

RECOMMENDATION Prepared by Lee Brown	ACCEPT THE FY 2024 NEEDS ASSESSMENT REPORT AND RECOMMENDATIONS
<p>It is recommended that the Board of Trustees accept the FY 2024 Needs Assessment Report and Recommendations from the Comprehensive Planning Advisory Committee (CPAC).</p>	
<p>BACKGROUND INFORMATION</p> <p>A Needs Assessment gathers, analyzes, and provides information to improve the services of the organization. This also meets an important requirement of a Certified Community Behavioral Health Clinic (CCBHC). It is completed every two years. Community Healthcore awarded Trebuchet Inc. as an independent, outside source to conduct this assessment; Lisa Lin-Freeman is the owner and project leader. She also facilitated the Needs Assessments completed in FY 2020 and FY 2022.</p> <p>Five methods of data collection were implemented: A person-served survey; a workforce survey; a community partner survey; virtual focus groups with community partners; and, key informant interviews (KII). Two other primary sources of information used in the Needs Assessment came from twelve months of Community Healthcore service data and demographic information for the counties of Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur. The full report has five sections: Summary, Recommendations, Individuals Served, Workforce, and Community Partners.</p> <p>This project started in September 2023 and finished in March 2024. The Comprehensive Planning Advisory Committee reviewed and discussed the report at its February 1, 2024, and again on March 3, 2024 meetings. The following recommendations are coming to the Board for approval.</p> <p>The FY 2024 Needs Assessment is full of data and the seven recommendations are just the beginning of its usage. There will be cross-functional teams to further study each recommendation. Teams will also perform additional analysis of the data to further isolate and capture potential needs and recommendations.</p> <p>FINANCIAL IMPACT: Any financial impact for FY 2024 & FY 2025 will be incorporated into these budgets when presented for Board approval.</p> <p>EFFECTIVE DATE: Upon approval by the Board of Trustees</p>	

Recommendations from the Comprehensive Planning Advisory Committee

The following recommendations were made following the Comprehensive Planning Advisory Community (CPAC) meeting on March 7, 2024:

1. **Identify Transportation Services and Promote Awareness.** In reviewing the data, transportation as both a direct need (I don't have transportation to get to my medical appointment) or as a root need (I need food but don't have transportation to go to the Food Bank) was identified. It was felt that the lack of transportation was impacting persons served access to basic needs that exist in the community, they just can't access them. Alliances should be strengthened with existing community partners and determine how to transfer that awareness to appropriate Center staff so they can share in the field. Simple resources describing the available area options would support this recommendation.
2. **Examine if virtual visits for In-Home Adult Mental Health services are feasible.** If a person did not need to go into a clinic to see a Psychiatrist who is often virtual already, this removes the transportation need.
3. **Determine if there is a need for additional psychiatric services in the system.** Comments regarding long waits for appointments indicate that there may be a resource shortage.

Quotes from KIIs:

"They need to have more than one psychiatrist. They need, it don't need to be just one. They need to have at least two or three."

"...from what I understand, the psychiatrist is spread really, really thin. And he has a, a lot of patients. But...we can't find a psychiatrist, you know...but he, 15 minutes of, of Teladoc with a person [in an] acute state is, it is not helpful."

Quote from Quality Improvement Survey re: wait time:

"Appt with a specialist for a significant health condition and the first available appointment is 10/08/24 so my primary care doctor will attempt to manage an autoimmune disease until then"

4. **Initiate and Coordinate at least quarterly meetings between Hospitals, Law Enforcement, and Center staff.** It was noted by several comments from the Law Enforcement Focus Group that there was an opportunity to educate, identify, and improve service delivery across these three groups. Although this may already exist in some areas, a strategy needs to be employed to include all local police departments and county sheriff's departments.

Focus group quote: "So having somebody in person come by and, and talk and find out what the real concerns of hospitals and, uh, the law enforcement entities are around here would probably go a long ways for, uh, Community Healthcore... Even at the hospital or if

we were all to meet at, you know, if, if it's here in this county, the sheriff and I and the, the hospital and Community Healthcare meet, if it was quarterly, but right now, I mean, at that this point, if it was once a year, it'd be great."

5. **Continued education of the public and community partners regarding the depth of the services Community Healthcare provides.** Where great efforts have gone into improving the Website, only 8% of persons reported that they learned about Community Healthcare from that site. More often people who received services from Community Healthcare learned about the Center from State Agency (29%), Friend or Family Member (21%), and Referral from doctor (20%). Comments also reflect that community partners were sometimes surprised by the depth of services (*I didn't know they provided that service*). So, communication strategies about services should target education of doctors and clinics as well.
6. **Expand working with schools and use of social media to increase awareness regarding suicide prevention.** Suicide prevention is one of Community Healthcare's initiatives. Results from the three surveys (Quality Improvement 81% and 73%), (Workforce 92% and 84%) and Community Partners 84% and 82%) consistently identified working with schools and social media as the top avenues to increase awareness. *Exhibit 1* summarizes the responses to the question about suicide prevention in each survey.

Exhibit 1: Suicide Prevention Outreach

What would be the best way to increase awareness about suicide prevention in your community?	Quality Improvement Survey (Q9)	Workforce Survey (Q31)	Community Partners Survey (Q16)
Collaborate with schools	81%	92%	84%
Collaborate with law enforcement	59%	83%	64%
Collaborate with hospitals	62%	82%	57%
Partnerships with local businesses	47%	60%	45%
Flyers/printed materials	44%	53%	45%
Social media	73%	84%	82%
Other	9%	6%	18%

7. **Conduct a more thorough analysis of the data to isolate which group(s) expressed interest in having expanded hours (35%) or weekend hours (33%).** Once identified, consider a field test at one location to see if utilization of those times is warranted. The committee noted that expanding hours does not necessarily mean exceeding a 40 hour work week. A clinic might open at 10 am and close at 7 pm with an hour lunch. *Exhibit 2* summarizes the responses to the question in the Quality improvement survey about hours of operation.

Exhibit 2: Quality Improvement Survey Question 25

Do you agree or disagree with the following statements?	Agree		Neutral		Disagree		Total
The hours of operation offered by Community Healthcore meet my needs	78.52%	201	17.58%	45	3.91%	10	256
I am interested in receiving services before 8 a.m.	11.74%	29	29.96%	74	58.30%	144	247
I am interested in receiving services after 5 p.m.	35.08%	87	29.84%	74	35.08%	87	248
I am interested in receiving services on weekends (Saturdays and Sundays)	33.20%	83	30.80%	77	36.00%	90	250