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a program of the national mental health association

Community Needs Assessment





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Introduction

The National Mental Health Association's National Consumer Supporter Technical Assistance Center (NCSTAC) is funded through a grant from the Center for Mental Health Services (CMHS) within the federal Substance Abuse and Mental Health Services Administration (SAMHSA). NCSTAC is dedicated to improving the functioning and effectiveness of consumer organizations. NCSTAC strengthens consumer organizations by providing technical assistance in the forms of:

- Assisting consumer/peer-run groups to obtain needed resources;
- Facilitating referrals to consumer/peer-run programs;
- Providing the necessary training, expertise and knowledge to consumers;
- Facilitating in the collection and dissemination of research findings, evaluation and data related to consumer/peer-run programs; and
- Identifying, disseminating and applying best practices on consumer/peer run programs.

In order to assist consumer organizations become effective change agents, NCSTAC has developed The Community Needs Assessment. The Community Needs Assessment is designed to assist mental health stakeholders in determining the current strengths and service gaps in their local mental health system. The information obtained from the Community Needs Assessment will illuminate for stakeholders what needs to be addressed in order to transform the current mental health system. The Community Assessment will help mental health stakeholders to create recovery-oriented mental health services and systems.

Recovery-oriented mental health services and systems embrace:

- Self-determination;
- Empowering relationships;
- Meaningful roles in society; and
- Eliminating stigma and discrimination

(New Freedom Commission Subcommittee Report on Consumer Issues, 2003)

The Community Needs Assessment will also aid you in gathering relevant data that can be used in the future as educational tools.

The document should be seen as a springboard and can be adapted to meet the specific needs of the stakeholder group and its community. We encourage each member of the coalition, which should include consumers, family members, advocates, service providers, etc., to use this tool to assess community demographics, gaps in services and barriers to receiving recovery-oriented services. The community assessment can be also completed using a group format. Whether or not the assessment is conducted on an individual basis or in a group format, the coalition as a whole must reach consensus on the trends identified in the assessment as well as any action steps resulting from the assessment. We anticipate that it will take multiple meetings to discuss the assessment and reach consensus on prioritizing the first steps towards transforming your mental health system.



Community Needs Assessment Components

The assessment is divided into several sections. They are:

Community Demographics: This section will help the coalition to identify populations in the community who are underserved based on the community demographics.

Consumer Leadership: This section will focus discussion on the current level of consumer involvement and leadership in the mental health system.

Service Gaps: This section should help the coalition to identify the range of existing services, the accessibility of each service (i.e. can an individual receive the service when he or she needs) and whether or not the service is culturally responsive. This section will identify the strengths and gaps of the current system and will allow for a discussion to take place regarding the importance of each service.

Barriers to Receiving Recovery-Oriented Services: This section will help identify the major barriers that prevent people from receiving recovery-oriented services. This will address reasons for under-utilization of services.

Organization of Services and Funding: This section is designed to help stakeholders examine how the current system is organized in order to identify strategic ways to participate in your state's transformation to a recovery-oriented system.

While we have given you some general guidelines, we recognize that each community will develop its own process for implementing the NCSTAC Community Needs Assessment. NCSTAC staff is available to answer questions you may have on completing the assessment. NCSTAC staff is also available to assist you in facilitating stakeholder discussions of the assessment, interpreting the data and developing an action plan based on the community assessment. If you have questions, please contact NCSTAC at 1-800-969-NMHA or ConsumerTA@nmha.org.



NCSTAC COMMUNITY NEEDS ASSESSMENT

Please read and answer the following questions based on your experience of the local community mental health service system and the community it serves.

Community Demographics

As you venture into improving the mental health services in your area, it is imperative that you take into consideration the demographics of the community that you will be serving. Many demographic groups are underserved in communities because there is a lack of appropriate services for populations from diverse communities. Utilizing your experience, determine the make-up of your community by identifying the presence of the people in the following groups in your community. Give each of the groups a percentage of which they make up the population. (The total percentage for each category should equal 100%.) This information may be accessed through your local county or city website. In addition, you can use the U.S. Census information at: <http://quickfacts.census.gov/qfd/>

CD-1. Race/Ethnicity

Caucasian	_____ %
African American	_____ %
American Indian/Alaska Native	_____ %
Native Hawaiian/Pacific Islander	_____ %
Asian	_____ %
Hispanic/Latino	_____ %
Other	_____ %
Total	_____ %

CD-2. Gender

Males	_____ %
Females	_____ %

CD-3. Age

Under 18	_____ %
19-25	_____ %
26-35	_____ %
36-50	_____ %
50-65	_____ %
66 and older	_____ %



CD-4 Insurance Status*

Privately Insured _____ %
 Uninsured _____ %
 Medicaid _____ %
 Medicare _____ %

*Information on Insurance Status can be found at the State Health Fact portion of the Kaiser Family Foundation: <http://www.statehealthfacts.org/>

Consumer Leadership

Using the following table, rate the amount of consumer involvement in your community as it pertains to mental health systems transformation.

Involvement	Always	Sometimes	Rarely	Never
C-1. People who identify as consumers are present on coalitions, task forces, Boards, etc. that meet to discuss mental health issues.				
C-2. People who identify as consumers actively participate in coalitions, task forces, Boards, etc. that meet to discuss mental health issues.				
C-3. People who identify as consumers serve in leadership rolls on coalitions, task forces, boards, etc. in the community.				
C-4. People who identify as consumers are seen as experts and are respected by mental health providers.				
C-5. People who identify as consumers are employed in mental health programs.				
C-6. People who identify as consumers are employed as decision-makers of mental health services (i.e. Ombudsman programs, Executive Directors, management in mental health agencies, etc.).				
C-7. People who identify as consumers are employed in policy-making positions (i.e. working at the state level-office of consumer affairs etc).				



Gaps in Services

In order to determine what services are most needed in your community at this time, read through the following list of services. Using the scale below, please rate the service availability in the community, service accessibility (i.e. can an individual receive a service when she or he needs to), service choice of provider and the ability of the service to meet the cultural and linguistic need of an individual (cultural responsiveness).

Service Scale

0= Service has *virtually no* availability, accessibility, provider choice and cultural responsiveness

1= Service has *limited* availability, accessibility, provider choice and cultural responsiveness

2=Service has *adequate* availability, accessibility, provider choice and cultural responsiveness

3=Service has *outstanding* availability, accessibility, provider choice and cultural responsiveness

In the last column, rank the importance or priority level of each service. In other words, the service ranked number one should be the most important service to the individual(s) or group (s) completing the assessment.

Service	Available	Accessible	Choice of Provider	Culturally Responsive	Rank Importance
S-1. A wide range of peer support services/groups (including self-help, WRAP etc.					
S-2. Safe, affordable housing options					
S-3. Employment services					
S-4. Education services					
S-6. Integrated services for people with mental illness and substance abuse/addiction problems.					

Service	Available	Accessible	Choice of Provider	Culturally Responsive	Rank Importance
S-7. Opportunities to develop advanced-directives					
S-8 Transportation services					
S-9. Opportunities for socialization/recreation					
S-10. Mobile crisis services					
S-11. Substance abuse/addiction service (detox and rehab.)					
S-12. Psychiatrist					
S-13. Psychotherapy services					
S-14. Ombudsman program					
S-15. Prevention and screening services					
S-16. Alternatives to hospitalization (i.e. crises beds)					
S-17. Crises intervention services (Police Dept)					
S-18. Jail diversion programs					
S- 19. Community re-entry programs					
S-20 Trauma informed services*					

* Refer to services delivered in a manner as to prevent inadvertent re-traumatization of individuals who have experienced trauma.



Barriers to Receiving Recovery-Oriented Services

Now that you have determined the gaps in services, you must determine what the barriers are in terms of receiving services that are available in the community. What are the greatest barriers in your community that prevent people from receiving appropriate mental health treatment?

Determine the significance of each barrier below.

Barrier	Not a Barrier	Sometimes a Barrier	Often a Barrier
B-1. Long waiting lists			
B-2. No outreach to people who are homeless			
B-3. Lack of insurance			
B-4. Refusal by providers to accept clients with Medicaid/Medicare because the reimbursement rate is too low			
B-5. People needing services do not have a permanent address			
B-6. Language/cultural/sexual orientation barriers (specify barrier):			
B-7. Restrictive medication policies (e.g. formularies, monthly limits)			
B-8. People needing services cannot afford co-pay			
B-9. Refusal by providers to accept privately paid insurance			
B-10. High turnover of staff			
B-11. Lack of child care services			
B-12. Limited hours of operation			
B-13. Lack of transportation			
B-14. Stigma, discrimination and prejudice			
B-15. No outreach to people in the criminal justice system			



Barrier	Not a Barrier	Sometimes a Barrier	Often a Barrier
B-16. Individual does not meet behavioral criteria for program (criteria set too high or too low)			
B-17. Lack of appropriately trained staff, including cross training in substance abuse/addiction issues			

Organization of Services and Funding

In order to improve services in your community, you must determine who makes the policies, how services are structured and what current funding streams are in place. We recommend that you familiarize yourself with your state Medicaid plan, state mental health block grant plan and state strategic planning documents regarding mental health. These documents will provide you with a framework of how mental health services are structured and financed. Ultimately, this information will help you implement policy changes towards a consumer driven and recovery oriented mental health system. Listed below are descriptions of two key planning documents.

Glossary of Optional Services*

Targeted case management (TCM) : These services assist individuals within a defined target population in gaining access to necessary medical, social, educational and other services. The emphasis of case management is to coordinate service delivery and ensure continuity and integration of services.

Psychiatric rehabilitation services: These services are typically covered under the heading “other diagnostic, screening, preventive and rehabilitative services.” They may include individual and group therapies, psychosocial services, and physical, occupational and speech therapies. There is a trend for states to bill Medicaid for peer support services under this service category. These services are commonly referred to as Rehabilitation Option services.

Institute of Mental Disease Services include two main types: (1) *psychiatric inpatient hospital and nursing facility services (for those 65 and older) in an institute of mental disease (IMD); and (2) inpatient psychiatric services (for those up to 22 years old)*. The term institute for mental diseases means “a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing a diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.” States use inpatient psychiatric services to finance treatment for children with serious mental and emotional disturbance.

Home and Community-based Services Waivers are used by states to pursue innovative programs for targeted populations who have chronic illnesses. Waivers allow flexibility in benefit design and eligibility. Several states have pursued home and community-based care waivers specifically for mental health services. Such waivers cover one of three categories: (1) children up to age 21; (2) adults over age 64 in states offering the optional services in IMD; (3) and adults (of any age) residing in nursing facilities. Additional states offer some level of mental health services for individuals who have mental retardation and developmental disabilities.

*From NMHA State Advocacy Update, Winter, 2005

State Medicaid Plan: The state Medicaid plan defines how your state will operate its Medicaid program. The state plan addresses the areas of state program administration, Medicaid eligibility criteria, service coverage, and provider reimbursement. (CMS website, 2005). Since Medicaid is a major funder of mental health services, it is important to know the specifics of the plan. State plans are amended and updated every few years. Of particular interest are the “optional” services Medicaid plans can choose to cover. Many of these optional services fund community-based services for persons with mental illness.

Mental Health Block Grant Plan: The Community Mental Health Services Block Grant is federal funding states apply for every year. Block Grant funding is designed to improve community-based services and reduce reliance on hospitalizations. The program stipulates that services be provided to individuals with the most serious mental disorders. (SAMHSA Mental Health Information Center www.mentalhealth.org). A Block Grant Plan must address five criteria: 1) Establish a comprehensive community-based mental health system; 2) Estimate the prevalence and treated prevalence of mental illness; 3) Establish management information systems; 4) Identify targeted service to homeless and rural populations; and 5) Specify provisions of children’s service.

In addition, many states have other planning documents such as strategic plans which usually provide data on structure of service delivery, budgets and spending trends. These documents can usually be accessed through the state mental health agency website.

Understanding the Structure and Finances of Your Mental Health System: We have developed a series of questions to help you gather data on how your mental health system is structured and financed. We hope that by answering the questions below you will have a greater capacity to successfully engage your state in system transformation efforts.

You may already know the answers to most of these questions. However, we are providing you with resources to help you analyze your state’s structuring and funding of mental health services. The numbers in parentheses refers to the questions each resource will help to answer.

- **Mental Health Agency Website:** Provides information on your state’s structure of mental health services, budget data and services provided. If possible, obtain a copy of your state mental health block grant plan and strategic planning documents. (Useful for survey questions F1, F2, F4, F5, F6, F8 F9, F10)
- **Centers for Medicare and Medicaid Services:** State Medicare and Medicaid information such as state Medicaid plans can be located through the Centers for Medicare and Medicaid Services website at: <http://www.cms.hhs.gov/medicaid/consumer.asp> (Useful for survey questions F5, F11)
- **Recovery in the Community: Funding Mental Health Rehabilitative Approaches Under Medicaid Bazelton Center for Mental Health Law, 2001:** Provides information on how

states used Medicaid to fund recovery-oriented services : www.bazelon.org (Useful for survey question F11)

- **NMHA State Advocacy Update (Winter, 2005):** Provides information on states Optional Medicaid coverage: <http://www.nmha.org/sau/winter2005/index.html> (Useful for survey question F11)
- ***Can't Make the Grade: NMHA State Mental Health Assessment Project.*** –Provides information on state funding and policy trends. <http://www.nmha.org/cantmakethegrade/report.pdf> (Useful for survey question F10)
- **The Henry J Kaiser Family Foundation website:** Provides information on state health care. www.kff.org

Organization and Structure of Mental Health Services

F-1. Are mental health services in your community locally or state-controlled and planned?

F-2. How are mental health services in your community structured?

A. Community Mental Health Centers?

B. Private Managed Care Organizations/Private Contracted Clinics?

C. Other?

F-3. Does planning for local mental health services include consumer and family involvement?

F-4. Is the state mental health agency a stand-alone agency or is it part of a larger agency?

F-5. Are the mental health components of Medicaid governed by the state mental health agency or Medicaid? If the latter, how involved is the state mental health agency in decision making?

F-6. Are substance abuse services under the rubric of mental health or is it a stand-alone agency? If it is a stand-alone agency, what is its relationship to the state mental health agency?

F-7. How responsive are state/local mental health authorities, the governor's office and/or the state legislature to requests to improve mental health services?

Funding and Budgetary Information

F-8. What percentage of the state mental health agency's budget is spent on inpatient care for persons with mental illness?

F-9. What percentage of the state mental health agency's budget is spent on community-based services for people with mental illness?

F-10. What are the current spending trends in state and county mental health budgets?

F-11. Medicaid "Optional Services"

Does the state Medicaid Program cover . . .	Yes or No	If yes, any limitations/restrictions?
Targeted Case Management		
Inpatient Psychiatric Services for people under 21		
Inpatient and Nursing Facility Services (People 65 and older)		
Home and Community-Based Services (under a waiver)		
Rehabilitative Service (Rehabilitation Option)		

