

Community Needs Assessment What We Need to Include

Improving Outcomes Conference

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Overview

- Group Charge
- Initial Brain Storming
- Values
- Three Legged Stool
- Input Received So Far
- Group Input to Community Need Assessment

Members

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- ❑ Nasr Doss Detroit Wayne
- ❑ Corine Mann Detroit Wayne
- ❑ Henrietta Warren
Detroit Central Cities MCPN
- ❑ Dave Ray Kalamazoo
- ❑ Larry Newberg Livingston
- ❑ Patricia O'Brien Macomb
- ❑ Judy Cohen Muskegon CMH



Members

- ❑ Steve Hill Oakland CMH
- ❑ Julie McCulloch Saginaw CMH
- ❑ Becky Vincent Northern Lakes
- ❑ Doug Lockwood Scenic St. Joe
- ❑ Sara Ameter Venture
- ❑ Doris Gellert MDCH
- ❑ Kendra Binkley MDCH
- ❑ Laura Vredeveld TSG



Group Charge

- The TSG Board has established the following charges related to Needs Assessment requirements:
 - To identify the specific rules and regulations from the Mental Health Code and MDCH Administrative Rules regarding the annual assessment of community needs.
 - To develop a proposed Technical Requirement for MDCH consideration regarding “Community Needs Assessment” which specifies the specific standards and related responsibilities of each CMHSP regarding community assessment of community needs.
 - Design a standardized “Community Needs Assessment Report” outline/template to be used by the CMH system to promote reporting uniformity.
 - Design community needs assessment templates and related instructions to be used by the CMH system to promote uniformity of approach and process.
 - Work with MDCH to develop and provide technical training to the CMH system on the “Community Needs Assessment” Technical Requirement once promulgated.



Initial Brainstorming Session

- The Needs Assessment is the second task of the group formed to develop the Waiting List Guidelines
- A few members changed as we transitioned to the new task of identifying what should be included in a community needs assessment
- First step was a brainstorming session to identify what a needs assessment should include and what it should be used for when complete



Brainstorm: What to Include

- ❑ Avoid the confines of “silos”
- ❑ Community partners
- ❑ Consumer input
- ❑ Stakeholders – all – see list
- ❑ Community member input
 - Who’s missing?
- ❑ Qualitative and quantitative data
- ❑ Current and future needs
- ❑ Cultural and ethnic diversity
- ❑ Separate MCD and non-MCD needs
- ❑ Useful!

Brainstorm: What to Include

- Useful!
- Comparability across the state
- Demographic elements
- Existing resources within community
 - CMH and non-CMH
 - Community capacity/strength
- Some amount of Base Program Description and analysis
- Standardized “formulas”part of comparability
- Accurate, Predictable, Reliable, Repeatable
- Common techniques





Brainstorm: What to Include

- Common output
 - What do we want to know?
 - Proxy measures, common factors
- Would we use funding factors similar to funding formula?
- What is enhancing or inhibiting identification of need, e.g., stigma
- Consumer friendly
- Needs not Wants
- Acceptable approach from research perspective
- Capture “intangibles”
- Adds value and is economically feasible at a reasonable frequency to capture change.....periodic with some amount of attention
- Demand v. Need

Brainstorm: What To Do With It

- Case for more funds
 - Public
 - MDCH
 - Advocates
 - Funders
 - Legislators
- Planning Tool
 - Providers.....match to need
 - Resource allocation to match need
 - Resource allocation to match policy
- Community Planning
 - And education, dissemination of information
 - Understanding community strengths
- Ideal? Lots to a few or Less to More...Understanding total need to make decisions re: resource allocation.



Brainstorm: What To Do With It

- Report to MDCH
 - MDCH uses for budget defense and expansion – allocation
 - Demonstrate that local decisions respond to information
 - Raising awareness of variation across state
 - Comparability is important for analysis
 - Communication plan
 - Aggregate-able to state, region, characteristics
 - Predictive uses – demand
- Feedback on issues in the process.....i.e., CQI model
- Be able to dissect to a useable level of detail
- Strategic planning

Values

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



Values

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 data collection
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



The Three Legged Stool

- As the group considered the construct of a needs assessment, three components came into focus:
 - Community Need: what is the unmet need in the community
 - Community Resource: what other resources are available in the community
 - Current Resources: what is the CMHSP doing with its current funds....a base program description
- Waiting list information will include needs of those who are underserved



The Three Legged Stool

- Community Strength:
 - Essentially a look at what else exists, as this impacts need (Access system may be best source.)
 - What are key community resources? Has there been a significant change in the past year? Do any of these resources address unmet needs identified in the needs assessment?
- Current Resources, i.e., Base Program Description
 - How are current resources deployed in terms of services, as this also impacts need
 - Mostly numbers and percentages, not a narrative description of programs



The Three Legged Stool

- The Community Need
 - This is the heart of the assessment, the other two legs are more explanatory and useful for planning
 - Basic elements should include: some census data and consideration of applicability of known prevalence information, some analysis of change in data, and input from key partners.



The Input Received

- The Workgroup solicited input from QI Coordinators and Program Evaluators. The following questions were asked.

When completing an assessment of mental health needs in your local community:

1. What are two or three essential data elements that you think are the most important and useful pieces of information to gather for local planning purposes?
2. What are the questions you would want to be able to answer with your community needs assessment?



The Input Received

3. What methodologies would you recommend that you have found helpful in conducting a local community needs assessment?
4. What types of data or methodologies have you found to be NOT particularly useful or valuable?
5. Anything else you would like to add?



The Input Received

- The four most common responses to the first question (all received 10 or more mentions):
 - Utilization data, numbers served, patterns by payer, under-utilized services
 - Community/consumer demand (need, unmet need, gaps, growing needs)
 - Community knowledge/perception of CMH
 - Consumer satisfaction



The Input Received

- The next three most common responses to the first question (5 or more mentions):
 - Community strength/resources (other mental health providers, transportation, SUD services)
 - County population trends, demographics, socioeconomic makeup
 - Special education data (numbers coming out of schools, referrals)



The Input Received

- The top four responses to the second question (all receiving 5 or more mentions):
 - Focus groups
 - Local collaborative meetings (MPCB or HSCB)
 - Survey – focused at community partners, providers, stakeholders, consumers
 - Individual meetings/interviews with key contacts



The Input Received

- Methodologies cited as NOT particularly useful:
 - Focus groups (3)
 - Community forums (5)
 - Survey – broad survey to community, such as a mass mailing (5)

- Target Groups mentioned
 - Advisory groups, Board Members, community partners, consumers/families, contract providers, courts, DHS, health plans, homeless shelters, ER, jails, law enforcement, schools/ISDs, social service providers



The Input Received

- Additional comments:
 - Less administrative reviews and audits; measure people we are not serving, not those we are; minimize the creation of systems that require additional administrative efforts and resources; more collaboration and sharing of resources between organizations; more funding for services; more user friendly process for people to get coordinated services; need for additional and/or prevention/outreach services;

The Input Received

- Comments – continued:
 - proxy measures for mental health; publishing statewide data for benchmarking; standard data; strategic involvement of community committees, organizations, and collaborations; statewide training for IT/QI staff to ensure data elements are well defined; there is a lack of consistency of measurement and guidance in how to collect data; and use existing data and or decrease existing data reporting efforts.



Reactions?

Is this the right general direction?

What do you think we need to include?