

Alabama Department of Mental Health (ADMH)

Certified Community Behavioral Health Clinic (CCBHC) Community Needs Assessment Guide

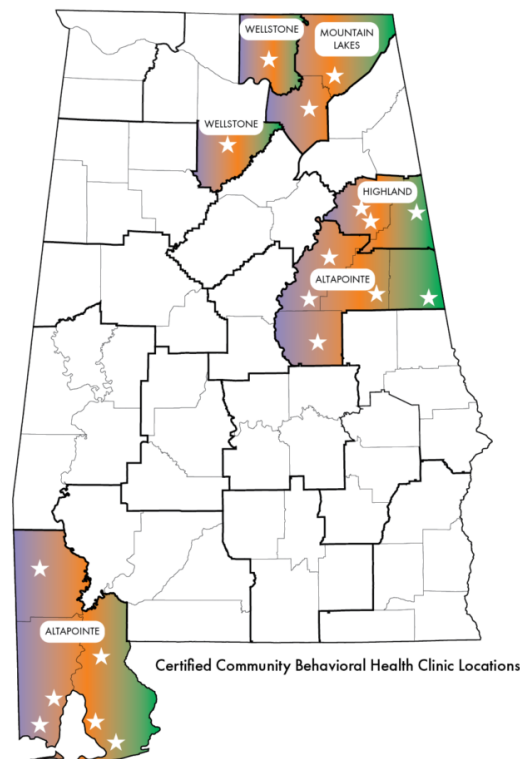


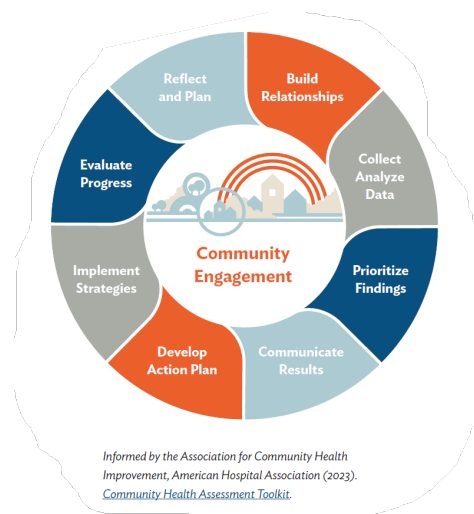
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Community Needs Assessment Guide

The Framework

Each CCBHC should be able to show a strong, consistent “Golden Thread” that ties together community needs, program design, and the care provided to individuals. At the organizational level, this Golden Thread starts with the Community Needs Assessment (CNA) and runs clearly through Continuous Quality Improvement (CQI) activities, ultimately connecting to staffing, service delivery, access, and program outcomes. In practice, this means the CNA establishes priorities that are transformed into specific improvement initiatives with defined goals, timelines, and responsible leads.



For example, if the CNA identifies that individuals with opioid use disorder are waiting too long- often multiple days or weeks- to begin Medications for Addiction Treatment (MAT), the agency may add an evaluation of their processes related to rapid access to MAT services as a strategic priority. The CQI team could then launch a project focused on shortening the time from first contact to initiation of MAT and strengthening early stabilization.

The project would define process measures (such as the percentage of clients offered same-day or next-day MAT starts) and outcome measures (such as improved retention at 30 and 90 days and reductions in withdrawal-related ED visits). Interventions might include implementing same-day MAT induction appointments, revising intake workflows to streamline medical evaluation, assigning dedicated MAT access coordinators, and adding automated alerts in the EHR to flag individuals requesting MAT for priority scheduling.

CQI provides the discipline and structure to turn these priorities into measurable improvements. Teams meet on predictable cadences, such as monthly data huddles for rapid adjustments and quarterly leadership reviews for strategic decisions and rely on PDSA cycles to test and refine interventions. Ideally, data comes from routine sources (EHR intake timestamps, MAT prescribing logs, care coordination notes, and client-reported experience measures) and is transformed into dashboards for executive, program, and frontline teams so that everyone can quickly see whether changes are producing the intended gains.

Agencies should share the improvements and outcomes with stakeholders to show how community feedback directly shapes the design and delivery of MAT services. For the purposes of this document, 'agency' refers to both Community Mental Health Centers (CMHCs) and Certified Community Behavioral Health Clinics CCBHCs.

This guide is intended to be used in conjunction with the ADMH CCBHC Community Needs Assessment Template.

CNA Finding Examples	Strategic Priority	CQI Project Aim	Process Measures	Outcome Measures	Interventions
Individuals seeking MAT face long waits (several days to weeks) before initiation can occur.	Improve rapid access to MAT services.	Reduce time from first MAT request to MAT initiation to same day or next day for $\geq 80\%$ of individuals within 6 months.	% receiving same-/next-day start; Time from first contact to initiation; Completion rate of medical clearance.	Improved 30- and 90-day retention; Reduced withdrawal-related ED visits; Increased early MAT engagement.	Same-day initiation slots; Streamlined intake workflows; MAT access coordinator; EHR alerts for MAT requests; 24-hour stabilization follow-up.
Members of the community who speak Spanish are unable to find linguistically and culturally appropriate services.	CCBHC will increase the number of bilingual and bicultural staff and examine practices that may be culturally unaligned.	Increase the number of individuals who are monolingual Spanish speaking who enroll in services.	Onboarding additional bilingual and bicultural staff.	Improved survey results of individuals served feeling respected and valued by the provider.	CCBHC will conduct a cultural alignment assessment of practices with the populations of the catchment area.
People who are employed during "traditional business hours" do not access behavioral health care.	CCBHC will operate during hours that meet the needs of the community.	Increase access to care outside of "typical business hours"	CCBHC will move from no evening or weekend hours to at least two additional time slots based on community reported need.	CCBHC will increase enrollment by XX%.	CCBHC will survey the community to determine most accessible operating hours.

Community Needs Assessment Best Practices

A strong CNA draws on both quantitative data (such as service utilization patterns, population health indicators, and demographic trends) and qualitative insights (including interviews, focus groups, and lived-experience feedback) to identify the key areas where an agency must focus its efforts. The design and programming of every CCBHC should be rooted in these identified community needs, ensuring that services, staffing, and strategic priorities align with the community's perspective. Because community conditions and behavioral health trends continually evolve, the CNA serves as the foundation for ongoing program adaptation, evolution, and improvement, enabling CCBHCs to remain responsive, data-driven, and person-centered. The CNA should inform:

- Staffing
- Access and Accessibility
- Outreach Needs
- Community Partnerships
- Service Delivery Offerings and Evidence-Based Practices (EBPs)

Note: As agencies are planning their CNA approach, it may be helpful to refer to the National Council for Mental Wellbeing [CCBHC Community Needs Assessment Toolkit](#).

Planning

Planning for a meaningful CNA should begin well **before** the three-year deadline, ideally 6-9 months in advance, to ensure the process is intentional and comprehensive rather than rushed for the sake of compliance. Early planning allows a CCBHC to clarify the purpose of the CNA, identify priority domains, secure internal leadership support, and map out which forms of quantitative data (EHR utilization trends, demographic data, ED visit patterns, social determinants indicators, overdose surveillance, etc.) and qualitative data (community interviews, focus groups, surveys, stakeholder advisory meetings) will be collected.

Planning early also helps the organization prepare the necessary infrastructure, such as establishing a CNA workgroup, allocating staff time for outreach and analysis, and ensuring data-reporting systems can generate meaningful extracts. When organizations wait until the deadline year to begin, they often struggle with incomplete data, insufficient community engagement, or an inability to translate findings into strategic action.

A thoughtful CNA plan also details how data will be gathered and who is responsible for each component. For example, the agency may decide to deploy a community-wide behavioral health survey administered both online and through partner organizations; convene focus groups for subpopulations such as youth, individuals with lived experience, or non-English-speaking communities; and conduct structured interviews with referral partners like hospitals, shelters, schools, and peer networks. The plan should outline which staff or departments lead each initiative (ex: Quality leads quantitative analysis; Community Outreach conducts interviews; Peer Specialists facilitate focus groups), the specific questions to be asked, and the timeline for analysis and synthesis. This plan helps to promote accountability, divides responsibilities, and helps to ensure that qualitative data collection is facilitated by the team members best poised to engage with the community.

Designing Areas for Inquiry

Thoughtful areas of inquiry are critical to creating a meaningful CNA. The goal is to identify what you want to understand, why it matters, and who in the community is best positioned to provide that information. A strong CNA begins by defining broad domains of interest- such as access to care, service gaps, language access needs, social determinants of health, experiences with the behavioral health system, and emerging community trends. These areas should be derived from prior CNAs, organizational priorities, regulatory expectations for the CMHC or CCBHC, service area quantitative data, and early conversations with community partners and individuals with lived experience.

Within each domain, you then drill down into specific lines of inquiry that will help illuminate root causes. For example, under “access to care,” you might explore questions about wait times, barriers to transportation, availability of providers trained for specific populations, or hours of operation. Under “quality of care,” you might look at perceptions of staff communication, clarity of care plans, or level of trust with providers. The key is to ensure every area of inquiry connects to a possible programmatic decision, staffing shift, process redesign, or partnership initiative.

Different segments of the community experience the behavioral health system differently and therefore require different kinds of questions. Instead of using a one-size-fits-all survey or interview guide, a well-designed CNA uses customized tools for each audience. Questions should be phrased simply, avoid jargon, and allow for both structured and open-ended responses.

Consider tailoring your inquiry as follows for each population:

1. Individuals Served

For individuals currently receiving services, questions should focus on:

- Access to care experiences
- Barriers or delays encountered
- How well services meet their needs
- Cultural responsiveness and safety
- Suggestions for improvement

Examples:

- “What made it easy or difficult to get your first appointment?”
- “Do you feel your care plan reflects what matters most to you?”

2. Individuals not Receiving Services

A CNA should not be solely focused on the needs of individuals currently being served, but on those who need services but are not accessing them. This group can reveal barriers that never show up in agency data because these individuals may never enter the system. Areas of inquiry might explore:

- Awareness of services
- Perceptions of stigma
- Trust in behavioral health providers
- Preferences for how and where they would seek help
- Cultural views on behavioral health services

Examples:

- “If you needed mental health or addiction services, where would you go first?”
- “What might prevent you from accessing care?”

3. Partner Organizations and Referral Sources

These groups provide insight into system-level coordination issues and unmet needs. Their questions should focus on:

- Trends being observed
- Patterns in referral success or failure
- Capacity challenges in the community
- Gaps in communication or handoffs

Examples:

- “What types of referrals to our agency are most likely to be unsuccessful or delayed?”
- “What unmet needs do you see growing in your population?”

Community Partnerships

Developing meaningful community partnerships is essential for an agency to conduct a CNA that is authentic, accurate, and trusted. Agencies should avoid pursuing partnerships only when the organization needs information, as this can reinforce the perception that the CMHC or CCBHC engages with the community only to benefit itself, rather than to build shared understanding and advance mutual goals.

Instead, community relationships must be ongoing and reciprocal. This means investing time in meeting partners in the community, attending their events and advisory meetings, learning about their priorities, creating pathways to support their communities, and being transparent about the purpose of the CNA and how their perspectives will shape service design. A particularly important strategy is partnering intentionally with groups that represent community members who are accessing services at a rate lower than other groups, including individuals who face language barriers, stigma, lack of transportation, histories of institutionally related trauma, or prior negative experiences with behavioral healthcare. These groups often have the most valuable insights into systemic gaps and barriers.

Agencies can work with grassroots organizations, cultural centers, harm-reduction groups, peer-led networks, housing providers, youth organizations, and immigrant or refugee support agencies to identify voices that might otherwise be overlooked. Rather than beginning with an “ask,” the agency can start by exploring what the community partners need most, what patterns they are seeing, and how the CCBHC can show up in ways that matter to them. This approach signals respect and a commitment to understanding challenges from the community’s lens, rather than from the existing structure of the CMHC.

Reciprocal communication is central to maintaining these partnerships. Community organizations and individuals who participate in interviews, focus groups, and surveys should always receive clear communication about what was learned, how their input influenced decisions, and what changes the agency is making as a result. This might take the form of community briefings, summary reports, open forums, newsletters, or standing advisory groups that provide ongoing feedback. When community partners see their insights reflected in programmatic changes, such as expanding MAT access, adjusting hours of operation, increasing interpreter availability, or enhancing crisis response, they gain confidence that engagement is meaningful and action oriented. This visible follow-through strengthens trust and can result in improved outcomes for these and other communities.

Requests for an Existing CCBHC to Add Additional Sites

For currently operating CCBHCs seeking to add/certify an additional site, the CCBHC must hold full CCBHC Certification at their current site(s), be in good standing, and not currently under a Performance Improvement Plan (PIP). If these requirements are met, the CCBHC must submit an email to the Office of CCBHC for review and approval.

For additional details, please refer to ADMH Comprehensive Provider Manual for CCBHCs.

Community Needs Assessment Template

By using these best-practice guidelines to plan for and conduct a meaningful CNA, agencies can approach the CNA as a strategic, community-centered process that drives the evolution of their services. Thoughtful advance planning, intentional design of inquiry areas, and authentic, reciprocal partnerships ensure that the CNA accurately captures both quantitative trends and the lived experiences of all populations, including those who have been underserved or disengaged from care.

When applied to the ADMH CNA template, these practices help agencies fully meet federal and state requirements while generating actionable insights that strengthen program design, inform CQI priorities, and drive measurable improvement. Ultimately, a well-executed CNA positions the agency to reduce variation in access and outcomes across its service area and continually evolve its model in alignment with the community's needs and preferences.

Upon reviewing this guide, please complete the ADMH Community Needs Assessment Template, ensuring all sections are addressed in accordance with the guidance provided above.