populations they serve. In the context of the SS/HS State Program, sub-population refers to racial and ethnic minorities within the target population. Sub-populations may also describe populations based on geographic location, socio-economic status, and gender and sexual orientation.

The target and sub-populations should be identified in the needs assessment. Sub-populations may have also been identified in the grant application or in the Behavioral Health Disparities Impact Statement.

The resources or services that impact the sub-population should be identified during the environmental scan to determine how the behavioral health disparities for this sub-population are being addressed.

Example:

Needs Assessment
The sub-population identified through the needs assessment includes school-age Somali children living in Vermont.

Environmental Scan
Resources or services that link to the sub-population; including mental health services providers who have hired translators to improve outreach within the Somali community.
Aligning with the CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) are intended to advance behavioral health equity, improve quality, and help eliminate behavioral health disparities by providing a blueprint for service providers and organizations to implement culturally and linguistically appropriate services. Adoption of these standards will help advance better health and behavioral health care services to communities throughout the United States. As a part of the needs assessment and environmental scan process, grantees should describe how existing resources and services align with the enhanced National CLAS standards. For example, does the resource or service provide cultural competency training to staff, employ bilingual staff, and provide resource materials in several languages.

More information about the enhanced National CLAS Standards can be found at www.thinkculturalhealth.gov.
Section II: CONDUCTING THE NEEDS ASSESSMENT

Overview of the Needs Assessment Process

The process for conducting the needs assessment must be a collaborative effort between the project partners at both the state and community levels. The State and Community Management Teams (SMT/CMT) should take the following steps as part of the process:

1. Compile data on the risk and protective factors related to each of the five SS/HS Elements;
2. Define the target populations and sub-populations;
3. Select at least one shared indicator for each of the five SS/HS Elements’ and
4. Locate data sources for each of the indicators.

The state should take the lead in organizing the needs assessment process and the communities will provide their information using the guidance and template provided. The state will compile all of the assessment data and complete one needs assessment report.

Defining Target- and Sub-Populations

The needs assessment must highlight the target populations for the SS/HS State Program. The target populations refer to the group of children and youth identified in the grant application as the intended recipients of resources and services. For example, the target population for Head Start services would include preschool-aged (3 to 5 years old) children.

Due to the requirement to address behavioral health disparities, the needs assessment must also include a focus on sub-populations within the target population. The sub-population refers to racial and ethnic minorities within the target population. Sub-populations may also describe populations based on gender, sexual orientation, geographic location or socio-economic status. An example used earlier was a sub-population of Somali children and families living in Vermont. In the context of the needs assessment and environmental scan, target populations and sub-populations should be included according to the existing resource or service.

Compiling Data on Risk and Protective Factors

Risk factors are a measurable characteristic that can be associated with a negative problematic outcome. Risk factors can occur on multiple levels,
including biological, psychological, family, community, and cultural levels.

Examples of protective factors primarily linked with children and youth, schools, and communities:

- Positive and supportive relationships with peers, adults, and family
- Adequate social supports
- Access to mentors
- Access to a quality education
- Supports for early learning
- Feeling safe in the neighborhood and at school
- Healthy social and economic environments
- Supportive relationships with family members
- High academic skills
- Individual emotional resilience

Protective factors are resources within the individual, family, or community that are associated with a lower likelihood of negative problematic outcomes. They reduce the negative impact of a risk factor on a problem outcome or resilience.

Related to protective factors are assets. An asset is a useful or valuable quality, person, or thing; an advantage or resource. Civic and business associations and cultural and faith-based organizations can be considered assets. Public, private and nonprofit organizations like institutions of higher education, hospitals and social services agencies, public schools, police and fire departments, libraries, and parks and recreation are other notable assets. Physical assets can include vacant land, commercial and industrial structures, housing, energy and waste resources, community bulletin boards, and community meeting spaces. Assets that are considered informal organizations and “intangibles” may include community reputation, community pride, and a sense of history.

Risk and protective factors are relevant to the environmental scan since they provide context for understanding why existing resources and services were needed. In the context of the needs assessment, risk and protective factors should prompt program planners to consider gaps in services and systems based upon a range of issues including socioeconomic, geographic and racial issues. Within the needs assessment, risk and protective factors should be noted in relationship to the population that the indicator addresses.

For example, if the indicator is focused on the percentage of high school students that report feeling sad, the target population would be students in grades 9-12. An associated risk factor might be exposure to community violence and a potential protective factor might be school-based mental health services in high schools.

Examples of assets include the following:

- Individuals with useful skills and talents
- Experiences of community members
- Individual businesses and home-based enterprises
- Donations and financial sponsors

Selecting the Shared Indicators

Indicators are also known as performance objectives, performance targets, or objectives. Indicators are powerful tools for monitoring and communicating critical information about state and community populations. Indicators are used to support planning for identified priorities; developing and targeting
of resources; identifying benchmarks and tracking progress toward state and community objectives; building awareness of problems and trends; informing policy and policy makers; and promoting accountability among governmental and non-governmental agencies.

SS/HS State Program grantees must select at least one shared indicator for each of the five SS/HS Elements. State and Community Management Teams will work together to select indicators that are relevant to the SS/HS Elements and the identified needs.

**Figure 1** illustrates the relationship between the state and community selection of shared indicators. In this example, the State and Community Management Teams have one shared indicator but two of the Community Management Teams have decided to also address an additional indicator for Element 1.

Note: Additional indicators can be different for each of the Community Management Teams that have chosen to go beyond the shared indicator.

**Figure 1: Illustration of Shared State Indicator and Community Level Indicators for Element 1**

Indicators have already been defined for Elements 2, 4, and 5. These are the performance (i.e., GPRA) measures included in the SS/HS State Program “Request for Application” that grantees responded to when developing their application. Indicators were not developed for Elements 1 and 3 Therefore, the State and Community Management Teams must identify at least one shared indicator for these two Elements.

**Table 2** provides examples of indicators for Elements 1 and 3 and the required indicators for Elements 2, 4, and 5.
### Table 2: SS/HS Element Shared Indicators

<table>
<thead>
<tr>
<th>SS/HS Elements</th>
<th>Indicators</th>
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<tbody>
<tr>
<td><strong>1. Promoting Early Childhood Social and Emotional Learning and Development</strong></td>
<td>• Number and rate of children enrolled in early childhood education programs. (EXAMPLE)</td>
</tr>
<tr>
<td><strong>2. Promoting Mental, Emotional, and Behavioral Health</strong></td>
<td>• Total number of students who received school-based mental health services.</td>
</tr>
<tr>
<td></td>
<td>• Percentage of mental health service referrals for students which resulted in mental health services being provided in the community.</td>
</tr>
<tr>
<td><strong>3. Connecting Families, Schools, and Communities</strong></td>
<td>• Number of families involved in school or community based programs that support student development and achievement. (EXAMPLE)</td>
</tr>
<tr>
<td></td>
<td>• Number of school, community, and family initiatives that promote safe student academic, recreational, and social environments. (EXAMPLE)</td>
</tr>
<tr>
<td><strong>4. Preventing Behavioral Health Problems, (including Substance Use)</strong></td>
<td>• Percentage of students who report consuming alcohol on one or more occasions during the past 30 days.</td>
</tr>
<tr>
<td><strong>5. Creating Safe and Violence-Free Schools</strong></td>
<td>• Percentage of students who reported being in a physical fight on school property during the current school year.</td>
</tr>
<tr>
<td></td>
<td>• Percentage of students who did not go to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school.</td>
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Again, Community Management Teams may include additional indicators for each element as an option. For example, in addition to assessing needs related to the number of and rate of children enrolled in early childhood education programs, a Community Management Team might also include an additional indicator for Element 1 that addresses screenings and assessments for developmental delays.
Identifying the Data Sources for the Shared Indicators

Data are either quantitative or qualitative. Quantitative data sources are numbers, rates, and statistics and include both primary and secondary sources. Qualitative data refer to information gathered through focus groups, interviews, and observations. In conducting the needs assessment, the data source must be tied to the selected indicator. A data source for each of the shared indicators must be identified. As an example, a good data source tied to indicators on adolescent substance use would be the most recent Youth Risk Behavior Surveillance System (YRBSS) survey.

See Appendix D for a list of recommended data sources.
Section III: CONDUCTING THE ENVIRONMENTAL SCAN

Overview of the Environmental Scan Process
The environmental scan should identify the systems, programs, and services that existed prior to the SS/HS State Program, (not those that will be added to the comprehensive plan). The environmental scanning process is similar to the state and community level needs assessment process. Grantees should focus on describing the available resources at the state and within the three communities that address the shared indicators for the specified population.

After gathering data for the needs assessment, the environmental scan should be conducted to determine the types of resources that are currently addressing the need. State and Community Management Teams should conduct the following activities to complete the environmental scan:

1. Document existing resources, services and systems;
2. Describe how existing resources and services align with the enhanced National CLAS standards;
3. Describe funding streams supporting the existing resources;
4. Identify existing policies and procedures;
5. Identify technology resources; and
6. Describe systems change and integration activities.

Using multiple methods of scanning the environment will help get a true picture of the availability of existing resources to address the needs. Do not rely on just one method for conducting the environmental scan. It is important to get a complete picture from many sources and viewpoints.

There are several basic environmental scan techniques. A combination of the following methods may be helpful:

- Direct observation;
- Questionnaires;
- Consultation with persons in key positions, and/or with specific knowledge;
- Review of relevant policies;
- Interviews; and
- Focus groups.

Documenting Existing Resources, Services, and Systems
The first step of the environmental scan is to document the current resources, services, and systems (infrastructure) that address the shared indicators. This step should include documenting existing partnerships, work groups, and task forces devoted to addressing the issues. For example, if the shared
indicator addresses early childhood development, list the resources that support early childhood development, e.g., Head Start or the program “Parents as Teachers”. When listing the resource, also state the focus or intended purpose of the resource. As an example, the early Head Start program provides social skills development that helps young children be ready to learn at school. Document who is responsible for providing the resource, i.e., the early Head Start program is operated by the YMCA.

Describing the Existing Funding Streams

In addition to mapping out the systems and programs in place prior to the SS/HS State program, the environmental scan also should include a description of the various funding streams that support programs and services implemented to address needs highlighted by the shared indicators. For example, if the state receives $800,000 annually from SAMHSA’s Project LAUNCH grant to support early childhood and a portion of those funds are used to enhance early childhood education programs to address a shared indicator for school readiness, this fact must be clearly documented in the environmental scan. Likewise, if one of the local education agencies received $50,000 from a local community foundation to support programs related to the same shared indicator, that funding amount must also be noted in the environmental scan. If feasible, it may be helpful to draw from prior or ongoing financial analyses that have been conducted at the state or community level. Revisions to programs like Medicaid and the state Children’s Health Insurance Plans due to the Affordable Care Act should also be taken into account. You may also consider including in-kind resources such as community space provided by a partner for program service delivery or social work interns from local colleges and communities that provide counseling services in exchange for practicum hours.

Identifying Existing Policies

The environmental scan process can also be used by grantees to assess their existing policies and procedures by describing any policies implemented by the existing resource, service, or system in place to address a shared indicator. As an example, for Element 1 you could list policies in place related to screening and school readiness that the Early Head Start program follows. Or, if the shared indicator is under Element 5 (Creating Safe and Violence Free Schools) and the service offered is School Resource Officers, indicate how local law enforcement agencies require annual training for SRO’s to ensure best practices in school discipline are used in schools at all time. This process will help to identify any gaps in strategies and policies and eventually develop an approach (or revise an existing one) through the comprehensive planning process.

Identifying Technology Resources

The environmental scan must also identify the technology resources currently used to address the shared indicators within existing programs and systems. List databases and electronic records that are
shared by required state and community level partners from various child and family serving agencies. Technology resources may be as innovative such as a web-based bullying reporting system for schools that is shared with local law enforcement agencies. The resource could also be as simple as a text messaging campaign that offers positive parenting tips to parents of young children. Make sure that the identified technology resource is relevant to the shared indicator, population of focus, and existing resource or service.

**Describing Systems Change and Integration Activities**

The last step in the environmental scan process is to document the current systems change and integration activities related to the indicators and the resources or existing service. Include examples of collaborations and activities with organizations that address the indicators from different vantage points. An example could be the development of a shared funding stream between the state education agency and the state mental health agency to provide school-based mental health services in all middle schools.
Section IV: PULLING IT ALL TOGETHER- ANALYZING THE NEEDS AND GAPS IN RESOURCES

The last step of the needs assessment and environmental scanning process is to assess gaps in services and infrastructure. In this important step, grantees indicate where and how services related to the shared indicators can be created or enhanced. With the gaps analysis, grantees will need to assess what types of systems or infrastructure developments are needed to address the shared indicators.

After the needs assessment and environmental scanning process have been completed, grantees should be well-positioned for critical, strategic analysis. During this analysis phase, grantees will be guided in how to use the SS/HS Framework to review and consider any conclusions that may be drawn as well as how those conclusions can inform plans or move forward. These conclusions will inform the development of a comprehensive plan that is based on a strong understanding of where the project began.

To analyze the data and identify next steps in the development of a comprehensive plan, the following questions should be considered:

- What needs of children and youth are going unmet;
- What available programs, supports, and services are designed to meet these needs;
- Are there any major problems not being addressed by a service, program, or activity;
- Are the children and youth at greatest risk receiving prevention programs, services, and supports? If not, why not;
- Are there duplicative services, programs, and supports attempting to address the same problem? If so, which are more effective and which are less so;
- Are those who are implementing the separate programs coordinating their efforts in any way;
- Are there documented policies and procedures for addressing behavioral health disparities; and
- Is there a blending of funding across these various programs and efforts?

In addition to the questions above, consider what is needed at a broader level (e.g., from state, community agencies, task forces, or interagency work groups) to support comprehensive planning, implementation, work force development efforts, and systems-change efforts.

Other considerations include:

- Community-level coordination issues, including changes in state policies and regulations that can facilitate the blending of funding;
- Regional and/or statewide work force development issues; and
- Mechanisms available to share lessons learned with others in the state and across communities.
Addressing these concerns will help you organize the data from the needs assessment and environmental scan. Having a more complete understanding of both the needs and the resources at both the state and community level will lead to greater clarity about where the gaps and the most critical unmet needs exist. In addition, this process will highlight ways in which service delivery, policies, and funding structures can be improved.

Each state will work with their GPOs and Resource Specialist to use the needs assessment and environmental scan information to complete the SS/HS Framework Grid Tool. States and communities will then work together, in close consultation with their GPOs, to develop their comprehensive plan. The comprehensive plan should be a direct response to address the highest priority needs and gaps. The comprehensive plan also presents the SS/HS State Program’s vision for how best practices in infrastructure reform and service delivery can most effectively meet the identified needs.
**APPENDIX A: LINKING THE NEEDS ASSESSMENTS, ENVIRONMENTAL SCAN AND COMPREHENSIVE PLAN**

### Needs Assessment

**Time frame:** Conducted as part of the grant application process and during the first five months

**What problems and related indicators exist in my area?**

Young children do not enter school ready to learn.

School-based mental health services are not currently addressed at the state level.

Substance abuse prevention programming in schools is not evidence-based

Access to school and community behavioral health programs is lacking in many communities

Low income families in the community are not participating in parenting programs.

**Who are the target populations and sub-populations of focus?**


### Environmental Scan

**Time frame:** First five months

**What programs, services, supports, and other resources exist that serve school age children and youth?**

Early Head Start has been in place for two decades and is run through the county department of education; not all eligible children are enrolled.

LEA 2 is ideally positioned to expand curriculum to include classes on marijuana use prevention, but funding has not been available.

Some LEAs in the state are creating programs to provide classroom management coaches to teachers.

There are no state policies to address behavioral health disparities.

Families have not been consulted during program design, implementation, or evaluation.

**Who runs them?**

**Where are the gaps in programming? Are there duplicative efforts that can be merged?**

### Comprehensive Plan

**Time frame:** First seven months

**Engage partners and stakeholders**

Gather and analyze information (including environmental scan)

Review and refine vision, values, goals, and objectives

Develop outcomes

Develop and refine strategies

Build evaluation plan from strategic plan

Engage required partners to lead state and local management team efforts to address Early Head Start program enrollment efforts

Develop and implement workforce development initiative to train teachers and direct service providers in healthy social, emotional, and behavioral development of young children.

Charge local management team to identify regulatory, practice, and policy reforms that would support school-based mental health services.

Share policy reform recommendations with state-level stakeholders.

Survey low income parents and caregivers about current and planned programs.

Include family and youth representative on community management teams and coordinate work with state management team.
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<th>NEEDS ASSESSMENT</th>
<th>ENVIRONMENTAL SCAN</th>
<th>GAPS ANALYSIS</th>
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<td>Target &amp; Sub-populations</td>
<td>Risk and Protective Factor</td>
<td>Indicators and Data Sources</td>
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<td><strong>SMT</strong></td>
<td>Parents and their young children</td>
<td><strong>Rate of kindergarten students who are disruptive in class</strong>&lt;br&gt;<strong>Source:</strong> Annual State&lt;br&gt;Dept. of Elementary and Secondary&lt;br&gt;Education, Student Success Survey</td>
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<td><strong>Low income parents</strong>&lt;br&gt;<strong>Sub-population:</strong> Spanish speaking immigrant parents</td>
<td>Protective: High levels of parent efficacy&lt;br&gt;Risk: Teen parents</td>
<td><strong>Rate of kindergarten students who are disruptive in class</strong>&lt;br&gt;<strong>Source:</strong> LEA Survey</td>
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<td><strong>Kindergarten teachers</strong>&lt;br&gt;<strong>Sub-population:</strong> African-American kindergarteners</td>
<td>Protective: social skills development programs&lt;br&gt;Risk: High crime community</td>
<td><strong>Rate of kindergarten students who are disruptive in class</strong>&lt;br&gt;<strong>Source:</strong> LEA Survey</td>
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<tr>
<td><strong>Parents and caregivers of school-age children</strong></td>
<td>Protective: grandparents as caregivers&lt;br&gt;Risk: grandparents as caregivers</td>
<td><strong>Rate of kindergarten students who are disruptive in class</strong>&lt;br&gt;<strong>Source:</strong> LEA Teacher Survey</td>
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<td>CMT/LEA 3</td>
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APPENDIX C: ADDITIONAL PUBLIC HEALTH FRAMEWORKS

- **Strategic Prevention Framework:**
The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

- **Communities that Care:**
CTC is a coalition-based community prevention operating system that uses a public health approach to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout, and substance abuse.

- **PROSPER Partnership Model:** (Promoting School-community-university Partnerships to Enhance Resilience)
  [http://www.prosper.ppsi.iastate.edu](http://www.prosper.ppsi.iastate.edu)
The PROSPER Partnership model is an evidence-based delivery system that features a menu of tested and proven programs. Programs on the menu have a successful track record for preventing risky behaviors in youth, promoting positive youth development, and strengthening families. The PROSPER Partnership model goes a step beyond just implementing evidence-based programs. It includes ongoing evaluation and technical assistance to ensure that programs are implemented as intended, teams continue to perform effectively, and partnership goals are being met.

- **Collective Impact:**
  [http://www.ssireview.org/articles/entry/collective_impact](http://www.ssireview.org/articles/entry/collective_impact) and
  STRIVE: [http://www.strivetogether.org/](http://www.strivetogether.org/)
Research shows that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

- **Conceptual Framework for a Public health Approach:** “Georgetown Framework”-
  [http://gucchdtacenter.georgetown.edu/public_health.html](http://gucchdtacenter.georgetown.edu/public_health.html)
This monograph advances an approach to children’s mental health that applies public health concepts to efforts that support children’s mental health and development. The model can be applied to other health and behavioral health areas of focus. The approach is presented in a conceptual framework comprised of three major elements:

- Values that underlie the entire effort, guiding principles that steer the work;
- A process that consists of three core public health action steps/functions; and
- A new model of intervening that provides the range of intervention activities required to implement a comprehensive approach.
APPENDIX D: DATA SOURCES

There are a variety of places where you can find relevant information for your needs and asset assessment. You may find the following resources helpful: The state or county health department will be able to help you determine health indicators on a variety of issues.

- **The state human service department**: This department will be able to tell you the number of recipients of Medicaid and food stamp program participants.

- **Bureau of Census**: Demographic information is available for your community and the United States as a whole. Many states have similar information on their own web sites as well. [http://www.census.gov/](http://www.census.gov/)

- **County Health Rankings**: This website provides health rankings for nearly every county in the nation. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic, and the physical environment. The County Health Rankings illustrate what we know when it comes to what’s making people sick or healthy, and can help community leaders see that our environment influences how healthy we are and how long we live, and even what parts of our environment are most influential. [http://www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)

- **County Health Calculator**: The County Health Calculator is a tool for advocates and policy makers. Health is about more than healthcare. It is about education, income and the environment in which we live. Use the calculator to see how education and income affect health outcomes. [http://countyhealthcalculator.org/](http://countyhealthcalculator.org/)

- **Police records** can tell you crime rates and the incidence of community issues and problems.

- **Chamber of Commerce data** discusses job growth, the unemployment rate, etc.

- **Nonprofit service agencies**, such as the United Way or Planned Parenthood, generally have records on a variety of different issues. Often, these agencies have already conducted surveys and found the information you need.

- **School districts** have data on graduation rates, test scores, school disciplinary measures, and truancy rates for your school and other achievement indicators. For comparative figures across school districts, check with your state department of education.

- **Statistical abstract of the United States** is a good general source in print for national information. It’s done annually, and is available in most local libraries.

- **National Vital Statistics System** provides information on birth, mortality, and fact sheets.
http://www.cdc.gov/nchs/nvss.htm

- **State and national surveys:**
  - Behavioral Risk Factor Survey--Adults and Youth- [http://www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)
  - National Health Interview Survey- [http://www.cdc.gov/nchs/nhis.htm](http://www.cdc.gov/nchs/nhis.htm)
  - National Survey of Children's Health- [http://www.childhealthdata.org/learn/NSCH](http://www.childhealthdata.org/learn/NSCH)

- **Health services administrative data** including Medicare/Medicaid Claims, hospital billing data or other required/voluntary reporting.
- **Specialized local, statewide, or national organizations** may help including Gale's Encyclopedia of Associations.

**Helpful Websites:**
You may find the following websites and resources helpful in completing the needs assessment and environmental scan.

- **Institute of Medicine- Preventing Mental, Emotional, and Behavioral Disorders Among Young People**

- **U.S. Department of Health and Human Services- Healthy People 2020:** Determinants of health

- **The Adverse Childhood Experience Study** is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.
  [http://www.cdc.gov/ace/index.htm](http://www.cdc.gov/ace/index.htm)

- **The National Center for Education Statistics (NCES) Crime and Safety Surveys’** website is a centralized online location for data and reports produced by NCES. This site is organized by survey respondent, since surveys have been done from the perspectives of students, teachers, schools/principals, and school districts.

- **Common Core of Data (CCD)** is a program of the U.S. Department of Education's NCES that annually collects fiscal and non-fiscal data about all public schools, public school districts, and state education agencies in the United States.
• **Centers for Disease Control and Prevention’s Youth Violence Statistics** website provides users with trends and patterns in youth violence through data on national and state-specific trends in youth homicide rates.


• **The Center on the Developing Child at Harvard University** generates, translates, and applies knowledge in the service of improving life outcomes for children in the United States and throughout the world.

  [http://www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

• **The Georgetown University Center for Child and Human Development** was established to improve the quality of life for all children and youth by directly serving vulnerable children and their families and influencing local, state, national and international programs and policy.

  [http://gucchd.georgetown.edu](http://gucchd.georgetown.edu)

• **Kids Count- Annie E. Casey Foundation** is a national and State-by-State effort to track the status of children in the United States.

  [http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx](http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx)

• **America’s Children**- Federal Interagency Forum on Child and Family Statistics


• **Child Well-being Index**-Duke University and Foundation for Child Development


• **SAMHSA Behavioral Health Disparities Impact Statement** and The TA Partnership Blueprint for Reducing Disparities/Disproportionalities

  [http://tapartnership.org/events/webinars/webinarArchives/searchByDate.php?id=topic8#content8](http://tapartnership.org/events/webinars/webinarArchives/searchByDate.php?id=topic8#content8)

• **Community Health Environmental Scan Survey** is a tool to support the environmental scanning process. CHESS is a tool that systematically and simultaneously examines how built environments encourage/discourage healthy behaviors. CHESS can help to design community interventions to prevent chronic diseases and guide healthy planning.

  [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3053037/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3053037/)