

## **GUIDELINES FOR COMPLETING COMMUNITY NEEDS ASSESSMENT**

### **INTRODUCTION**

The Michigan Mental Health Code, and the administrative rules implementing it, require that Community Mental Health Service Programs (CMHSPs) complete an annual written assessment of community need. Over the years, this assessment has taken many forms. In an effort to make the process more effective, efficient and meaningful, The Standards Group, in cooperation with the Michigan Department of Community Health, has developed guidelines for completing a community needs assessment.

Several important factors influenced these recommended guidelines.

- The greatest value in conducting a needs assessment is its application to a local planning process. This requires that the assessment include key community partners and stakeholders.
- Any needs assessment process must be accomplished within existing resources and avoid undue administrative burden.
- The process should be aimed at identifying emerging and changing needs that are consistent with the goals of the public mental health system. As Michigan experiences economic challenges, and available resources are shrinking, the needs assessment process must not be an exercise that creates unrealistic expectations within the community.
- The needs assessment process must take into account significant system changes related to the integration of primary healthcare and behavioral healthcare. The importance of integration has been highlighted by the National Association of State Mental Health Program Directors, Medical Directors Council report “Integrating Behavioral Health and Primary Care Services, Opportunities and Challenges for State Mental Health Authorities” and the subsequent release of the “Morbidity and Mortality in People with Serious Mental Illness” report. This second report shows that persons with a serious mental illness have a life expectancy 25 years shorter than the general population. Recently enacted national healthcare reform legislation also calls for greater integration of care. Correspondingly, the needs assessment process should be informed by an awareness of trends and the implications of national healthcare reform to assist the CMHSP in their readiness for appropriate action.
- The needs assessment process must be consistent with the Michigan Department of Community Health’s visions and values as articulated in such documents as the Application for Renewal and Recommitment and the concept paper that preceded it. These documents represent key policy initiatives for the public mental health system.

In approaching its task, the work group reviewed national literature regarding prevalence data, epidemiology, community health assessment principles, and consumer driven needs assessments. The following themes from that literature are reflected in this guideline:

State of New York, Community Health Assessment, Guidance and Format, 2010-2013

- County level data should be compared with state and national data
- Identify 2-3 priorities in collaboration with local partners
- Profile community resources that are available to help meet need

Kansas University, The Community Tool Box

- Key Community Partners are informants to an effective process

National Consumer Supporter Technical Assistance Center – Community Needs Assessment

- Focus on Recovery-oriented mental health system, embracing self determination, empowering relationships, meaningful role in society, and eliminating stigma and discrimination
- Community Needs Assessment should include the following sections: community demographics, consumer leadership, service gaps, barriers to recovery oriented services, and organization and funding.

These documents identified key themes for the needs assessment, specifically: the need to set priorities, identify community resources and gaps, and for services to support recovery, resiliency and community inclusion.

This guideline is intended to establish a minimum data set and standardized process for the CMHSP to gather input from its community partners. Beyond this, it is intended to provide locally meaningful information that can be used to develop community based plans for addressing service needs and priorities. It is important that this information be used in the context of local events and circumstances. In summary, this process will provide a set of useful data elements crucial to local strategic planning.

## SCOPE

As seen in the regulatory citations below, the Mental Health Code establishes requirements for community mental health service programs. As such, this guideline applies to all CMHSPs. It is intended, however, that the results will be meaningful not only at the local level, but also at the regional/affiliation and state level.

## BACKGROUND/REGULATORY OVERVIEW

### **Mental Health Code**

The Michigan Mental Health Code provides that each community mental health services program shall annually conduct an assessment of the mental health needs of the residents of the county(ies) served. The particular requirements are found in Section 330.1226.

### **Administrative Rules**

The MDCH Administrative Rules further provide for the annual completion of an assessment of community need. Rule 2035 and Rule 2038 provide specific requirements regarding what information is to be submitted.

Much of the information required is currently available through a variety of sources, including encounter data and QI data submitted to MDCH. This document is intended to provide direction on collecting and reporting information that is not already provided to the Department in order to meet the requirements of the MH Code and Administrative Rules.

## **CORE VALUES**

This guideline has been developed based on certain core values. These values, or guiding principles, are as follows:

1. The process of needs assessment considers input from a broad variety of sources and diverse populations including, but not limited to: current consumers, members of the community, providers, and other stakeholders
2. Input is solicited from diverse populations with sensitivity to cultural and racial diversity, stigma, age, and socioeconomic backgrounds, and specifically includes vulnerable populations
3. The process is consumer/participant friendly
4. The process is sensitive to both current and future needs of the community
5. The process is intended to be cost-effective and sensitive to limited resources while providing useable results for planning, advocacy and decision making
6. The needs assessment process includes collection of both qualitative and quantitative data
7. Information obtained is valid, accurate, predictive, reliable, and replicable and can be used for local planning as well as aggregated in a meaningful way for statewide use
8. Existing, established data sources are used whenever appropriate to avoid duplication of effort.
9. Data collection is completed at a reasonable frequency that adds value and is sensitive to change
10. Results of the community needs assessment both locally and aggregated are readily available to participants, interested stakeholders, and the community at large

## **STANDARDS**

### **A. GENERAL STANDARDS**

1. Each CMHSP is required to assess the mental health needs of the residents of the county or counties it serves. (MHC, 330.1226, Sec. 226, (1), (a))
2. Each CMHSP is required to identify the public and non-public services necessary to meet this identified need. (MHC, 330.1226, Sec 226, (1), (a))
3. Public and private providers are to be involved in assessing the needs of the residents. (MHC, 330.1226, Sec. 226 (1), (a))
4. School districts providing special education are to be involved in assessing the needs of the residents. (MHC, 330.1226 (1), (a))
5. Waiting list information will be included in the needs assessment. (MHC, 330.1226, Sec 226, (1), (a))

6. The needs assessment is to be completed annually, or, at a minimum, the previous year's assessment must be certified as accurate. (Administrative Rule 2035, (2))

**B. STANDARDS FOR CONTENT OF NEEDS ASSESSMENT**

1. Need is identified relative to various significant social and health needs within the community, including (Administrative Rule 2035, (1):
  - a. Employment
  - b. Homelessness
  - c. Corrections
  - d. Education
  - e. Poverty
  - f. Health Care
2. Wait List Data
3. Request for Service Data

<b>METHODOLOGIES/PROCESS</b>
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Information comprising the needs assessment is gathered through four basic methodologies:

- Data collection relating to requests for service and waiting lists
- Review of existing county, regional, statewide and national data sets
- Stakeholder input via interviews or surveys.
- Summary of next steps and preliminary plans.

Each of these processes and methodologies is intended to provide important information which, when taken in total, identify both need and demand relative to the key priorities of the public mental health system. This information is best used in local planning. This document, however, is not intended to describe or set standards for that local planning process.

**1. Data Related to Requests for Service**

The first element of the needs assessment is the waiting list information collected by the CMHSP. The data to be collected and reported to MDCH is specified in the Waiting List Guideline. This also includes the data provided in the current MDCH form: CMSHP Report on the Requests for Services and Disposition of Requests.

**2. Community Data Sets**

The CMHSP shall review available county-level data related to homelessness, employment, Medicaid trends, and prevalence rates for Serious Mental Illness in Adults, Serious Emotional Disturbance in children, and Developmental Disabilities. The CMHSP shall also compile and review data related to key demographics and trends of the county available through census data. This data is necessary in order to identify priorities for service delivery at the local level.

**3. Stakeholder Input**

Seven key community partners have been identified as primary in identifying need. These include:

- the justice system

- education
- primary health care
- the Michigan Department of Human Services
- private mental health and substance abuse providers organizations
- public health
- consumers/advocates.

The method used to gather input will vary somewhat according to the size and number of stakeholders involved. Most of the data elements to be collected are included on the Data Reporting Sheet with appropriate data sources. The notable exception is for private providers of mental health and substance abuse treatment. CMHSPs may choose to use a mailed survey or conduct either phone or face to face interviews to gather input.. Specific questions to be included in the survey process or input session are included in the Survey Attachment.. The information to be gathered from each stakeholder is intended to reflect both system-wide and local priorities.

#### A. Justice

Considerable resource and effort have been devoted to meeting the needs of those in, or exiting, the corrections system. This represents a significant source of data related to the emerging demand on the public mental health system. Information to be gathered includes:

- Anticipated new discharges from prison expected to meet SMI criteria.
- Numbers of persons diverted from jail. (Use existing Jail Diversion data.)
- Top three concerns expressed by stakeholder. (See Survey Attachment)

#### B. Education

Each year, individuals with developmental disabilities and serious emotional disorders exit the education system. This represents a known need within the community. Additionally, each year some number of youth exit the school system without graduating. Trends in this figure may also represent a community need. Information to be collected includes:

- Number aging out of special education programs
- Number of students not graduating, as defined by educational data sets.
- Top three concerns expressed by stakeholder. (See Survey Attachment)

#### C. Primary Health

Integration with primary health care is a key need for those with a mental illness. Often, those with serious mental illness experience difficulty when attempting to access primary or specialty care. Primary care venues, particularly emergency rooms, primary care clinics, free clinics, and primary care physicians, are critical to this integration and are an important source in identifying mental health needs.

- Percentage of CMHSP consumers with an identified Primary Care Physician.
- Number of Medicaid enrollees seen in CMHSP that saw a Primary Care Physician in the past year.
- Number of CMHSP Medicaid enrollees with BOTH an emergency room contact and a primary care contact in past year.
- Number of CMHSP Medicaid enrollees with emergency room contact only and no primary care in past year
- If Health Assessment is in an electronic medical record, and collects this, then the number/percentage of existing CMHSP consumers identified as experiencing
  - Cardiovascular disease
  - Diabetes

- Chronic obstructive pulmonary disease, or
- Metabolic syndrome.
- Top three concerns expressed by stakeholder. (See Survey Attachment)

#### D. Department of Human Services

The Michigan Department of Human Services, at the local county level, is an important partner to the CMHSP. This is particularly true in relation to serving youth. The following information is to be gathered:

- Number of children in foster care placement, both in county and out of county.
- Number of licensed beds for adults.
- Top three concerns expressed by stakeholder. (See Survey Attachment)

#### E. Private Providers and Public SA Providers

The Mental Health Code requires that input from private providers be included in the needs assessment process. Each community has a variety of private providers ranging from not-for-profit mental health clinics to private sole practitioners. It is anticipated that the most relevant information relating to community need will be gathered from those mental health clinics or group practices, and those providers would be included in this process. The information to be gathered includes;

- Extent (number?) of existing private providers in the community
- Does the organization utilize a sliding fee scale.
- What is the fee scale?
- If yes, number of adults (18 and up) served, and number of youth (17 and less) served.
- Accepting new clients?
- Does the organization coordinate with primary care?
- Top three concerns expressed by stakeholder. (See Survey Attachment)

**NOTE:** The Mental Health Code specifically states that other providers be included in the assessment of community needs. This data collection process should inform the local planning process. The top three concerns should be integrated into the prioritization of all stakeholder concerns.

#### F. Public Health

Local public health departments play a key role in identifying community needs related to risk factors and health trends. Public health departments work to promote health, prevent disease and protect communities. By focusing on the community as a whole, public health departments provide services based on community specific needs. Frequently public health departments conduct surveys that include needs related to behavioral health services. The information to be gathered from local public health departments in the CMHSP Needs Assessment includes:

- Results of any surveys or data collection related to behavioral health, mental health or substance use
- Top three concerns identified by this stakeholder. (See Survey Attachment)

#### G. Consumers/Advocates

To the extent that there are organized advocacy or consumer groups within the service area, their input is to be sought and included in the needs assessment. Although such groups will not necessarily have solid data on local need, they provide exceptional

understanding of just what the need is in human terms. These groups should be interviewed or surveyed regarding:

- Top three concerns expressed by Stakeholders. (See Survey Attachment)

#### **4. List of Priorities and Planned Action**

Upon completion of Items 1 – 3 above, the CMHSP has a basic set of data and comments regarding the needs within their given community. This information does not, however, stand alone. To be useful, this information must be viewed with the context of current community events, changes over time, emerging community concerns and existing resources. The CMHSP shall compile the information obtained in this process, identify the key issues identified, and prioritize those issues for local action.

This information is most beneficial in a planning context. The information gathered should be:

- Compiled into a single report,
- Compared to previously collected data (after the first year),
- Aggregated to the regional level if appropriate for an affiliation,
- Reported to MDCH for use in meeting the Mental Health Code and Administrative Rules requirements and for planning, and
- Used for a local and/or regional planning process.

Based on feedback received from stakeholder groups and data collected from this process, the CMHSP must identify at least 5 priority needs. Of these, the CMHSP must identify the areas it intends to address and what action is being planned in that area.

#### **5. Frequency of Assessment**

Consistent with the core value that the needs assessment process not create undue burden while providing timely information, the process will be repeated as follows:

- Data sets will be updated annually as appropriate. Those data sets for which updates are available less frequently will be updated as available.
- The stakeholder input portion will be updated every two years. During the “off year” the CMHSP will provide an update on efforts to address those priorities listed in Attachment

### **DATA REPORTING REQUIREMENTS**

See reporting templates (Attachments A, B, C, D, E for specific reporting requirements and formats for reporting to MDCH. Complete data on all aspects of Community Needs Assessment will be reported to MDCH no less than every three years. Annually, a subset of data shall be submitted by the CMHSP to MDCH, including data related to Waiting Lists and request for Service and Disposition.

### **REPORTING TEMPLATES**

**Attachments:** Reporting Templates:

- A. Waiting List
- B. Request for Service and Disposition Form
- C. Community Data Sets
- D. Stakeholder Survey
- E. Issues Identified and Prioritized