NATIONAL COUNCIL *for* Mental Wellbeing

CCBHC Needs Assessment

Practical Tool #2

CCBHC-E National Training & Technical Assistance Center

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Every CCBHC community needs assessment is unique because it is tailored to your organization and your community.

The needs assessment outline provided in this toolkit aligns with the eight required elements described by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the CCBHC Certification Criteria issued in March 2023 (see Table 1).

TABLE 1: REQUIRED ELEMENTS OF THE CCBHC NEEDS ASSESSMENT

1	Service area description and sites where CCBHC services are offered.
2	Prevalence of mental health and substance use conditions and related needs in the service area.
3	Economic factors and social determinants of health affecting access to care in the service area.
4	Cultures and languages of populations in the service area.
5	Identification of underserved populations.
6	Description of how the CCBHC's staffing plan will address needs assessment findings.
7	Plan to update the needs assessment at least every three years.
8	Input from people with lived experience and key community partners on community needs, CCBHC services, access to care and barriers to care.

Source: *SAMHSA CCBHC Certification Criteria, Appendix A (March 2023)*

The needs assessment outline covers each of these required elements, although in a slightly different order that is reflective of the community needs assessment cycle described in this toolkit. It also includes some guidance on action planning and translating your findings into practice.

This outline offers structure and prompts to guide the development of your needs assessment final output. For SAMHSA grantees who have completed a Disparity Impact Statement (DIS), it also includes suggestions on how to integrate information you have already compiled for your DIS into your CCBHC community needs assessment.

Keep in mind that this particular outline and format are not required by SAMHSA, and there is no target length for your CCBHC community needs assessment in terms of minimum or maximum number of pages.

You may even want to consider documenting your needs assessment findings in a different way. For example, some CCBHCs have had success documenting their needs assessment in slide decks, which makes it easier to share findings and communicate action steps across the organization and in the community.

Background

Service Area Description and CCBHC Sites

A. Geographic description of service area

Provide a description of your service area (e.g., number of counties, urban/rural mix). Consider including a map of your service area.

B. Description of CCBHC sites

Note all sites where services are delivered by the CCBHC, including through designated collaborating organizations (DCOs).

C. Demographics of service area

Note the total population size and demographics. Consider using a demographics summary table similar to the following.

SAMPLE DEMOGRAPHICS TABLE

Measure	Local Service Area	Comparative Data		Data Sources
		STATE	U.S.	
Breakdown of population by race/ethnicity				U.S. Census QuickFacts
White	80%	70%	76%	
Black or African American	14%	23%	13%	
American Indian and Alaskan Native	1%	<1%	1%	
Asian	<1%	4%	6%	
Native Hawaiian and Other Pacific Islander	<1%	<1%	<1%	
Two or More Races	2%	3%	3%	
Hispanic or Latino	9%	10%	19%	
Breakdown of population by age				2020 American Community Survey 5-Year Estimates
Children (Under 5)	5%	6%	6%	
Children (Under 18)	19%	21%	22%	
Adults (18 and Over)	81%	79%	78%	
Older Adults (65 and Over)	28%	19%	16%	
Breakdown of population by sex	F: 52% M: 48%	F: 52% M: 48%	F: 52% M: 48%	U.S. Census QuickFacts

Note: *Percentages are rounded to the nearest percentage point.*

If you have completed the DIS worksheet from SAMHSA, consider incorporating information from Section I.

D. Special populations in our service area

Note and describe any special populations in your service area or underserved populations that your CCBHC may focus on serving (e.g., people experiencing homelessness, individuals with co-occurring mental health/substance use needs and co-occurring developmental or physical disabilities, LGBTQ+ youth, veterans). If you have supporting statistics, include them here.

If you are not able to find supporting statistics, you can extrapolate based on what you do know (e.g., "While there are no statistics available on the number of local LGBTQ+ youth, based on conversations with community partners and statewide statistics, we believe there is a significant population of LGBTQ+ youth with unmet mental health needs in our service area.")

E. Summary

Briefly summarize your key takeaways regarding local demographics from your needs assessment process. Focus on the most relevant populations for your CCBHC.

Methodology

A. Guiding Questions

List your guiding questions for the needs assessment.

B. Methodology

Briefly summarize how you conducted your community needs assessment. This may include:

- Kickoff date and length of process.
- Names and roles of needs assessment guiding team members.
- Description of strategies for gathering stakeholder input and qualitative data, such as:
  - How you communicated the value of the needs assessment process to the community (e.g., "We shared information about the needs assessment at our quarterly health fair event and explained how client input would be used to improve services.").
  - Collection strategies (e.g., "We issued a client survey via tablet in the waiting room and convened a focus group of clients receiving care for co-occurring disorders.").
  - Key dates in the process (e.g., "We hosted a staff listening session as part of the all-hands meeting in October.").
- Description of strategies for compiling and analyzing quantitative data, such as:
  - Partnerships with local entities (e.g., "We met with staff from the public health department to identify the most relevant data sources for our needs assessment.").
  - Internal activities (e.g., "We worked with IT and quality teams to run electronic health record (EHR) reports focusing on referral pathways and time to service.").

Needs Assessment Findings

Mental Health and Substance Use Conditions and Related Needs in Our Service Area

A. Description of Mental Health and Substance Use Conditions in Our Community

Provide an overview of statistics related to mental health and substance use conditions in your state, region or local community. Compare to state or national benchmarks. It may be helpful to review the Data Comparison Tool and the List of Data Sources as you are compiling and presenting this information.

If you have completed the DIS worksheet from SAMHSA, consider incorporating information from Section I. Also consider including data regarding physical health needs and drivers of mortality in the service area.

Include qualitative data, such as interview findings about community needs (e.g., reasons why people may be using emergency services).

B. Mental Health and Substance Use Needs Among the People We Serve

Provide an overview of the mental health and substance use needs among people you serve.

Also consider including data regarding physical health needs and drivers of mortality among the people you serve. Consider the relationship between social needs, such as nutritious food and stable housing, and their impact on physical and mental health.

This section may draw from input you have received from your CCBHC's community advisory board or staff through interviews and focus groups. It may also draw from EHR reports that you have run as part of the needs assessment process.

C. Unmet Mental Health and Substance Use Needs

Provide an overview of your findings regarding the behavioral health needs of underserved populations in your service area — including those who you do not currently serve.

Include findings on groups who have systematically experienced health differences related to social, economic and/or environmental disadvantage. Identifying and providing context for existing behavioral and physical health disparities will support addressing these needs. If you have completed the DIS worksheet from SAMHSA, consider incorporating information from Section I.

This section may draw from input you have received through community partner interviews and community focus groups. It may also draw from reports issued by other community stakeholders (e.g., task force reports).

You may be less certain about your findings in this section, but it is still important to include this in your needs assessment. You can include language about the limitations of available data if needed.

D. Summary of Findings

Briefly summarize your key takeaways regarding the mental health and substance use and related needs of your community.

Economic Factors and Social Drivers of Health

A. Economic and Social Drivers of Health in Our Service Area

Note your findings related to topics such as transportation barriers, housing instability, food insecurity, income, education, employment, and other social drivers of health. If you have completed the DIS worksheet from SAMHSA, consider incorporating information from Section II.

This section should include both quantitative and qualitative findings. For example, you may want to include statistics from your local hospital's community needs assessment and insights from conversations with community partners.

Consider using a summary table similar to the following to summarize key statistics. Add rows as needed to reflect important issues in your community.

SAMPLE TABLE

Measure	Local Service Area	Comparative Data		Data Sources
		STATE	U.S.	
Percentage of population that is unemployed	5%	5%	4%	U.S. Bureau of Labor Statistics, 2021
Percentage of population that is living below the federal poverty line	13%	11%	11%	U.S. Census QuickFacts
Percentage of population without health insurance (under age 65)	10%	8%	10%	U.S. Census QuickFacts

Note: *Percentages are rounded to the nearest percentage point.*

B. Economic and Social Drivers of Health Among People We Serve

Provide an overview of the economic and social drivers of health among people you serve.

This section may draw from input you have received from your CCBHC's community advisory board or staff through interviews and focus groups. It may also draw from EHR reports that you have run as part of the needs assessment process.

C. Summary of Findings

Briefly summarize your key takeaways regarding the economic and social needs of your community.

Culture and Language

A. Culture and Language in Our Service Area

Describe the cultural profile and different languages spoken in your service area. If you have completed the DIS worksheet from SAMHSA, consider incorporating information from Section III.

Note any important subpopulations that may not be large in number but may nevertheless be important populations of focus for your CCBHC (e.g., recently settled refugees from a particular country). Refer to the earlier demographics table if needed, and incorporate qualitative input gathered from other sources as well.

B. Culture and Language Among People We Serve

Describe the cultural profile and different languages spoken by the people you serve.

If your EHR does not currently capture information that would be helpful to know regarding culture and language, note that here as well.

C. Summary of Findings

Briefly summarize your key takeaways regarding the cultural and language needs of your community.

Current Strengths and Challenges at Our CCBHC

A. CCBHC Strengths

Note findings related to your organization's success in addressing:

COMMUNITY NEEDS AND BARRIERS TO CARE

For example, describe how your organization:

- Offers culturally sensitive and linguistically appropriate care aligned with the demographics of the community, as identified in your needs assessment.
- Provides services aligned with the community's mental health and substance use needs, as identified in your needs assessment.
- Provides services to address the social drivers of health and other barriers to care, as identified in your needs assessment.

COMMUNITY-RESPONSIVE STAFFING AND SERVICES

For example, describe how your organization:

- Delivers evidence-based practices that are aligned with the community's mental health and substance use needs, as identified in your needs assessment.
- Ensures timely access to care, including extended hours, community-embedded providers, and crisis services to meet the needs of the community, as identified in your needs assessment.
- Is staffed with the professionals, with appropriate credentials/training and in appropriate numbers, to provide the types of services needed in your community, as identified in your needs assessment.
- Ensures a diverse workforce that is reflective of the demographics and cultural profile of your community, as identified in your needs assessment.

EFFECTIVE PARTNERSHIPS AND CARE COORDINATION

For example, describe how your organization:

- Conducts outreach to populations of focus and/or populations at higher risk of negative outcomes, as identified in your needs assessment.
- Partners with other organizations in your community (e.g., housing providers) to address the health and social needs identified in your needs assessment.
- Partners with other organizations in your community (e.g., hospitals, federally qualified health centers (FQHCs)) on care coordination for shared clients.

B. CCBHC Challenges and Gaps

Note findings related to your organization's success in addressing:

COMMUNITY NEEDS AND BARRIERS TO CARE

For example, describe shortcomings and gaps related to your organization's capacity to:

- Offer culturally sensitive and linguistically appropriate care aligned with the demographics of the community, as identified in your needs assessment.
- Provide services aligned with the community's mental health and substance use needs, as identified in your needs assessment.
- Provide services to address the social drivers of health and other barriers to care, as identified in your needs assessment.

COMMUNITY-RESPONSIVE STAFFING AND SERVICES

For example, describe shortcomings and gaps related to your organization's capacity to:

- Deliver evidence-based practices that are aligned with the community's mental health and substance use needs, as identified in your needs assessment.
- Ensure timely access to care, including extended hours, community-embedded providers, and crisis services to meet the needs of the community as identified in your needs assessment.
- Hire and retain staff, with appropriate credentials/training and in appropriate numbers, to provide the types of services needed in your community, as identified in your needs assessment.
- Build and retain a diverse workforce that is reflective of the demographics and cultural profile of your community, as identified in your needs assessment.

EFFECTIVE PARTNERSHIPS AND CARE COORDINATION

For example, describe shortcomings and gaps related to your organization's capacity to:

- Conduct outreach to populations of focus and/or populations at higher risk of negative outcomes, as identified in your needs assessment.
- Partner with other organizations in your community (e.g., hospitals, housing providers) to address the health and social needs identified in your needs assessment.
- Partner with other organizations in your community (e.g., hospitals, FQHCs) on care coordination for shared clients.

C. Summary of Findings

Briefly summarize your key takeaways regarding current strengths and gaps at your CCBHC.

Note any areas where the community needs you have identified through the needs assessment do not align with the services provided by your CCBHC. For example, if you find there is a high need for alcohol use disorder services among older adults in your service area and your organization does not currently provide that service to many older adults, that is a notable finding. Similarly, if you find that your service area includes a sizable population of Spanish speakers, and you do not have Spanish-speaking outreach staff, that is a notable finding.

The findings noted in this section should inform and align with your action plan, as outlined in the following.

Action Plan To Address Findings

Prioritization of Findings

A. Priorities for Implementation

Note your priorities for action in each of the following three categories. These will be tailored to your CCBHC and should be aligned with your needs assessment findings.

COMMUNITY NEEDS AND BARRIERS TO CARE
COMMUNITY-RESPONSIVE STAFFING AND SERVICES
EFFECTIVE PARTNERSHIPS AND CARE COORDINATION

Briefly describe your prioritization process and/or the considerations driving your decision-making process.

If you have identified secondary priorities (i.e., issues that you recognize are important, but that you will revisit at a later date), you can note those here as well.

Staffing and Implementation Plan

A. Staffing Plan

Describe how your needs assessment findings will be integrated into your staffing and training plan.

B. Implementation Plan

Consider creating and including a three-year implementation plan matrix, noting SMART objectives and the timelines and responsible staff for each objective.

If you have completed the DIS worksheet from SAMHSA, consider incorporating information from Section III.

The Needs Assessment Cycle and Updates

A. Plan to Update Needs Assessment

Include a statement that your needs assessment will be updated at least every three years.

B. Communications Plan

Describe how you will communicate needs assessment findings and priorities to internal and external stakeholders, including the board of directors and/or advisory boards.

C. Integration of Needs Assessment Action Plan With CQI Process

Describe how your needs assessment findings will be incorporated into the continuous quality improvement (CQI) process. If you have completed the DIS worksheet from SAMHSA, consider incorporating information from Section III.

Note who will be responsible for leading and documenting CQI activities.