CCBHC Behavioral Health Community Certification and Needs Assessment

**TOOLKIT**

Prepared by Trudy Ohnsorg, M.P.H.

Cincinnatus, Inc.



*Paid for by state and federal funds provided through the*

*Minnesota Department of Human Services, Mental Health Division.*

Table of Contents

[Needs Assessment Template 4](#_Toc66348929)

[Demographics of CCBHC Service Area 4](#_Toc66348930)

[Population Density 4](#_Toc66348931)

[Age Groupings 4](#_Toc66348932)

[Family Household Types with Children Under age 18 4](#_Toc66348933)

[Race and Ethnicity 5](#_Toc66348934)

[Country of Birth 5](#_Toc66348935)

[Language Spoken Among Population Age 5 Years and Older 5](#_Toc66348936)

[Social Determinants of Health - Data 6](#_Toc66348937)

[Employment Status of County Population Aged 25 to 64 Years Old 6](#_Toc66348938)

[Highest Level of Education Among People Aged 25 Years and Older 6](#_Toc66348939)

[Income and Poverty 6](#_Toc66348940)

[Cost-Burdened Households 6](#_Toc66348941)

[Health Coverage 6](#_Toc66348942)

[Disability Status 7](#_Toc66348943)

[Students Reporting That They Feel Safe in Their Neighborhoods 7](#_Toc66348944)

[Students Reporting That They Feel Safe at Home 7](#_Toc66348945)

[Special Populations Data 8](#_Toc66348946)

[Veterans 8](#_Toc66348947)

[Homeless 8](#_Toc66348948)

[Foster Care 8](#_Toc66348949)

[Corrections 8](#_Toc66348950)

[Medically Underserved 8](#_Toc66348951)

[Mental Health Data 9](#_Toc66348952)

[Mental Health Professional Shortage Areas 9](#_Toc66348953)

[Frequent Mental Distress 9](#_Toc66348954)

[Substance Use/Abuse Data: Students 10](#_Toc66348955)

[Student Reporting Any Use of Alcohol in Past 30 Days 10](#_Toc66348956)

[Student Reporting Having 5 or More Drinks in a Row in Past 30 Days 10](#_Toc66348957)

[Student Reporting Smoking a Cigarette in Past 30 Days 10](#_Toc66348958)

[Student Reporting Using an E-Cigarette in Past 30 Days 10](#_Toc66348959)

[Student Reporting Any Use of Marijuana in Past 30 Days 10](#_Toc66348960)

[Student Reporting Any Use of Methamphetamine in Past 12 Months 11](#_Toc66348961)

[Student Reporting Any Use of MDMA/Ecstasy in Past 12 Months 11](#_Toc66348962)

[Student Reporting Any Use of Crack/Cocaine in Past 12 Months 11](#_Toc66348963)

[Student Reporting Any Use of LSD, PCP, or Other Psychedelics in Past 12 Months 11](#_Toc66348964)

[Student Reporting Any Use of Heroin in Past 12 Months 11](#_Toc66348965)

[Student Reporting Any Use of Prescription Drugs Not Prescribed for Them in Past 30 Days 12](#_Toc66348966)

[Student Reporting Any Use Prescription Pain Relievers Not Prescribed for Them in Past 12 Months 12](#_Toc66348967)

[Substance Use/Abuse: Adults 12](#_Toc66348968)

[Percent of Admissions to MN Treatment Facilities for Alcohol Use 12](#_Toc66348969)

[Percent of Admissions to MN Treatment Facilities for Drug Use 12](#_Toc66348970)

[Unmet Needs of Service Area 13](#_Toc66348971)

[Unmet Needs Related to Outpatient Clinical Services Currently Provided by CCBHC – Including Designated Collaborating Organizations 13](#_Toc66348972)

[Model Practices 16](#_Toc66348973)

[Model Practices Currently Provided by CCBHC– including designated collaborating organizations. 16](#_Toc66348974)

[Service Delivery Model 17](#_Toc66348975)

[Special Populations 18](#_Toc66348976)

[Special Populations Currently Provided by CCBHC– including designated collaborating organizations. 18](#_Toc66348977)

[Racial and Ethnic Populations 18](#_Toc66348978)

[Racial and Ethnic Populations Currently Provided by CCBHC– including designated collaborating organizations. 18](#_Toc66348979)

[Additional Questions 19](#_Toc66348980)

[Additional questions about the CCBHC. 19](#_Toc66348981)

[Barriers for special populations to accessing services 21](#_Toc66348982)

# Needs Assessment Template

Please type in the information requested below in all shaded boxes.
This will form the basis of your CCBHC Community Needs Assessment.

## Demographics of CCBHC Service Area

### Population Density

| **Population** | **Where to Find the Information** |
| --- | --- |
| Total Population: |  | <https://statisticalatlas.com/state/Minnesota/Overview>Go to website and select counties (above map)Select specific county (below map). Select Population in List on right.Look at information in Table 1. |
| Population Density:(People per square mile excluding waters) |  |

### Age Groupings

| **Age** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Senior: 65+ |  |  | <https://statisticalatlas.com/state/Minnesota/Overview>Go to website and select counties (above map)Select specific county (below map). Select Age and Sex in List on right.Look at information in Table 2. |
| Older Adult: 40 - 64 |  |  |
| Younger Adult: 22 - 39 |  |  |
| College: 18 – 21 |  |  |
| Children: 0 - 17 |  |  |

### Family Household Types with Children Under age 18

| **Category** | **Percent** | **Ref. MN\*** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Married |  |  | <https://statisticalatlas.com/state/Minnesota/Overview>Go to website and select counties (above map)Select specific county (below map). Select Household Types in List on right.Look at information in Table 2. |
| Single Moms |  |  |
| Single Dads |  |  |

### Race and Ethnicity

| **Race and Ethnicity** | **Count** | **Percent** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Tab to add more rows as needed to fill out this table.

**Where to Find the Information**

<https://www.mncompass.org/profiles/county>

Go to website and select specific county.

Select Race & Ethnicity

### Country of Birth

| **Country of Birth** | **Count** | **Percent** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Tab to add more rows as needed to fill out this table.

**Where to Find the Information**

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

Go to website and select counties (above map)

Select specific county (below map).

Select National Origin in List on right.

Look at information in Table 3.

### Language Spoken Among Population Age 5 Years and Older

| **Language** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| English |  |  | <https://apps.mla.org/map_data> Go to website and select specific state tab. In Language by State (top right) select Most Spoken Languages for most recent year.Then select county (middle left) and click “Show Results” in that section. |
| All languages other than English combined |  |  |
| Language 2 |  |  |
| Language 3 |  |  |
| Language 4 |  |  |

Tab to add more rows as needed to fill out this table.

## Social Determinants of Health - Data

### Employment Status of County Population Aged 25 to 64 Years Old

| **Category** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Armed Forces |  |  | <https://statisticalatlas.com/state/Minnesota/Overview>Go to website and select counties (above map)Select specific county (below map). Select Employment in List on right.Look at information in Table 1. |
| Employed |  |  |
| Unemployed |  |  |
| Not in the labor force |  |  |

### Highest Level of Education Among People Aged 25 Years and Older

| **Category** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Higher Degree |  |  | <https://statisticalatlas.com/state/Minnesota/Overview>Go to website and select counties (above map)Select specific county (below map). Select Educational Attainment in List on right.Look at information in Table 1. |
| H.S. Diploma |  |  |
| No H.S. Diploma |  |  |

### Income and Poverty

| **Household Income** |  | **Dollars** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Median household income (2018 dollars) |  | <https://www.mncompass.org/profiles/county>Go to website and select specific county from list.Select Income and Poverty. |
|  |
| **Poverty** | **Count** | **Percent** |
| With income below poverty level |  |  |

### Cost-Burdened Households

| **Cost-Burdened Households** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Cost-burdened households (total) |  |  | <https://www.mncompass.org/profiles/county>Go to website and select specific county.Select HousingSelect Cost-burdened HouseholdsHouseholds paying 30% or more of their gross income for housing (rent or mortgage). |
| Cost-burdened owner households |  |  |
| Cost-burdened renter households |  |  |

### Health Coverage

| **Health Coverage** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Population 65 and under without health insurance coverage |  |  | <https://www.mncompass.org/profiles/county>Go to website and select specific county.Select Health Coverage |

### Disability Status

| **Disability Status** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Population with a disability |  |  | <https://www.mncompass.org/profiles/county>Go to website and select specific county.Select Disability Status |

### Students Reporting That They Feel Safe in Their Neighborhoods

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Students Reporting That They Feel Safe at Home

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

## Special Populations Data

### Veterans

| **Item** | **Number** | **Where to Find the Information** |
| --- | --- | --- |
| Number of veterans  |  | <https://mn.gov/mdva/assets/2020-mdva-annual-report_tcm1066-461306.pdf> Go to MDVA Annual ReportLook at relevant tables |
| SSAP financial assistance dollars | $ |

### Homeless

| **Category** | **In Shelters** | **Not in Shelters** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Unaccompanied minors (<18) |  |  | <http://mnhomeless.org/minnesota-homeless-study/detailed-data-counts.php>Select county or region in 2018 dataFind information in Table 1 |
| Age 18-21 |  |  |
| Age 22-24 |  |  |
| Adults 25-54 |  |  |
| Adults 55+ |  |  |
| Total experiencing homelessness  |  |  |

### Foster Care

| **Category** | **Count** | **Where to Find the Information** |
| --- | --- | --- |
| Total number of children who experienced out-of-home care. (Table 10) |  | <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5408LA-ENG>Look at Table 10 (page 58) and Table 14 (page 76) for this information. |
| Number of children under state guardianship. (Table 14) |  |

### Corrections

| **Item** | **Per 100,000** | **Where to Find the Information** |
| --- | --- | --- |
| Jail admissions |  | <https://trends.vera.org/incarceration-rates?data=pretrial>Click on “Select data” box at top of screenIdentify countySelect ALL for Race/ethnicity and GenderToggle through data types to find information |
| Jail incarceration |  |
| Pretrial jail incarceration |  |
| Prison incarceration |  |

### Medically Underserved

**Where to find the information** <https://data.hrsa.gov/tools/shortage-area/mua-find>

Use filters to select county. Tab to add more rows as needed.

| **Service Area Name** | **Discipline** | **Index Score** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

## Mental Health Data

### Mental Health Professional Shortage Areas

| **Are there HRSA/HPSA mental health professional shortage areas within your service area?** | **Where to Find the Information** |
| --- | --- |
| If yes, please describe these shortage areas below. | [ ]  Yes[ ]  No | <https://data.hrsa.gov/tools/shortage-area/hpsa-find>Apply filters to select your county and services. |
|  |

### Frequent Mental Distress

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| Percent of adults reporting 14 or more days of poor mental health per month |  | <https://www.countyhealthrankings.org/app/minnesota/2020/measure/outcomes/145/data>Select county |

## Substance Use/Abuse Data: Students

### Student Reporting Any Use of Alcohol in Past 30 Days

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Having 5 or More Drinks in a Row in Past 30 Days

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Smoking a Cigarette in Past 30 Days

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Using an E-Cigarette in Past 30 Days

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Any Use of Marijuana in Past 30 Days

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Any Use of Methamphetamine in Past 12 Months

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Any Use of MDMA/Ecstasy in Past 12 Months

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Any Use of Crack/Cocaine in Past 12 Months

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Any Use of LSD, PCP, or Other Psychedelics in Past 12 Months

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Any Use of Heroin in Past 12 Months

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Any Use of Prescription Drugs Not Prescribed for Them in Past 30 Days

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

### Student Reporting Any Use Prescription Pain Relievers Not Prescribed for Them in Past 12 Months

| **Item** | **Percent** | **Where to Find the Information** |
| --- | --- | --- |
| 11th Grade  |  | <http://www.sumn.org/data/location/>Go to SUMN websiteSelect specific countyView ALL indicatorsSelect MSS 2013 - 2019 datasetSelect 2019 – 2019 years |
| 8th Grade |  |
| 9th Grade |  |
| All Grades |  |

## Substance Use/Abuse: Adults

### Percent of Admissions to MN Treatment Facilities for Alcohol Use

| **Item** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Alcohol |  |  | <http://www.sumn.org/data/topic/show.aspx?loct=3&loc=88&ind=254> Go to SUMN website. Toggle between Percent and Number to get both values. |

### Percent of Admissions to MN Treatment Facilities for Drug Use

| **Item** | **Count** | **Percent** | **Where to Find the Information** |
| --- | --- | --- | --- |
| Marijuana |  |  | <http://www.sumn.org/data/topic/show.aspx?loct=3&fmt=1064&loc=88&ind=252&tf=5%2c33>Go to SUMN website. Toggle between Percent and Number to get both values. Select all substances. Use the most recent data displayed. |
| Methamphetamines |  |  |
| Opioids |  |  |
| Sedatives, hypnotics, and anxiolytics |  |  |
| Other substances |  |  |
| Amphetamines (other than methamphetamines) and stimulants |  |  |
| Crack/cocaine |  |  |
| Hallucinogens, phencyclidine, inhalants, and all other |  |  |

## Unmet Needs of Service Area

### Unmet Needs Related to Outpatient Clinical Services Currently Provided by CCBHC – Including Designated Collaborating Organizations

| **Services**Required by all CCBHCs. (Service provision can be achieved by the DCO.) | **For each type of service, please indicate the UNMET need relevant to the following:*** Limits to staffing:
	+ Is the staff (clinical and non-clinical) appropriate for serving the consumer population (including unserved consumers in the service area) in terms of size and composition and service providers?
	+ Does training address cultural competence; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; and primary care/behavioral health integration?
	+ Does the CCBHC take reasonable steps to provide meaningful access to individuals with Limited-English-Proficiency (LEP) or with language-based-disabilities?
* Limits to Access and Availability of Outpatient Clinical Services
	+ Indicate where (and which) services are not available throughout the service area
		- Geographic limitations: services that are not offered in some parts of the service area.
		- Time limitations: services that are not offered some nights and weekends.
* Limits to Populations Served
	+ Please identify specific populations that you would like to offer services to that you currently do not because of barriers and limitations.

Use as much space as you need for your description. Please indicate where there may be **UNMET** needs, both for customers and non-customers in the service area. |
| --- | --- |
| **1 Crisis mental health services:*** 24/7 mobile teams
* Emergency intervention\*
* Stabilization
* Other crisis MH services (if any)
 |  |
| * Withdrawal management and detoxification (definitions below)\*
	+ 1-WM
	+ 2-WM
	+ 3.2-WM
	+ 3.7-WM
 |  |
| **2 Service Categories:*** Screening
* Assessment
* Diagnosis
* Risk Management
 |  |
| **3 Patient-centered treatment planning or similar process including risk assessment and crisis planning** |  |
| **4 Outpatient mental health services:*** Group
* Multi-family group
* Individual
* Day Treatment
* Partial Hospitalization
* Other
 |  |
| **5 Outpatient Substance Use Services:*** Group
* Individual
 |  |
| **6 Outpatient clinic primary care screening of key health indicators and health risks** |  |
| **7 Outpatient clinic primary care monitoring of key health indicators and health risks** |  |
| **8 Targeted case management (requires SPMI and SED eligibility)** |  |
| **9 Psychiatric rehabilitation services*** CTSS Certification
* ARMHS Certification
* Other Rehab Services
 |  |
| **10 Peer support and counselor services and family supports*** Individual
* Group
* Other
 |  |

\*Withdrawal Management and Detoxification Definitions

* Emergency Service is defined as emergency services that are not provided by the 24/7 mobile team.
* 1-WM: Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery. The CCBHC must provide 1-WM.
* 2-WM: Moderate withdrawal with all-day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management. The CCBHC is encouraged to directly provide 2-WM. While the CCBHC must have the 2-WM level of ambulatory withdrawal management available and accessible to eligible consumers, it is not a requirement that this service be provided directly, although it is encouraged.
* 3.2-WM: Moderate withdrawal but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. May be provided directly either through the CCBHC or through a DCO relationship.
* 3.7-WM: Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring. May be provided directly either through the CCBHC or through a DCO relationship.

## Model Practices

### Model Practices Currently Provided by CCBHC– including designated collaborating organizations.

| Check the box to indicate which Model Practices are provided by the CCBHC. Provide detail about staff training related to each model practice. The development of rates will be tied, in part, to the ability of the CCBHC to provide model practices. |
| --- |
| **Model Practices** | **Currently Provided by Age** | **Provided by Diagnostic Group** | Please describe the **Model Practices Provided** in the space below for each service category. Include the **Percentage of Staff Trained** in each modality. Use as much space as needed. |
| **0-17** | **18-21** | **22-64** | **65+** | **EBD** | **SMI** | **SUD** |
| Motivational Interviewing |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Stages of Change (Transtheoretical Model) |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Cognitive Behavioral Therapy |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Medication Assistance Therapies\* |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Supported Employment: Individual Placement and Support |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Integrated Dual Disorder Treatment (IDDT) |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Trauma Treatment: Narrative Exposure Therapy |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Trauma Focused Cognitive Behavioral Therapy (TF-CBT) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Trauma Treatment: Other Evidence-Based Model (Cite evaluation) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Managing and Adapting Practice (MAP) | [ ]  |  |  |  |  |  |  |  |
| Parent-Child Interaction Therapy (PCIT) | [ ]  |  |  |  |  |  |  |  |
| Trauma-Informed Child-Parent Psychotherapy (TI-CPP) | [ ]  |  |  |  |  |  |  |  |
| Attachment Bio-Behavioral Catch Up (ABC) | [ ]  |  |  |  |  |  |  |  |

\*Medication Assistance Therapies is defined broadly as the combination of behavioral therapy and medications to treat substance use disorders (rather than exclusively for opioid addiction).

## Service Delivery Model

Service Delivery Model for Behavioral Health Services by CCBHC - including designated collaborating organizations.

| **Service Model Characteristics** | Please write the Description of Service Model Provided in the space below for each service category. Please indicate where the CCBHC has agreements with such other community or regional services, supports, and providers. Indicate where services could be offered but are currently not due to limitations.Use as much space as needed. |
| --- | --- |
| Connections with other providers and systems |
| * Schools
 |  |
| * Child welfare agencies
 |  |
| * Juvenile and criminal justice agencies and facilities
 |  |
| * Indian Health Service youth regional treatment centers
 |  |
| * State licensed and nationally accredited child placing agencies for therapeutic foster care services
 |  |
| * Other social and human services
 |  |
| * The nearest VA medical center, clinic, drop-in center, or other facility
 |  |
| Services provided outside of the office setting (Non-four walls) |  |
| Crisis services are received in 3 hours |  |
| Certified Peer Specialists are available:* For adults
* For children/families
* On Crisis Teams
 |  |
| Other service model characteristics (if any) |  |

## Special Populations

### Special Populations Currently Provided by CCBHC– including designated collaborating organizations.

| Check the box to indicate the special populations that are being served by the CCBHC. In the narrative, please specify and quantify these populations. |
| --- |
| **Special Populations** | **Populations (Currently or Will Be) Served by Age** | **By Diagnostic Group** | **Description of Services Provided.**Which treatment modalities and evidence-based practices could be used to meet the needs of special populations? Currently, the state requires that CBT, stages of change, motivational interviewing and trauma treatments for both adults and children be offered; however, a clinic could choose to provide more. Please specify if status is “current” or “will be.”Use as much space as needed. |
| **0-17** | **18-21** | **22-64** | **65+** | **EBD** | **SMI** | **SUD** |
| Members of the armed forces and veterans and their families | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Incarcerated individuals | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| People in homeless shelters | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| People living on the streets | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| People in foster care | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| People in other congregate living | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Individuals with physical disabilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Individuals with intellectual disabilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Individuals with sensory disabilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

## Racial and Ethnic Populations

### Racial and Ethnic Populations Currently Provided by CCBHC– including designated collaborating organizations.

| Check the box to indicate the racial populations that are being served by the CCBHC. In the narrative, please specify and quantify these populations. |
| --- |
| **Racial and Ethnic Populations** | **Populations (Currently or Will Be) Served by Age** | **By Diagnostic Group** | **Description of Services Provided.**Which treatment modalities and evidence-based practices could be used to meet the needs of racial and ethnic populations? Currently, the state requires that CBT, stages of change, motivational interviewing and trauma treatments for both adults and children be offered; however, a clinic could choose to provide more. Please specify if status is “current” or “will be.”Use as much space as needed. |
| **0-17** | **18-21** | **22-64** | **65+** | **EBD** | **SMI** | **SUD** |
| People with limited English proficiency | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| American Indians, tribal groups, and nations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Other specific racial and ethnic groups | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Other cultural-needs populations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

## Additional Questions

### Additional questions about the CCBHC.

1. Is your organization the mental health authority in the CCBHC service area? Please select one option:
	1. [ ]  Yes
	2. [ ]  No, but a designated collaborating organization is the mental health authority
	3. [ ]  No, and we do not plan to partner with the mental health authority
	4. [ ]  No, but we work closely with the counties who are the legally designated mental health authority.
	5. [ ]  Other. Please describe.

|  |
| --- |

1. Is there other information you would like to provide about SUD diagnostic subgroups or individuals you currently serve?

|  |
| --- |

1. Is there other information you would like to provide about SMI diagnostic subgroups of individuals you currently serve?

|  |
| --- |

1. Is there other information you would like to provide about EBD diagnostic subgroups of individuals you currently serve?

|  |
| --- |

1. Is there other information you would like to provide about SUD diagnostic subgroups or individuals in your area who need services but are not currently served?

|  |
| --- |

1. Is there other information you would like to provide about SMI diagnostic subgroups of individuals in your area who need services but are not currently served?

|  |
| --- |

1. Is there other information you would like to provide about EBD diagnostic subgroups of individuals in your area who need services but are not currently served?

|  |
| --- |

1. Have you recently surveyed (survey, focus group, etc.) your clients and/or your service area regarding their stated needs?
	1. [ ]  Yes. If so, please send the summary information from those surveys along with this Needs Assessment document.
	2. [ ]  No.
2. Does the agency experience workforce issues in recruiting and retaining qualified staff in the required CCBHC service areas? Please comment below.

|  |
| --- |

1. What screenings (other than those currently required by Minnesota for diagnostics and Rule 25 are being done routinely when someone presents for services? Examples could be SUD, brain injury, history of trauma, depression/anxiety, other. Are these screenings repeated routinely?

|  |
| --- |

1. What primary care screening and monitoring of key health indicators and health risks is occurring currently?

|  |
| --- |

1. Please list populations that you identify as needing TCM services, but who do not meet the state’s eligibility definition.

|  |
| --- |

1. Have you recently surveyed (survey, focus group, etc.) your service area regarding their needs?
	1. [ ]  Yes. If so, please send the summary information from those surveys along with this Needs Assessment document.
	2. [ ]  No.
2. Does the agency have a psychiatrist who functions as the medical director?
	1. [ ]  Yes. If so, please describe their role.
	2. [ ]  No.
3. What accountability measures are in place to ensure staff provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs?

|  |
| --- |

1. Please identify any Tribal affiliations and/or collaborations for your organization or for providers within your organization.

|  |
| --- |

1. Please identify the relationships with community providers. What is the level of engagement with these providers?

|  |
| --- |

1. What are your organizational strengths as a provider?

|  |
| --- |

1. What steps are you taking to ensure Plain Language (to remove/explain acronyms, simplify requests for information, etc.) in documents for clients?

|  |
| --- |

1. What are your technology needs or concerns?

|  |
| --- |

### Barriers for special populations to accessing services

1. What barriers exist in the community and in the clinic that prevent the people in special populations from receiving services?

|  |
| --- |

1. What barriers exist to culturally and linguistically competent care such as: systems of care not designed for diverse populations, poor communication, fear and mistrust, stigma or lack of diversity in the clinic’s work force?

|  |
| --- |

1. What languages and cultures are represented in the local community and not present in the clinic in terms of staff representing those populations, printed materials interpreters and interior that also address limited English proficiency and or other communication needs?

|  |
| --- |

1. What governance structures at the prospective CCBHC prevent the communities identified as special populations from receiving services in the clinic?

|  |
| --- |

1. What are the transportation needs of the communities identified as special populations?

|  |
| --- |

1. What does transportation look like? What are the transportation resources (vouchers, etc.)?

|  |
| --- |

1. What are the education needs of students, specifically as it relates to special education?

|  |
| --- |

1. What are the demographics of the LBGTQA+ individuals in your community? What are the supports?

|  |
| --- |

1. What are your technology needs or concerns?

|  |
| --- |

1. What are the current times/days that services are available through the organization? What additional times and days are needed to meet the needs of the communities identified as special populations?

|  |
| --- |

1. What are the care coordination needs of the communities identified as special populations?

|  |
| --- |

1. Which external organizations currently exist in the community that are meeting the needs of the communities identified as special populations?

|  |
| --- |

1. In what ways do you partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness?

|  |
| --- |

1. How could the prospective CCBHC develop care coordination agreements or partnerships with existing external providers? How could those organizations provide referrals to the prospective CCBHC?

|  |
| --- |

1. What are the identified gaps in service to meet the needs of the community within the communities identified as special populations?

|  |
| --- |

1. What are the critical gaps preventing individuals from gaining access to services? What is your possible plan to address this? Which are essential to changing? (This is different from listing the gaps in service in the previous question.)

|  |
| --- |

1. What services need to be added to the clinic? Or how does the intensity, frequency or duration of existing services need to change to meet the needs of the communities identified as special populations?

|  |
| --- |

1. Which treatment modalities and evidence-based practices will the clinic commit to offering (including motivational interviewing, stages of change, cognitive behavior therapy and a trauma treatment for children and adults)?

|  |
| --- |

1. What additional staffing needs will be in the staffing plan?

|  |
| --- |

1. What training needs that surfaced in the Needs Assessment will be in the training plan?

|  |
| --- |

1. What is needed in order to provide culturally and linguistically competent care, including for those with sight, hearing or cognitive impairments?

|  |
| --- |

1. How will these unmet needs and barriers to service influence location choices, hours of operation, and the overall look and feel of the public areas of the clinic?

|  |
| --- |

1. What needs must be met to advance and sustain organizational governance and leadership that promotes health equity through policy, practices and allocated resources?

|  |
| --- |