NEW JERSEY HUMAN SERVICES | DMHAS Division of Mental Health and Addiction Services

New Jersey CCBHC Provider Education and Discussion Session

Community Needs Assessment (CNA)

August 12, 2026

Housekeeping

- Please add questions to the chat as needed. All questions will be addressed at the end of the session.
- This slide deck will be available for future reference on the State's CCBHC website.

Session Objectives

1

Introduce New Jersey CCBHCs to the required template for the CCBHC Community Needs Assessment (CNA) due on October 31, 2026.

2

Review required data elements for development of the CNA, including stakeholder input.

3

Review development of the needs assessment implementation plan.

Resource Roadmap

CCBHC Website: Division of Mental Health and Addiction Services | Certified Community Behavioral Health Clinic

Policy Manual: The operating guide for New Jersey CCBHC participation

Appendix A.3: New Jersey CCBHC Needs Assessment Template

National Council Needs Assessment Resources: CCBHC Community Needs Assessment Toolkit

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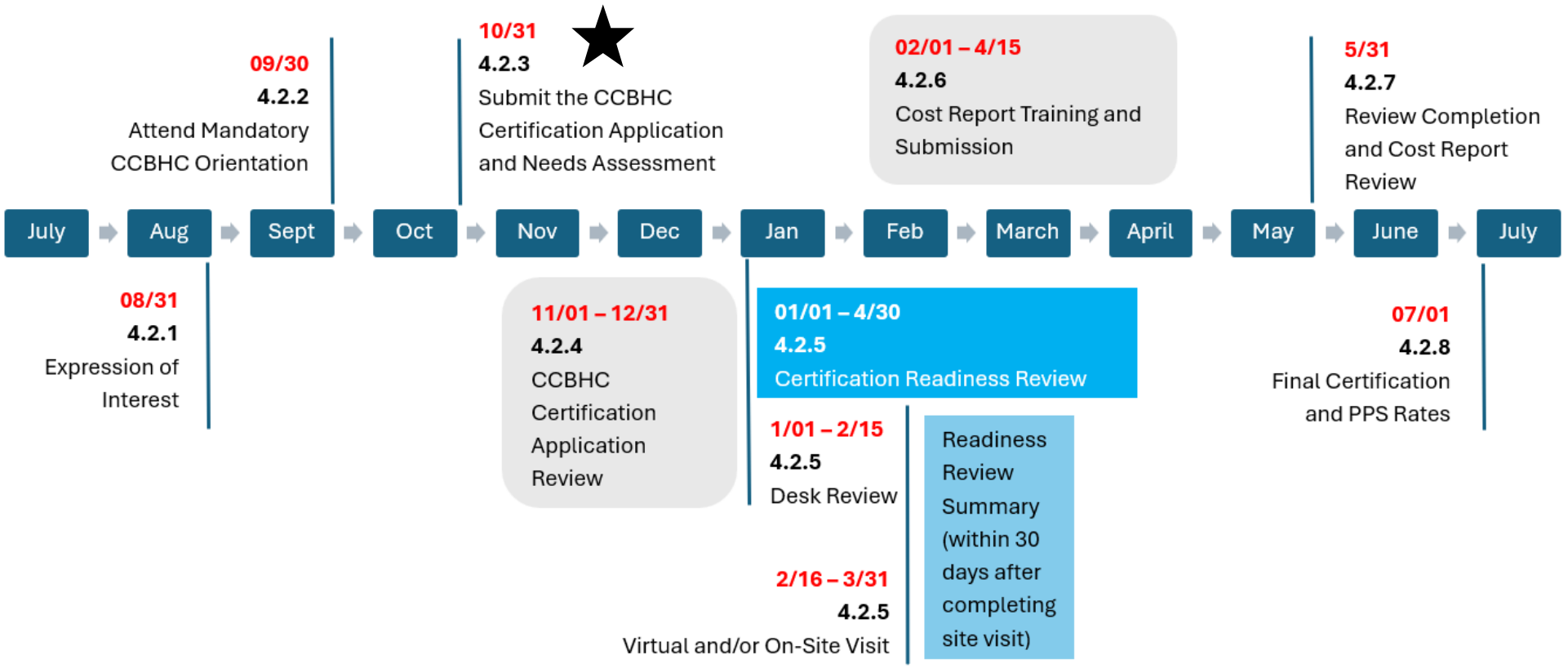
CCBHC Certification Requirements

Required Documents of the Certification/Recertification Process

What changed	What providers need to do
New Jersey will require applicants to submit an application for certification and recertification. The application will also be used for current DHS-certified CCBHCs to add new sites.	The application remains under review. Once published, become familiar with the information required to submit the application.
As part of the application process, **applicants must submit the following:** • Self-assessment using the New Jersey CCBHC Certification Criteria Readiness Assessment • **Community Needs Assessment using the required template** • CCBHC organizational Chart and/or CCBHC staffing plan • Copies of executed designated collaborating organization (DCO) agreements for any core CCBHC service (when permissible)	These documents remain under review. Once published, become familiar with each document and the information required to submit each document.
★ **New Jersey will require applicants to utilize a template for the CNA (due date of October 31, 2026).** To complete the CNA, CCBHCs will need to gather input from individuals with lived experience and/or receiving CCBHC services and community partners.	Prepare methods and plan to gather information from a wide variety of individuals and community partners (e.g., stakeholder sessions, surveys, interviews, etc.).

Timeline for Certification and Recertification —

To be implemented July 1, 2027



Current CCBHCs will undergo an abbreviated recertification process beginning later in 2026 (exact date TBD) that will extend existing certifications through June 30, 2027.

Key Components and Structure of New Jersey's Community Needs Assessment

Key Components

Based on the SAMHSA CCBHC Criteria Compliance Checklist, CNAs should include the components listed below:

1. A description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through DCOs.
2. Information about the prevalence of mental health (MH) and substance use conditions and related needs in the service area, such as rates of suicide and overdose.
3. Economic and other risk factors associated with the population's access to health services such as percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing.
4. Identified barriers to behavioral and physical health care of the populations residing in the CCBHC's service area/s.
5. The identification of the underserved population(s) within the CCBHC's service area/s.
6. A description of how the CCBHC's staffing plan does and/or will address findings.
7. Plans to update the CNA every three years.

US SAMHSA (2023). Criteria Compliance Checklist: https://www.samhsa.gov/sites/default/files/ccbhc-compliance-checklist.pdf

Key Components

CNAs should also include the following —

Input with regard to:

- Evidence-based practices and behavioral health crisis services.
- Access and availability of CCBHC services, including days, times, and locations, as well as telehealth options.
- Potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of services that respond to the specific needs of the population, and workforce shortages.

Key Components

CNAs should also include the following qualitative feedback —

Input from key stakeholders such as:

- People with lived experience of mental and substance use conditions and individuals who have received/are receiving services from the site-specific CCBHC conducting the CNA.
- Peer and family-run organizations.
- Crisis response partners such as hospital emergency departments, crisis stabilization settings, crisis call centers and warmlines.
- Health centers (including Federally Qualified Health Centers) and local health departments.
- Inpatient psychiatric facilities, inpatient acute care hospitals, and hospital outpatient clinics.
- Representatives from local K–12 school systems.
- Child welfare agencies
- Domestic violence shelters

Structure of New Jersey's CNA Template

Section 1: Introduction: Description of key components of CNAs and next steps for completing and submitting the template.

Section 2: Methodology: Summary of processes used to conduct the needs assessment, including methods used to survey, interview, and collect data from community partners and individuals with lived experience.

CCBHC Locations:

- Description of the service area/s and CCBHC sites, including if the areas served are suburban, urban, or rural and the services delivered by each site
- Description of other CCBHC/s in the service area/s
- Description of other behavioral health providers in the service area/s
- Description of crisis services in the service area/s
- Description of peer services in the service area/s

Structure of New Jersey's CNA Template

Section 3: Findings

- Service area populations
- Mental health and substance use disorder prevalence and need
- Economic and other risk factors
- Culture and Language
- Identification of underserved populations

Section 4: Summary: A description of your CCBHC's strengths and challenges to meet the needs of populations served.

Section 5: Addressing Findings — The implementation plan:

- Priorities: Based on the strengths and challenges drawn from the findings section
- Staffing
- Evidence-based practices (EBPs), Staffing and Implementation Plan

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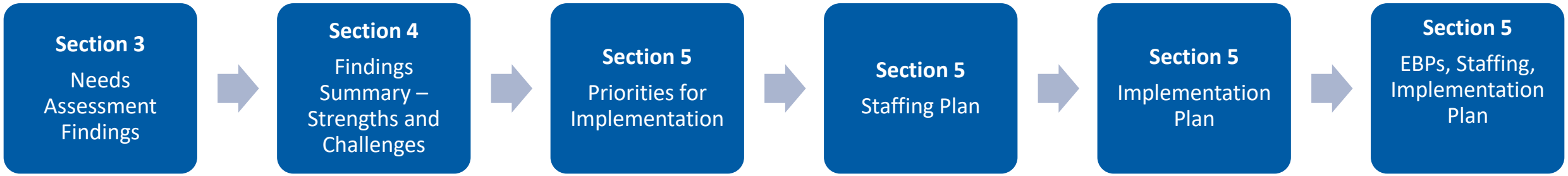
Moving from Findings to the Implementation Plan

Moving From Findings to the Implementation Plan



Diving in Deeper — Section 3: Needs Assessment Findings *(Example)*

Mental Health and Substance Use Disorder Prevalence and Need

1. **Mental Health and Substance Use Conditions in Your Service Area/s**

   Summarize the prevalence of mental health (Serious Mental Illness [SMI] and Serious Emotional Disturbance [SED]) and substance use conditions in your CCBHC's service area/s using both quantitative and qualitative data (such as member feedback or focus group findings).

   Suggested Sources:

   - CCBHC Electronic Health Record (EHR)
   - URS Annual Reports | CBHSQ Data
   - URS SMI/SED Prevalence Estimates | CBHSQ Data
   - 2021-2022 NSDUH: Model-Based Estimated Prevalence for States | CBHSQ Data
   - Department of Human Services | Statistical Reports – Statistical Reports, Statewide and by County
   - Member feedback or focus group findings

Example Table

Data Point	CCBHC Data	Service Area Data	Statewide Data	National Data
SMI prevalence (percent)				
MH treatment usage of adults 18+ years (count)				
SED prevalence (percent)				
MH treatment usage of children 0-17 years (count)				
SUD prevalence of adults 18+ years (percent)				
SUD treatment usage of adults 18+ years (count)				
SUD prevalence of children 0-17 years (percent)				
SUD treatment usage of children 0-17 years (count)				
Sources Used to Complete this Section	Click or tap here to enter text.			

Additional information pertaining to mental health and substance use prevalence (optional):

Click or tap here to enter text.

Diving in Deeper — Summarization and Key Insights

- At the end of each findings section, CCBHCs must summarize and provide key insights about the information gathered in each section.
- These summaries will be used to develop Section 4 — *Findings Summary – Strengths and Challenges*

Example: *Summary Section for mental health and substance use disorder prevalence and need findings*

3. **Summary and Key insights**

   Summarize and provide the key insights gathered about the mental health and substance use prevalence and need in your CCBHC and service area/s.

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Diving in Deeper — Section 4: Findings Summary

Section 4

Community Needs Assessment Findings Summary

Current Strengths and Challenges at Your CCBHC

Synthesize the quantitative and qualitative data from the summaries and key insights outlined in the sections above to provide a comprehensive description of your community's needs. By identifying your CCBHC's strengths and challenges, you will then develop an implementation plan to address any gaps in services.

1. **Describe how your CCBHC is currently able to address specific and underserved populations, or community needs specific to your service area/s.**

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   Describe how your CCBHC cannot or is currently unable to meet needs of the populations in the service area/s and the factors that contribute to these challenges.

   Click or tap here to enter text.

2. **Summary**

   Provide the key insights gathered about the existing strengths and weaknesses of your CCBHC. Identify any discrepancies between the community needs you have recognized through the needs assessment and the services offered by your CCBHC. The observations mentioned in this section should guide and be consistent with your Implementation Plan outlined below.

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Diving in Deeper — Section 5: Priorities for Implementation

Section 5

Addressing Findings: Implementation Plan

Priorities for Implementation

1. Drawing from the strengths and weaknesses outlined in the "Current Strengths and Challenges at Your CCBHC" section above, outline your implementation priorities (in order of priority from highest to lowest) to address the gaps within your CCBHC. Provide justification for each priority, along with supporting details.

Priority Item	Justification for Priority

Additional information pertaining to priority implementation items (optional):

Click or tap here to enter text.

Diving in Deeper — Section 5: Staffing Plan

Using the staffing plan template in Appendix B, you will describe how your CCBHC's staffing plan will address the needs assessment findings, including how the findings will be, or have been, incorporated into your staffing, recruitment, and training strategies.

Appendix B
Staffing Plan

Example Table

CCBHC Role	Sites Served	Number of Needed Positions	Number of Filled Positions	Number of Vacant Positions	If vacant, are you currently recruiting?	If vacant, is someone with the appropriate credentials covering this role until filled permanently?	Comments (Optional)
Psychiatrist					☐ Yes ☐ No	☐ Yes ☐ No	
Psychiatric Nurse					☐ Yes ☐ No	☐ Yes ☐ No	
Child Psychiatrist					☐ Yes ☐ No	☐ Yes ☐ No	
Adolescent Psychiatrist					☐ Yes ☐ No	☐ Yes ☐ No	
Substance Abuse Specialist					☐ Yes ☐ No	☐ Yes ☐ No	
Case Manager					☐ Yes ☐ No	☐ Yes ☐ No	
Recovery Coach					☐ Yes ☐ No	☐ Yes ☐ No	
Peer Specialist					☐ Yes ☐ No	☐ Yes ☐ No	
Family Support Specialist					☐ Yes ☐ No	☐ Yes ☐ No	
Licensed Clinical Social Worker					☐ Yes ☐ No	☐ Yes ☐ No	
Licensed Mental Health Counselor					☐ Yes ☐ No	☐ Yes ☐ No	
Mental Health Professional (trained and credentialed for psychological testing)					☐ Yes ☐ No	☐ Yes ☐ No	

Diving in Deeper — Section 5: Implementation Plan

Create a detailed implementation plan that addresses the findings from the needs assessment, including specific details for each item listed in the "Priorities for Implementation" section. It is crucial to outline relevant objectives, timelines, and assigned personnel for each of your priority objectives.

Example Table

Priority Item	Proposed Change/s and Objectives	Assigned Personnel	Timeline for Implementation

Diving in Deeper — Section 5: Evidenced-Based Practices, Staffing and Implementation Plan

All New Jersey CCBHCs are required to implement and monitor fidelity of a set of required EBPs. In the table, CCBHCs will briefly note the implementation needs (e.g., hiring, training, supervision) required to implement each selected EBP at your CCBHC. If the EBP is already fully implemented within your CCBHC and readily available to all applicable populations, enter "N/A."

Example Table

Evidence-Based Practice	Implementation Needs	Notes
Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET)	Click or tap here to enter text.	
Trauma Informed Care (TIC) (in various forms of provider choosing)	Click or tap here to enter text.	
Cognitive Behavioral Therapy (CBT) (in various forms of provider choosing)	Click or tap here to enter text.	
Medication Assisted Treatment (MAT) – Medications for Opioid Use	Click or tap here to enter text.	

Example 1 — Who Are We Serving?

- **Section 3 — Findings:** Under “Population,” the CCBHC identified they serve a high number of veterans who are unaffiliated with the local Veteran’s Health Administration.
  - **Key Insights:** When reviewing historical data of populations served by the CCBHC, it is evident that this population has grown significantly over the last seven years. Additionally, the veterans served have disproportionately higher rates of homelessness and substance use when compared to other individuals served by the CCBHC. The CCBHC identified veterans as an underserved population.
- **Section 4 — Findings Summary (Strengths and Challenges):**
  - **Strengths:** The CCBHC has a robust data collection system which ensures veterans are quickly identified at intake. The CCBHC has established relationships with community-based, veteran-specific programs allowing for closed-loop referrals and active care coordination efforts.
  - **Challenges:** The CCBHC does not currently employ staff who have experience working with veterans or are veterans themselves. The CCBHC also does not use EBPs that emphasize the unique needs of veterans.

Example 1

- **Section 5 — Priorities for Implementation:** The CCBHC identifies veterans as an underserved population and rates this finding as a high priority for implementation.
- **Section 5 — Staffing Plan:** The CCBHC intends to hire a case manager with either experience working with veterans or is a veteran themselves.
- **Section 5 — Implementation Plan:** As a high priority, the CCBHC will begin recruitment for a case manager with experience working with veterans or is a veteran themselves with plans to employ this individual by January 1, 2027. The job description for this case manager position will be amended to include this required experience. To increase overall knowledge of veteran-specific needs, the CCBHC will amend all-staff training plans to include veteran-specific trainings.
- **Section 5 — EBP, Staffing, and Implementation Plan:** The CCBHC intends to implement two EBPs that focus on the needs of veterans – CBT-D (Depression) (a required EBP) and Behavioral Activation (a recommended EBP), which is recommended specifically for veterans. Implementation date of January 1, 2027.

Example 2 — Are We Paying Enough Attention to Physical Needs?

- **Section 3 — Findings:** Under “Economic and Other Risk Factors” the CCBHC identified that they serve a high number of individuals with unmanaged physical health needs and co-morbidities such as diabetes, high blood pressure, and high cholesterol.
  - **Key Insights:** Data collected from the CCBHC’s EHR, the New Jersey State health Assessment Data (NJSHAD) set, and the County Health Rankings and Roadmaps source indicate that more than one-third of the CCBHC’s current membership has unmanaged physical health needs. This closely correlates with the needs of individuals residing in the counties in closest proximity to the CCBHC’s service area. In member focus groups, individuals also reported lack of access to a primary care physician and difficulty managing these physical health needs.
- **Section 4 — Findings Summary (Strengths and Challenges):**
  - **Strengths:** The CCBHC has policies and procedures which dictate screening schedules and monitoring of key health indicators (such as weight/BMI, diabetes risks, and blood pressure) and the CCBHC has the ability to collect biologic samples on site.
  - **Challenges:** The CCBHC could strengthen engagement and treatment planning with individuals once they have been identified as a person with unmanaged physical health needs.

Example 2

- **Section 5 — Priorities for Implementation:** The CCBHC identifies engagement and treatment planning related to unmanaged physical health needs as a high priority. This aligns with Section 6.1.1 of the CCBHC Policy Manual and EBP requirements pertaining to physical health needs.
- **Section 5 — Staffing Plan:** The staffing plan will reflect an adequate number of medical, nursing and wellness coaching staff who may obtain and monitor vital signs from CCBHC members. The staffing plan will also reflect adequate care coordination staff who can help individuals follow up with their physical health needs.
- **Section 5 — Implementation Plan:** As a high priority, the CCBHC will amend workflows to identify members with unmanaged physical health needs, identify pathways for strengthened treatment planning, and, if approved by the individual, develop a treatment plan with this focus. Implementation date of January 1, 2027.
- **Section 5 — EBP, Staffing, and Implementation Plan:** The CCBHC intends to implement the required EBPs of Whole Health Action Management (WHAM), Learning About Healthy Living, or others EBPs recommended by the State. Staff will be trained on the use of the chosen EBP, supervisors will monitor for fidelity to the model and the CCBHC will develop partnerships with local, low-cost programs designed to help people improve their health. Implementation date of January 1, 2027. Longitudinally, the CCBHC will monitor management of physical health needs.

Next Steps

1. Begin to prepare methods and plans to gather information from a wide variety of individuals and community partners (e.g., stakeholder sessions, surveys, interviews, etc.).
2. Consider how you can improve on existing needs assessment processes to develop this CNA.
3. Consider reviewing the National Council's resources for developing CCBHC Community Needs Assessments: https://www.thenationalcouncil.org/resources/ccbhc-community-needs-assessment-toolkit/
   - Helpful tips for gathering qualitative feedback can be found in the Needs Assessment Toolkit – Page 32 (Qualitative Feedback)

Questions?