

CCBHC Subgroup: Clinical Criteria & Certification

Review of Draft Community Needs Assessment Guide

9/27/24

Discussion Goal

The goal of today's discussion is to obtain input from the group on key design components of Vermont's draft Community Needs Assessment ([draft posted 9/20](#)) with the Clinical Criteria & Certification Subgroup on:

1. Community Needs Assessment Overview
2. Approach to Quantitative Data Collection
3. Gathering Input from Community Partners
4. Identifying Service Needs and Gaps in Access
5. Summarizing Findings from Community Input
6. Using Findings to Inform the Care Model

CCBHC Community Needs Assessment: Overview

Last week, Vermont released a draft CCBHC [Community Needs Assessment Guide](#) that 1) outlines the Community Needs Assessment's required components and 2) provides a Community Needs Assessment Template- a tool for organizations to complete to meet the requirements.

 **SAMHSA requires that Community Needs Assessment cover these areas:**

1. Service Area
2. Mental Health & Substance Use Disorder Prevalence
3. Social Drivers of Health (SDOH) & Economy
4. Culture & Languages
5. Underserved Populations
6. Staffing Plan
7. Plan to Update Community Needs Assessment (at least every three years)
8. Plan to Gather Community Input

Required Components (see details on Slides 4-7)

Quantitative Data Sources. Internal and publicly available state and local data and reports

Qualitative Data Sources. Surveys, interviews and focus groups with providers and people in need of services and their family members

Organizations are required to synthesize their input gathering and provide a comprehensive description of their community's needs.



States have flexibility to design their Community Needs Assessments in a way that works best for their state. Vermont is seeking input on a Community Needs Assessment Guide that collects feedback from key local partners and underserved communities.



Community Needs Assessments must inform CCBHCs' care model. CCBHCs will use the findings from their Community Needs Assessment to make decisions about their care model, including their services, staffing and daily operations. For example, the Community Needs Assessment may help a CCBHC identify a need to hire additional peers, adjust their hours of operation, or expand the availability of non-English resources at their site to meet their community's needs.

CCBHC Community Needs Assessment: Approach to Quantitative Data Collection

CCBHCs should use a range of quantitative and qualitative data sources to complete their Community Needs Assessments. To support organizations, Vermont encourages organizations to use the recommended data sources, listed below.

Are there any additional Vermont-specific data sources the Subgroup recommends providing?

Quantitative Data Sources

Quantitative data collection.

- [YRBS \(Youth Risk Behavior Survey\)](#)
- [BRFSS \(Behavioral Risk Factor Surveillance System\)](#)
- [State Health and Assessment and Improvement Plan](#)
- [Hospital Sustainability and Act 167](#)
- [2022 National Survey on LGBTQ Youth Mental Health – Vermont](#)
- [Vermont Agency of Education](#)
- [Vermont Substance Use Dashboard](#)
- [Kaiser Family Foundation- Health Policy Organization](#)
- [SAMHSA Universal Reporting System](#)
- [Vermont Abenaki Bands](#)
- [Economic and Social Outcomes by Race/Ethnicity in Vermont 2013-2018](#)
- [Vermont Health Equity Data](#)



Please share ideas for additional data sources in the chat!

CCBHC Community Needs Assessment: Gathering Input from Community Partners

Organizations are required to survey, interview and conduct focus groups with providers and people in need of services and their family members in their service area to gather qualitative data and synthesize findings. Vermont understands that this effort will be significant for organizations and encourages them to leverage existing processes where possible.

Conducting Surveys, Interviews and Focus Groups

- **Required Community Partners:** CCBHCs must gather input from Abenaki tribe leaders, residents, people seeking MH and SUD services and their families, Hub and Spoke Providers, members of their board of directors, Preferred Providers, other local service providers, schools and Specialized Service Agencies.
- **Encouraged Partners:** CCBHCs will be encouraged to gather input from religious organizations, Emergency Departments, employers, FQHCs, housing providers, law enforcement, domestic and sexual violence organizations, nonprofits, Primary Care Providers and social services organizations.

Discussion Questions:

- Vermont believes it is critical to have robust data on the needs of the following populations included in the Community Needs Assessment:
 - Low-income;
 - Unhoused;
 - Black, Indigenous – especially Abenaki and Persons of Color;
 - LGBTQIA+; and
 - Individuals with disabilities

In addition to conducting surveys, interviews and focus groups with members of these groups, **are there other community partners that Vermont should require organizations to collect input from** to reflect the needs of these populations?

Community Needs Assessment: Identifying Service Needs and Gaps in Access

The Community Needs Assessment requires organizations to collect, review and analyze data to understand their community's needs. Within the Community Needs Assessment Template, Vermont will require organizations to report data about their service area, SDOH and underserved populations (listed below) to understand the service needs and gaps in access to care within their community.

Identifying Service Needs and Gaps: Key Data



Service Area

- Race and Ethnicity
- Immigrant/Asylum Seeker/Resettled Refugee
- Gender Identity and Sexual Orientation



SDOH

- Income and Poverty
- Children Under Age 5 in Poverty
- Employment Status of County Population Aged 25 to 64 Years Old
- Highest Level of Education Among People Aged 25 Years and Older
- School Enrollment Status Among Children/Youth
- Cost-Burdened Households
- Food Insecurity
- Experience with Intimate Partner Violence
- Health Coverage



Underserved Populations

- Service Members, Veterans and Families
- Homeless/Housing Insecure
- Foster Care
- Justice-Involved Individuals
- Incarceration in DOC Facilities



Discussion Questions:

- **Are there additional data Vermont should require organizations to collect to understand the service needs and gaps in access within their community?**
- **What information is most important for organizations to identify service needs and gaps in access for underserved populations?**

Community Needs Assessment: Summarizing Findings from Community Input

Organizations are required to describe their findings in their Community Needs Assessment and indicate how they plan to address any gaps in access to services through their CCBHC care model.

Open-Ended Questions to Summarize Input Gathering

1. What health disparities exist in your community as identified through the Community Needs Assessment?
2. How does your organization plan to address these health disparities (e.g., through outreach, staffing changes, use of EBPs, additional hours)?
3. Which populations are underserved in your community?
4. What barriers exist in the community and in the prospective CCBHC that prevent underserved populations from receiving mental health and SUD services? How does your organization plan to address these barriers?
5. To what extent does your community face transportation-related barriers that might be alleviated through telehealth.
6. What are the care coordination needs of underserved populations?
7. Describe how adolescents (age 12-17) with substance use service needs get connected to care in your region. What gaps exist? How does your CCBHC plan to address those gaps?
8. Describe your capacity to serve justice-involved populations in your region that may have mental health and/or substance use needs during or after their transition out of carceral settings. Please describe the DOC facilities in your region that your CCBHC would serve as a referral partner.
9. How will your organization use information collected through this Community Needs Assessment to inform your CCBHC care model?



Discussion Questions:

- **Are there any other questions that Vermont can include to prompt organizations to act on their Community Needs Assessment findings?**
- **What challenges do you expect organizations may have in completing this section?**
- **Are there other known challenges in delivering mental health and substance use care in Vermont that should be reflected in this section?**

Community Needs Assessment: Using Findings to Inform the Care Model

Organizations will ultimately use their Community Needs Assessment findings to design their CCBHC care model, including the services they offer, the hours they provide services and their staffing and training needs.



Discussion Questions:

- Recognizing it will be time intensive for organizations to conduct surveys, interviews and focus groups, are there additional resources or technical assistance that the State can provide to reduce burden?
- How can Vermont support CCBHCs in synthesizing the findings from their Community Needs Assessment to inform their staffing, training and operational plans*?
- Are there areas where organizations need additional guidance on the Community Needs Assessment requirements?
- Do you have any other comments or questions about the CCBHC Community Needs Assessment?

*CCBHCs are required to develop a staffing plan responsive to their Community Needs Assessment. In addition, during certification CCBHCs will submit training plans (including staff training, cultural responsiveness and linguistic competence) and documentation on their organization's policies, procedures, operations and administration to show compliance with CCBHC criteria.

Next Steps

Appendix

SAMHSA Criteria 3.C: Care Coordination Partnerships



For Reference: CCBHCs are required to develop partnerships with the following organizations that operate within the service area (per SAMHSA [certification criteria 3.c.3](#)):

- Schools
- Child welfare agencies
- Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts)
- Indian Health Service youth regional treatment centers
- State licensed and nationally accredited child placing agencies for therapeutic foster care service
- Other social and human services