

Description of Service Area and CCBHC Sites

Provide information on the defined service area of the CCBHC. Include information on where CCBHC sites and satellites are. Include information on any DCO site the CCBHC partners with.

Consider including a map.

Unmet Needs and Health Disparities

Compare prevalence data to census data to identify health disparities.

Interview individuals and families with lived experience and community partners on what are perceived as unmet needs and health disparities within the community.

Review any county specific reports on unmet needs, treatment barriers, and disparities.

The goal of this section is to articulate to the best of the clinic's ability what the unmet needs and health disparities of their community are.

Current Strengths Challenges

A. Strengths

a. Addressing Community Needs and Barriers

Provide summary of what the clinic does well in addressing the needs of the community and removing barriers to treatment.

b. Community-Responsive Staffing and Services

Provide summary of what the clinic does well in ensuring staff are appropriately trained, qualified, and supported to address the service needs of the community. Include information on strengths of ensuring the services provided are culturally responsive and address the needs of the individuals and families the clinic serves.

c. Effective Partnerships and Care Coordination

Provide summary of what the clinic does well in coordinating care across the continuum. Include information on who the clinic currently partners with and the strengths of those partnerships.

B. Challenges

a. Addressing Community Needs and Barriers

Provide summary of what the challenges the clinic experiences in addressing the needs of the community and removing barriers to treatment.

b. Community-Responsive Staffing and Services

Provide summary of challenges clinic experiences in ensuring staff are appropriately trained, qualified, and supported to address the service needs of the community. Include information on challenges around ensuring the services provided are culturally responsive and address the needs of the individuals and families the clinic serves

c. Effective Partnerships and Care Coordination

Provide summary of challenges the clinic experiences in coordinating care across the continuum. Include information on who the clinic currently partners with and the challenges of those relationships and/or partnerships clinic would like to include based on the community needs assessment.

C. Summary

Based on the provided information, what are the key takeaways on strengths and challenges? Are there way the clinic can build on their strengths to address some of the challenges?

Action Plan

Based on the findings of the community needs assessment, what are 2-3 priorities for the next 3 years? What considerations and decision-making went into identifying the priorities? What impact does your clinic hope to have in addressing these 2-3 areas? What steps will the clinic take to address these areas? What supports does the clinic need from community partners, their CCO, the Oregon Health Authority, and others?

Priority 1:

- A. Steps Already Taken:
- B. Steps/Considerations for Future Steps:
- C. Additional Supports Needed:
- D. KPI to include in continuous quality improvement plan:

Priority 2:

- A. Steps Already Taken:
- B. Steps/Considerations for Future Steps:
- C. Additional Supports Needed:
- D. KPI to include in continuous quality improvement plan:

Priority 3:

- A. Steps Already Taken:
- B. Steps/Considerations for Future Steps:
- C. Additional Supports Needed:
- D. KPI to include in continuous quality improvement plan:

Additional Priorities: