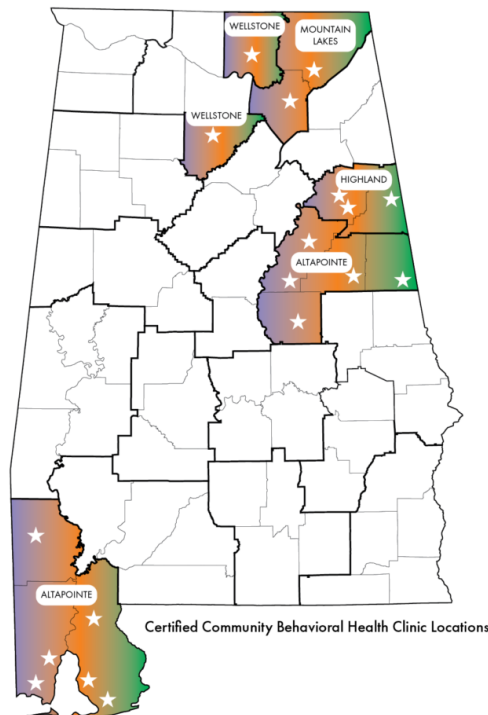


# Alabama Department of Mental Health (ADMH)

## Certified Community Behavioral Health Clinic (CCBHC)

### Community Needs Assessment Template



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# Purpose and Instructions

## Purpose

This form verifies that the Community Mental Health Centers (CMHCs) or Certified Community Behavioral Health Clinics (CCBHCs) have completed a thorough, stakeholder-informed Community Needs Assessment (CNA) aligned to the Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Certification Criteria and Alabama Department of Mental Health (ADMH) regulations and program requirements. For the purposes of this document, 'agency' refers to both CMHCs and CCBHCs.

**This template is intended to be used in conjunction with the ADMH CCBHC Community Needs Assessment Guide.**

## Instructions

Please complete this form in its entirety to meet ADMH's Office of CCBHC certification requirements. Each CNA should utilize a combination of (1) quantitative data, (2) qualitative data, (3) feedback from community members/groups, across the lifespan, who utilize CCBHC services, (4) feedback from community members/groups, across the lifespan, who are found to have a low uptake of CCBHC services, (5) feedback from key community partners. This information should connect directly to planned program changes and continuous quality improvement (CQI) initiatives.

A CNA is required at initial certification and must be updated at least every three (3) years thereafter. If a significant change occurs prior to the next scheduled submission, ADMH may require the agency to submit an amended or updated CNA.

## Application Type

Select one:

- Initial Certification       Amended (prior to year 3)       Recertification

## Agency Contact Information

Agency Name:	
Data Collection Period:	
Submission Date:	
Primary Contact(s): (Name/Title/Phone)	

## Data Sources

This section is designed to guide agencies to the location(s) where key data sources that are reliable, relevant and current can be found for the CNA. Although agencies are not expected to use uniform data sources, all data used for the CNA must be derived from credible, verifiable and recent sources. CNA should incorporate not only the data sources listed below, but also data collected from the Electronic Health Record (EHR) and other internal data sources (e.g. staffing, billing/claims, surveys, etc.). Data should best reflect the demographics, service needs and trends within the agency's catchment/service area. All sources must be clearly cited and consistent across reporting periods. The data used for the CNA must be current and reflect a collection period that does not exceed two (2) years prior to the date of submission. Agencies should ensure that all data sources included in the CNA fall within this timeframe to accurately represent the most recent community needs and trends.

## Suggested Data Sources

<https://statisticalatlas.com/state/Alabama/Overview>

[https://apps.mla.org/map\\_data](https://apps.mla.org/map_data)

[Census Bureau Tables](#)

<https://data.hrsa.gov/tools/shortage-area/mua-find>

<https://wonder.cdc.gov/controller/datarequest/D158>

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

[County Health Rankings & Roadmaps](#)

<https://www.alabamaachievers.org/reports-data/school-data/>

<https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set/analyze>

## Physical Boundaries and Service Area

Please provide 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.

[Click or tap here to enter text.](#)

## In Community Services

The agency must provide a comprehensive list of all partnering sites where services are currently delivered or are planned to be delivered In Community. This information must be submitted as an attachment. For each In Community site, the listing must include: **(1) the site name, (2) the physical address, and (3) the population(s) served at that location (e.g., adults, children/adolescents, individuals with SMI/SED, individuals with substance use disorders, veterans, etc.).**

This information should reflect both existing partnerships and anticipated service locations to demonstrate the full scope of community-based service delivery.

## Identification of the Populations within the Service Area:

For this section, please complete the following analysis for the overall catchment area of your agency's network. If there are notable differences/trends in particular geographies, please make sure to note that nuance. Likewise, please note size estimates, unique needs, and emerging trends. **Use narrative and diagrams as appropriate and ensure sources of information are included.**

### RACE/ETHNICITY

[Click or tap here to enter text.](#)

## GENDER

Click or tap here to enter text.

## AGE

Click or tap here to enter text.

## LANGUAGE(S) SPOKEN

Click or tap here to enter text.

## INSURANCE TYPES/STATUS FOR CHILDREN/YOUTH

Click or tap here to enter text.

## INSURANCE TYPES/STATUS FOR ADULTS

Click or tap here to enter text.

## I/DD PREVALENCE

Click or tap here to enter text.

## OTHER DEMOGRAPHIC FACTORS RELEVANT TO THE CATCHMENT AREA

Click or tap here to enter text.

## Mental Health and Substance Use Conditions and Related Needs Impacting Catchment Area

For this section, please complete the following analysis for the overall catchment area of your CCBHC network. If there are notable differences/trends in particular geographies and/or demographic groups, please make sure to note that nuance. Likewise, please note emerging trends. **Use narrative and diagrams as appropriate and ensure sources of information are included.**

### MENTAL HEALTH DIAGNOSIS PREVALENCE AND MENTAL HEALTH NEEDS

Click or tap here to enter text.

### SUD PREVALENCE AND SUBSTANCE USE NEEDS

Click or tap here to enter text.

## CO-OCCURRING MH/SUD PREVALENCE

Click or tap here to enter text.

## OVERDOSE RATES

Click or tap here to enter text.

## PHYSICAL HEALTH TRENDS

Click or tap here to enter text.

## TRANSPORTATION LIMITATIONS

Click or tap here to enter text.

## HOUSING INSTABILITY

Click or tap here to enter text.

## FOOD ACCESS/NUTRITION LIMITATIONS

Click or tap here to enter text.

## POVERTY RATES

Click or tap here to enter text.

## MENTAL HEALTH SERVICE GAPS

Click or tap here to enter text.

## SUD SERVICE GAPS

Click or tap here to enter text.

## RATES OF UNINSURED/UNDERINSURED CHILDREN

Click or tap here to enter text.

## RATES OF UNINSURED/UNDERINSURED ADULTS

Click or tap here to enter text.

## RATES OF UNEMPLOYMENT/UNDEREMPLOYMENT

Click or tap here to enter text.

#### **OTHER NEEDS RELEVANT TO THE POPULATIONS IN THE CATCHMENT AREA**

Click or tap here to enter text.

### **Access to Care for Co-Occurring Mental Health/Substance Use Disorders**

Please describe how your agency is screening for, triaging, and providing access MAT and care for COD. Use narrative and diagrams as appropriate and ensure sources of information are included.

#### **SCREENING TOOL(S) AND TIMELINE OF ADMINISTRATION FROM FIRST CONTACT (PLEASE INCLUDE A DESCRIPTION OF HOW YOU ENSURE ALL PERSONS ARE SCREENED)**

Click or tap here to enter text.

#### **TRIAGE PROCEDURE SUMMARY**

Click or tap here to enter text.

#### **DESCRIPTION OF HIGH-RISK GROUPS AS DEFINED BY YOUR AGENCY**

Click or tap here to enter text.

#### **TYPES OF MAT PRESCRIBED ON-SITE**

Click or tap here to enter text.

#### **TYPES OF MAT PROVIDED VIA PARTNERSHIP, ORGANIZATION NAME, AND DESCRIPTION OF TIMELY ACCESS REQUIREMENTS AND ASSOCIATED PERFORMANCE**

Click or tap here to enter text.

#### **TIMELINE FOR RAPID ACCESS TO MAT – ACTUAL AND GOAL STATE**

Click or tap here to enter text.

#### **TYPE(S) OF TREATMENT FOR CO-OCCURRING MENTAL HEALTH AND SUD TREATMENT. INCLUDE DAYS/TIMES OF SERVICE AND WHETHER THEY ARE IN-PERSON OR TELEHEALTH**

Click or tap here to enter text.

## Community Engagement & Input

Complete the following for each entity that was engaged in the CNA process. Attach all relevant supporting documentation, including participant rosters, feedback tools/templates, and summary reports, as part of the submission. **For each required and recommended community partner, the agency must provide: (1) the name of the organization(s) that participated; (2) the method(s) of participation (e.g., focus groups, surveys, panels, data sharing); (3) the date(s) of participation; and (4) a summary of key findings.**

The summary must include, at a minimum, information related to:

- Cultural, linguistic, physical health, and behavioral health treatment needs;
- Evidence-based practices and behavioral health crisis services;
- Access to and availability of services including days, hours, and locations, and telehealth options; and
- Identified barriers to care, such as geographic limitations, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages.

## Required Community Partners

If a Required Community Partner is not consulted, type "N/A" and describe outreach/engagement efforts in Summary of Key Findings.

Required Entities	Organization(s)	Method(s) of Participation	Date(s) of Participation	Summary of Key Findings
People with lived experience and current/former CCBHC service recipients				
Health centers (including FQHCs)				
Local health departments				
Inpatient Psychiatric Facilities				

Acute Hospitals				
Hospital Outpatient Clinics				
Department of Veterans Affairs facilities				
K-12 school system representatives				
Crisis response partners (EDs, EMS, crisis stabilization, crisis lines/warmlines)				

## Recommended Community Partners

If a Recommended Community Partner is not consulted, type "N/A" in the Summary of Key Findings column.

Recommended Entities	Organization(s)	Method(s) of Participation	Date(s) of Participation	Summary of Key Findings
Organizations and service providers operated by people with lived experience				
Residential SUD Programs				
Group Homes				
Criminal justice agencies and facilities				
Child welfare agencies and accredited child-placing agencies				

Specialty providers of MAT (medications for addiction treatment) for opioid and alcohol use disorders				
Homeless shelters and housing agencies				
Services for older adults (e.g., Area Agencies on Aging, Aging and Disability Resource Centers)				
Other mental health and SUD treatment providers in the community				
Juvenile justice agencies and facilities				
Indian Health Service or other tribal programs				
Peer-run and operated service providers				

Employment services systems				
Other				

## Engagement of Populations with Low MH/SUD Service Participation/Retention

Please describe how your agency identified and engaged groups in the catchment area who had low rates of engagement/retention in services.

[Click or tap here to enter text.](#)

In the table below, please list outreach and engagement efforts for populations who were found to have low MH/SUD services engagement when compared to other populations. Attach all relevant supporting documentation, including participant rosters, feedback tools/templates, and summary reports, as part of the submission. **For each group/population identified, the agency must provide: (1) the name of the group/population(s); (2) the method(s) of participation (e.g., focus groups, surveys, panels, data sharing); (3) the date(s) of participation; and (4) a summary of key findings.**

The summary must include, at a minimum, information related to:

- Cultural, linguistic, physical health, and behavioral health treatment needs;
- Evidence-based practices and behavioral health crisis services;
- Access to and availability of services including days, hours, and locations, and telehealth options; and
- Identified barriers to care, such as geographic limitations, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages.

Group/Populations	Method(s) of Participation	Date(s) of Participation	Summary of Key Findings

## Addressing High Priority Needs

In the table below, please describe for each area **high priority needs** that were identified, **geography/population(s)** (i.e., rural or service deserts for uninsured or individuals experiencing homelessness) and **any relevant action items** including **anticipated timeframes** that the agency is planning to address these needs.

**Note:** If the agency is choosing to defer addressing an area for the next 3 years, please type “deferred” in the Anticipated Timeframe column.

Area	High Priority Finding(s)	Geography/Population(s)	Planned Action(s)	Anticipated Timeframe
Service Hours				
Service Locations				
Staffing Plan				
Evidence-Based Practices				
Social Determinants of Health (SDOH) Supports				

Language Access				
Community Partnerships				
Practices to address variations in outcomes between populations/geographies				
Other				

## Plans to Update the Community Needs Assessment

In this section, please confirm your understanding of the requirements to update your Community Needs Assessment every three years, and your detailed plans to do so (e.g., responsible parties, anticipated process, etc.). In practice, the CCBHC should have a **documented process and timeline** for completing a full CNA update every 3 years. The updated CNA should be **based on recent data** (typically within the last 2 years), and it should demonstrate that the CCBHC is **continuously assessing and responding to community needs** and not relying on outdated information.

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