

CCBHC Technical Assistance

Community Needs Assessments

What Is a Community Needs Assessment?



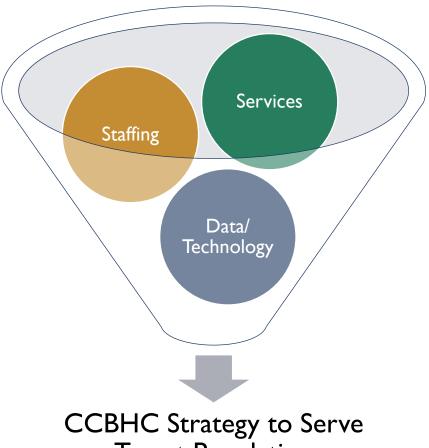
A systematic approach to identifying community needs and determining program capacity to address the needs of the population being served



Must be conducted in collaboration with other community stakeholders



Why?



Target Population



Components of Community Needs Assessment











Geographic details

 A description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through DCOs.

MH/SUD Data and Service Gaps

• Information about the prevalence of mental health and substance use conditions and related needs in the service area, such as rates of suicide and overdose.

SDOH Details

• Economic factors and social determinants of health affecting the population's access to health services, such as percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing

Demographics

• Cultures and languages of the populations residing in the service area.

Who is underserved in your area?



Sample Needs and Service Gaps

- Poor mental health for youth
- High rates of suicide ideation, attempts, deaths
- High rates of SUD opioid, meth use, overdose deaths, admissions
- High rates of gun violence
- BH service access
- Limited BH services
- Excessive hospitalizations or ER use
- Lack of care coordination

Are there any specific populations significantly more affected by MH/SUD prevalence and/or service gaps?

DISPARITIES



Additional SAMHSA Requirements

Description of how the staffing plan does and/or will address findings

Plans to update the community needs assessment every 3 years

If a separate community needs assessment has been completed in the past year, the CCBHC may decide to augment, or build upon the information to ensure that the required components of the community needs assessment are collected.



Required Input from Stakeholders

People with lived experience of mental and substance use conditions and individuals who have received/are receiving services from the clinic conducting the needs assessment

Health centers (including FQHCs in the service area)

Local health departments

Inpatient psychiatric facilities, inpatient acute care hospitals, and hospital outpatient clinics

One or more Department of Veterans Affairs facilities:

Representatives from local K-12 school systems

Crisis response partners such as hospital emergency departments, emergency responders, crisis stabilization settings, crisis call centers and warmlines



Additional Community Input

Organizations operated by people with lived experience of mental health and substance use conditions

Other mental health and SUD treatment providers in the community

Residential programs

Juvenile justice agencies and facilities

Criminal justice agencies and facilities

Indian Health Service or other tribal programs such as Indian Health Service youth regional treatment centers as applicable Child welfare agencies and state licensed and nationally accredited child placing agencies for therapeutic foster care service Crisis response partners such as hospital emergency departments, crisis stabilization settings, crisis call centers and warmlines

Specialty providers of medications for treatment of opioid and alcohol use disorders

Peer-run and operated service providers

Homeless shelters and housing agencies

Employment services systems

Services for older adults, such as Area Agencies on Aging

Aging and Disability Resource Centers Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs



Types of Stakeholder Input

Cultural, linguistic, physical health, and behavioral health treatment needs

Evidence-based practices and behavioral health crisis services;

Access and availability of CCBHC services including days, times, and locations, and telehealth options

Potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages



Best Practices

- Leverage information gathered from existing community needs assessments, e.g., non-profit hospitals and Federally Qualified Health Centers (FQHCs) are required to develop their own community health needs assessment every 3 years.
- Collaborate with other service providers; use the opportunity to build/strengthen partnerships.
- Focus on gathering information about populations that historically are not engaging with health services.
- Dedicate a segment of the assessment to understanding the specific needs of children and youth.



Data Sources

- US Census Data. <u>www.census.gov/quickfacts</u>
- Iowa Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS). https://www.idph.iowa.gov/brfss
- State of Mental Health in America 2023. Mental Health America. https://mhanational.org/research-reports/state-mental-health-america-2023
- The Annie E. Casey Foundation. (2022, August). Child abuse and neglect in lowa. KIDS COUNT Data Center.

 https://datacenter.aecf.org/data/tables/1236-child-abuse-and-neglect?loc=17&loct=2#detailed/2/any/false/574,1729,37,871,870,573,869,36,868,867/any/2679
- County Health Rankings https://www.countyhealthrankings.org/
- Rural Health Information Hub https://www.ruralhealthinfo.org/data-explorer?id=204&state=IA



Questions

