

Community Needs and Resource Assessment Template

The template below is intended to be filled in directly by grantees as they develop their Community Needs and Resource Assessment report and prepare to submit to their GPO by **December 30, 2017**. The template includes sections for all required report components. *Please note that brief examples of the concepts that are required to be inserted by grantees are provided in italics throughout the template.*

ReCAST Community Needs and Resource Assessment

Grantee Site:	Dallas County
Grant #:	
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Data Report Submitted:	
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Stakeholder Participation

Below is a description of who participated in your Needs and Resource Assessment process; how your coalition of stakeholders was engaged; and how you ensured inclusion of diverse perspectives, including those of youth and families representing the diversity of populations within the community, and those impacted by the trauma.

Agency, Community Group, and/or Role (<i>e.g., youth impacted by trauma, caregiver of youth impacted by trauma, behavioral health service provider, law enforcement agent, legislator, faith-based organization, youth and family adocate</i>)	Number of Individuals Represented
Parkland Hospital - Provider	3
UTSW - Provider	2
Caruth Police Institute – Research/Education	1
Children’s Hospital - Provider	1
City of Dallas – Juvenile Justice - Government/Services	2
City Square – Social Service Agency	1
Community Council of Greater Dallas – Social Service Agency	4
Dallas After School – Provider/Community Organization	2
Dallas County Juvenile Dept – Government	3
Dallas Fire Rescue - Government	2
Dallas NAACP Youth Council – Community Organization/Advocacy	15
Dallas Police Department – Government/First Responder	2
PRISM Health – HIV/AIDS Provider	1
Metrocare – Mental Health Authority/PRovider	2
Dallas Fort Worth Hospital Council – Professional Organization/Research	2
Dallas Independent School District - Education/Provider	5
UNT Dallas – Education/Research	1
United Way - Community Organization	1
Medical City - Provider	1
NAMI – Advocacy/Community Organization	1
Momentous Institute – Provider/Research	2

Describe the methods and efforts used to engage the above stakeholders (e.g., we reached out to a variety of local organizations and asked for recommendations regarding individuals to serve on the coalition; we partnered with our local NAMI chapter to identify peers with lived experience; we informed coalition members about the project and this particular phase; we worked with the group to develop a document that summarizes the roles and responsibilities of group members; we asked them for input via a range of methods, such as interviews and meetings; we asked for feedback on draft materials):

Individuals representing a number of local organizations were invited to attend multiple meetings to share about their work, involvement in the community and learn about the ReCAST project. We invited attendees to reach out to others to attend future ReCAST meetings and join the coalition, this allows for us to reach additional stakeholders we may not originally anticipate and to allow natural extension of the reach of the project. Informal conversations were held with attendees to discuss the challenges they face in their work, their perceptions and engagement with youth, first responders and the community at large.

We worked to create an open dialogue with coalition members to allow them real input into the project and to make sure we could try to impact gaps they identified, such as referral pathways or lack of awareness of services that may be available.

Describe the steps you took to ensure inclusion of diverse perspectives throughout the Community Needs and Resource Assessment process (e.g., we used a participatory approach; we invited individuals who represent demographic subpopulations of interest to participants; we provided multiple means of participation to encourage ease of and comfort with sharing/participating)

The coalition represents a diverse number of organizations, including service providers that work primarily with underserved individuals, subpopulations and minority groups. By inviting coalition members to invite additional attendees to the meeting, we created an open and welcoming environment and continue to invite additional participation.

Methodology

Below is a description of the methods used for gathering information needed for our Community Needs and Resource Assessment.

Method Used (e.g., review of scholarly literature, review of existing local data, administered survey, held focus groups, interviewed individuals)	Information Obtained (e.g., information on populations of focus, risk and protective factors, currently available local resources, what agencies/systems are providing those resources and how they are funded, programs/practices that can bolster resilience/wellness in our target population)
A thorough review of published literature- peer reviewed articles, white papers, reports and other community needs assessments.	Learning about best practices, tools, and recommendations to better understand community's needs, prioritization, CBPR approaches, community engagement methods and tools, understanding and evaluating capacity and resources, developing a tracking system for key components and last but not the most important part "lessons learned" i.e do and don't in similar interventions.
DFWHCF Data Warehouse to track patient migration from selected areas. Behavioral health related information from Metrocare services, the North Texas Behavioral Health Authority and the UT SouthWestern Medical Center	Data sources to establish a baseline on health conditions, healthcare access, utilization and resources available for the community residents of all type of socio economic status.
Information from the Department of State Health Services (DSHS), Bureau of Vital Statistics and The United States Census Bureau.	Zip code level data to develop a basic understanding of the community, demographic distribution, and growth.
Zipcode information from Healthy North Texas (www.healthytexas.org). Neilson/ Claritas Population Facts, Truven Health Analytics	Community indicators for health, transportation, socio economic status, support services and specific data on needs of all age groups.
Information from Meadows Mental Health Policy Institute	Understanding of national, state and local policies and practices. Best practices for community improvement through improving mental health, tools, and methods.
DISD and Juvenile Justice department	The basic structure, base line data, scope for intervention, methods, and tools to support regulatory requirements of DISD.
	Using MAPP (Mobilizing for Action through Planning and Partnerships framework)- an interactive process that can

NACCHO: Mobilizing for Action through Planning and Partnerships.	improve the efficiency, effectiveness, and performance of local public health systems

Results of Needs and Resource Assessment

Below is an inventory/summary of the information/results of the Community Needs and Assessment pertaining to each of the five ReCAST goals. The summary for each should always begin with the priority focus populations and disparate populations that were identified through the assessment process.

Goal 1: Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches					
Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
<i>e.g., High-risk youth (priority focus); African American males in the juvenile justice system</i>	<ul style="list-style-type: none"> • Exposure to community violence • Poverty 	<ul style="list-style-type: none"> • Presence of caring and involved adults • Opportunities to engage with mentors 	<ul style="list-style-type: none"> • After-school mentorship program offered in 3 school districts; funded through local taxes • Prevention program for youth exposed to community violence; offered at local non- 	<ul style="list-style-type: none"> • Prevention program funds only available for next year • Parent-skills training program is not evidence-based 	<ul style="list-style-type: none"> • Mentorship program is not offered at all schools throughout county/district • Need to sustain prevention program after current funding runs out • No resources to address poverty risk

			<p><i>profit; funded through federal grant</i></p> <ul style="list-style-type: none"> • <i>Parent-skills training program offered in some neighborhoods by health and human services agency; funded through statewide initiative</i> 		<p><i>factor and ensure basic needs are being met</i></p> <ul style="list-style-type: none"> • <i>No programs for those in juvenile justice system specifically</i>
<p>Hispanic population (Hispanics are the largest group in County and they are primarily a young population)</p>	<ul style="list-style-type: none"> • County has 42% uninsured – 71% are Hispanic and 73% have less than HS education • Hispanics have higher rates of teen births • Hispanics have higher rates of teen births • High T2DM 	<ul style="list-style-type: none"> • Family support, low single parent rate, low infant mortality 	<ul style="list-style-type: none"> • One hospital close to these zipcodes • One service providers • One senior center • On epregnancy and infant service 	<ul style="list-style-type: none"> • Lack of culturally appropriate adults education and support. • Lack of family based education on teen pregnancy. • Lack of community clinics for chronic diseases management and health education 	<ul style="list-style-type: none"> • Lack of full service providers • Lack of senior center in 2 zipcodes • Lack of hispanic community clinic
<p>Drug and Alcohol use in youth:</p>	<p>Juvenile Delinquency Incident Rate per 10,000 Enrolled Students - Dallas County Public Schools</p> <ul style="list-style-type: none"> • Discipline Reason and incidents 2014-2015 • Possession/Selling Controlled Substance: 56.9 	<p>A number is reducing. Schools are offering more education and awareness for families and students.</p>	<ul style="list-style-type: none"> • Information and Referral system • Juvenile/Adolescent Resources • Juvenile/Adolescent Treatment Programs • AI – Anon/Alateen – Dallas Area www.dallasal-anon.org • Above the Influence www.abovetheinfluence.com • The Cool Spot www.thecoolspot.gov 	<ul style="list-style-type: none"> • Lack of coordination • Limited funding • Specialized services • Coverage restrictions 	<ul style="list-style-type: none"> • Prevention programs • Effective communication and addressing stigma • Addressing social determinants • Community level task force action • Youth clinics and followup systems

	<ul style="list-style-type: none"> • Felony Controlled Substance Violation: 0.9 • Possession Alcoholic Beverage: 4.3 • Possession Tobacco Products 6.2 • Possession - Gun, Knife, or other Weapon: 0.5 • Assault of School Employee/Volunteer: 2.7 • Assault against someone other than School Employee/Volunteer: 7.2 • School Related Gang Violence: 4.3 		<ul style="list-style-type: none"> •Partnership for Drug Free Kids www.drugfree.org •Partnership for a Drug Free Texas www.dpri.com/pdf/texas •Tobacco-Free Kids www.tobaccofreekids.org Nexus Recovery Center (Females Only) www.nexusrecovery.org •Phoenix House www.phoenixhouse.org •Right Step DFW www.rightstep.com •Starlite Recovery Center www.starliterecovery.com •Sundown Ranch www.sundownranchinc.com 		
Drug and Alcohol use in Adults	<ul style="list-style-type: none"> • Alcohol related death rate (per 100,000): 6.1 (higher than 5.4 in 2014) • Drug related death rate (per 100,000): 14.1 (higher than 10.5 in 2014) • Blood alcohol content driving fatalities (237 in 2015) increasing since 2011 	<ul style="list-style-type: none"> • Poison center call rates reduced • Alcohol related death rate less than state average 	<ul style="list-style-type: none"> • Adult treatment helpline • Community Coalitions • State wide coalitions • National support system 	<ul style="list-style-type: none"> • Lack of coordination • Limited funding • Specialized services • Coverage restrictions • Lack of employer support • Out of work Policy issues 	<ul style="list-style-type: none"> • Support system • Expection in social structure • Need for community education and awareness to address stigma • Frequent communication

Goal 2: Create more equitable access to trauma-informed community behavioral health resources

Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
Underserved Populations below poverty level	<ul style="list-style-type: none"> • Aggression, violent behavior, medical conditions, mental health issues, Homelessness, single parents family 	<ul style="list-style-type: none"> • Local organizations • Shelters • Healthsystem's population health efforts • Dallas Mayor's grow south Dallas initiative 	<ul style="list-style-type: none"> • City square (donors funded) • Food Bank • Local churches • Community based organizations (grant funded) • Rehabilitation organizations • Parkland Public hospitals • Metrocare State or federally funded 	<ul style="list-style-type: none"> • Capacity and sustainability • Lack of efficient coordination between all resources • Lack of awareness and communication with the community • Lack of linguistically and culturally appropriate services 	<ul style="list-style-type: none"> • Addressing social determinants of health • Followup with service recipients and tracking progress • Connecting with other support groups • Integration in linguistically and culturally appropriate populations
Youth referred to Juvenile Justice dept. and positively screened for depression in DISD	Felony (Violent) Felony (Non-Violent) Misdemeanor / Contempt Violation of Probation	Youth services, Family support services, mental health services, case management program, education	• DISD, Metrocare, Children's health, Family place, Dallas Health Department	Lack of funds to provide training for staff, staff shortage, integration of youth back into the community and acceptance in normal school system	Lack of training and resources for staff to identify risk factors and behavioral health issues, substance abuse prevention programs for youth
racial and gender disparity	Racial segregation, racial clashes, civil unrest, Gender gap, single family	Churches provide education and support, healthsystems,	• Dallas Health and Human services, Churches, Dallas county and city's community programs.	• Sustainability, community connections, coordination of services, funding, access to services	• Coordination, collaboration, education, and awareness of resources available

	homes, domestic violence	Women support organizations, shelters, health department provide women services and support			
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Goal 3: Strengthen the integration of behavioral health services and other community systems to address the social determinants of health, recognizing that factors, such as law enforcement practices, transportation, employment, and housing policies, can contribute to health outcomes

Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
Transportation	Limited services: Not having access to resources, timely care and ending up in emergency departments, using 911 service without an emergent reason, isolation	<ul style="list-style-type: none"> • Transportation system discount for residents under federal poverty, veterans, seniors, and youth. • A key resource to connect with schools, grocery stores, health and welfare services. 	<ul style="list-style-type: none"> • DART buses and trains, funded by state transportation authority and city. 	<ul style="list-style-type: none"> • Lack of resources to expand services to underserved areas in south Dallas and improve frequency. 	<ul style="list-style-type: none"> • Expansion and more frequency
Law Enforcement practices	Diversity management and cultural competency issue; community conflicts and trust issues with youth.	<ul style="list-style-type: none"> • Coordination and Collaboration with first responders and other emergency services networks. 	<ul style="list-style-type: none"> • Curuth policy academy to provide diversity education and training. • City and County providing guidance and making resources available. 	<ul style="list-style-type: none"> • Lack of resources and culturally diverse staff. Lack of female staff. 	More diverse staff and culturally appropriate training. Communication and mental health first aid training to identify signs and symptoms of behavioral health issues. In community residents and youth.

Housing policies	Homelessness, Community safety, divided families, disruption in normal life and education of children	Shelters, federal and state housing support, and local resources	<ul style="list-style-type: none"> • New initiatives of City square and City of Dallas. Support of Churches 	<ul style="list-style-type: none"> • Limited resources, not having coordination between support systems to meet supply and demand. 	<ul style="list-style-type: none"> • Coordinated efforts needed between employment agencies, support system and housing authorities to move people back in the community once they are financially stable.
Employment (4% in US, 7% state, 7.6% Dallas and 10-11% in selected zip codes)	<ul style="list-style-type: none"> • Poverty, crime, disruption in families, the burden on system, resources and housing system. 	<ul style="list-style-type: none"> • Workforce solutions, training institutions, community colleges, training assistance 	<ul style="list-style-type: none"> • Social welfare agencies, Non profits like neighbor-up Dallas, Grow South Dallas, community colleges, DISD, Medical city's culinary training afterschool program. 	<ul style="list-style-type: none"> • Lack of higher education, involvement in gangs and inappropriate activities. Health issues including mental health and substance abuse 	<ul style="list-style-type: none"> • Improvement opportunity

Goal 4: Create community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building

Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
Youth	<ul style="list-style-type: none"> • Disconnect, • Crime • Truancy • Drop out 	<ul style="list-style-type: none"> • school lunch, Psychological support services, alternative education/ training option 	<ul style="list-style-type: none"> • Children and youth development programs, afterschools, summer programs, summer training, sports. • Funded by DISD, City and welfare funds. 	<ul style="list-style-type: none"> • Limited spaces, not been able to reach out to the neediest population, lack of culturally and linguistically appropriate services. 	<ul style="list-style-type: none"> • Need expansion; transportation; culturally appropriates local community programs to engage children and youth.
Seniors	<ul style="list-style-type: none"> • Aging population with health issues, isolation, low mobility 	<ul style="list-style-type: none"> • Experienced community leaders with knowledge and leadership role. 	<ul style="list-style-type: none"> • Senior centers, Churches, hospitals and health centers, parks 	<ul style="list-style-type: none"> • Transportation to get to meeting places or active participation/ health 	<ul style="list-style-type: none"> • Need support and help to be able to participate in community programs.
Women	<ul style="list-style-type: none"> • Overwhelmed with job and family responsibilities, health issues 	<ul style="list-style-type: none"> • Family support; Afterschool programs for kids, school lunch program 	<ul style="list-style-type: none"> • Women health center, health fairs, free services for moms at the health dept. 	<ul style="list-style-type: none"> • Transportation, childcare, food stamps, financial assistance 	<ul style="list-style-type: none"> • More support specially for new mothers; more incentives to participate in community programs
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Goal 5: Ensure that program services are culturally specific and developmentally appropriate

Priority Focus and Disparate Subpopulations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
Hispanic population as majority population in 75224	<ul style="list-style-type: none"> • Linguistic disparity, isolation, ethnic segregation 	<ul style="list-style-type: none"> • Bilingual education and communication in schools, at social services and healthcare 	Schools, childcares, Los Barrios Unidos Community Clinic in a nearby zipcode, churches etc.	<ul style="list-style-type: none"> • Not meeting the needs of the population, no senior center for this population, no teenage pregnancy education program available in spanish. 	<ul style="list-style-type: none"> • Linguistic and culturally appropriate services and tools
Populations with other cultures and religions	<ul style="list-style-type: none"> • Linguistic disparity, isolation, ethnic segregation 	<ul style="list-style-type: none"> • Translation services available in multiple languages 	Mosaic translation and legal services, city's diversity initiative, translation services at hospitals	<ul style="list-style-type: none"> • Resource limitations due to limited funding 	<ul style="list-style-type: none"> • Cultural competency education in schools and communities; more services
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Summary of Findings and Conclusions

Below is a summary of the findings and conclusions drawn from our Needs and Resource Assessment. We have highlighted how our conclusions contribute to our project goals and will enable us to next identify specific objectives and related outcomes. The gaps and unmet needs that were identified by comparing currently available local resources for our priority focus and disparate populations to resources that may serve as or bolster protective factors are summarized below. These gaps will be used to generate proposed project activities in our forthcoming Community Strategic Plan.

Lack of Resources in 75224, 75232, 75237

- culturally appropriate adults education and support.
- family based education on teen pregnancy (higher in Hispanics).
- community clinics for chronic diseases management and health education.
- full service and support providers.
- senior centers only in 2 zip codes (one in each)
- Hispanic community clinic

Weaknesses:

- Lack of coordination between agencies
- Lack of effective communication
- Lack of youth engagement in community initiatives
- Lack of funding for mental health screening and prevention programs
- Limited funding for sustainable programs
- Specialized services for specific difficulties
- Health care coverage restrictions
- Lack of employer support
- Out of work Policy issues

- Lack of neighborhood associations

Suggested strategies:

- Collaborative Community Based Efforts - with local partners and faith-based organizations to address communication issue in youth and specific disparities associated with trauma and mental health.
- Capacity and Access- Improve access to trauma and stress care by integrating with primary, specialty care, and community support.
- Education and Training – Providing Mental Health First Aid training to community health workers and parents to serve as a sustainable resource in local communities for prevention and early detection.
- Care Coordination- Organized culturally competent trauma care activities and sharing of information across all care participants.



