



CCBHC NEEDS ASSESSMENT

FY 2026

Background

Service Area Description and CCBHC Sites

Geographic description of service area

North Central Missouri Mental Health Center (NCMMHC) NCMMHC provides comprehensive outpatient mental health services to residents of all ages in the north central nine counties of Missouri (Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam and Sullivan).

Description of CCBHC sites

NCMMHC holds current certification through the Missouri Department of Mental Health (DMH), Division of Behavioral Health (DBH) and CARF (Commission on Accreditation of Rehabilitation Facilities).

Offices that are open Monday-Friday are located in Trenton, Chillicothe, and Brookfield. Satellite offices are located in Unionville, Bethany, Gallatin, and Milan. Appointments for these offices are made as needed.

NCMMHC services offer a person-centered approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. Activities are determined by the needs of the consumer; consumers are active partners in all aspects of the program, and services may be provided in various formal and informal settings to reduce barriers between staff member and program participants. The program provides an array of key services to persons with severe, disabling mental illness. Services include evaluations, crisis intervention, community support, medication management, psychosocial rehabilitation, individual employment placement therapy – individual and group, and integrated healthcare management. These services are provided to promote consumer integration into the community in many areas of life, including, but not limited to leisure/recreational activities; spiritual or cultural activities; development of positive vocational, work, or volunteerism attitudes; pursuance of educational opportunities; development of daily living skills; promotion of health and wellness; and access to community resources.

Demographics of service area

The following demographics table shows demographics in our service area compared to Missouri and the US. The information was collected from <https://sparkmap.org/report/> and each data set has the source, which is what is included in the table. The 9 counties were averaged into one section on this table. At the end of this report, there is a table that includes data for all 9 counties.

Demographics Table				
Measure	Total Service	Comparative Data		Data Sources
		Missouri	US	
Total Population	75,691	6,154,913	331,449,281	US Census Bureau, Decennial Census. 2020
Total Land	4,914	68,746.10	3,533,018.38	
Population Density	15	90	94	
Breakdown of population by race/ethnicity				
White	92.38%	77.02%	61.63%	US Census Bureau, Decennial Census. 2020
Black	1.19%	11.37%	12.40%	
Asian	0.42%	2.17%	6.00%	
American Indian / Alaska Native	0.43%	0.50%	1.12%	
Native Hawaiian / Pacific Islander	0.05%	0.16%	0.21%	
Some Other Race	1.33%	2.08%	8.42%	
Multiple Races	4.20%	6.71%	10.21%	
Breakdown of population by age				
0-4	6.13%	5.77%	5.55%	US Census Bureau, Decennial Census. 2020
5-17	17.40%	16.64%	16.51%	
18-24	7.37%	9.43%	9.43%	
25-34	11.11%	10.03%	13.53%	
35-44	11.38%	12.30%	12.73%	
45-54	10.93%	11.72%	12.33%	
55-64	14.07%	13.60%	13.10%	
65+	21.56%	17.51%	16.83%	
Breakdown of population by children, adult, and older adult				
Children (0-17)	23.53%	22.14%	22.06%	US Census Bureau, Decennial Census. 2020
Adult (18-64)	54.91%	60.08%	61.11%	
Older Adult (65+)	21.56%	17.51%	16.83%	
Breakdown of population by sex				
Male	48.94%	49.13%	49.08%	US Census Bureau, Decennial Census. 2020
Female	51.06%	50.87%	50.92%	
Breakdown of population by economic factors				
Unemployed	4.67%	4.70%	4.60%	US Department of Labor, Bureau of Labor Statistics. 2025 - July. National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.
Eligible Free & Reduced Lunch	48.64%	47.60%	53.50%	
Below 100% FPL	14.67%	12.62%	12.44%	US Census Bureau, American Community Survey. 2019-23.
Average Household Income	\$ 74,562.32	\$ 93,797.05	\$ 110,490.58	
Median Income	\$ 58,360.00	\$ 69,920.00	\$ 78,538.00	
Income per Capita	\$ 30,282.00	\$ 38,497.00	\$ 43,288.00	
Breakdown of population by other socioeconomic factors				
Limited English Proficiency	1.61%	2.21%	1.27%	US Census Bureau, American Community Survey. 2019-23.
Veterans	5.78%	7.44%	6.44%	

Special populations in our service area

Based on the data provided, low-income families are more prevalent in our area than statewide and nationally. Low-income disparities can add several additional barriers to receiving assistance for mental health needs. Priorities would need to be set for housing and food needs.

A large percentage of the population in our service area are older adults (21.56% compared to 16.83% nationally). According to the agency's electronic health record report, the percentage of people receiving agency services ages 64 and older was 7.11 percent in the month of July 2025. This is the lowest percentage group receiving NCMMHC services out of all age populations.

Summary

The review of local demographics versus state and national demographics identified low-income and older adults as priority populations. It also identified that our local service area has limited cultural diversity.

Methodology

Guiding Questions

Community Awareness and Perceptions

- To what extent are local community members aware of the services offered by North Central Missouri Mental Health Center?
- What health resources do community members perceive as lacking or insufficient within the area?

Access and Barriers

- What are the most significant barriers preventing individuals from seeking mental health care in the community?

Methodology

The Needs Assessment Committee was established in January 2025 by the Chief Operating Officer (COO) at that time, Amy May. The initial committee included the HCH Director, ACI Coordinator, Crisis Outreach Specialist, and Adult CPRC Director. Over the following months, the committee met regularly to define the assessment process, develop guiding questions, design a community web-based survey, create focus group questions, conduct focus groups, and analyze collected data.

In July 2025, the ACI Coordinator retired, and the COO transitioned to Chief Executive Officer (CEO). The committee was restructured to include the COO (formerly Adult CPRC Director), Crisis Director (formerly Crisis Outreach Specialist), HCH Director, and Assistant to the COO. The newly appointed Crisis Outreach Specialist was deployed and unable to participate in the committee's activities.

Survey Process

A community needs assessment survey was launched on July 10, 2025, to evaluate:

- Individual mental health concerns

- Household challenges
- Community perceptions of mental health services and resources

The survey consisted of 12 questions aimed at identifying service gaps and barriers to access. Data collection concluded on September 19, 2025. Outreach efforts included:

- Posting flyers in all agency offices
- Sharing announcements on social media
- Sending email invitations to community members and local resources through established committee contacts

Participants were also invited to attend future focus groups to provide additional input.

Focus Groups

Two virtual focus groups were conducted to accommodate service coverage across nine counties. Sessions were scheduled at different times—one in the morning and one in the late afternoon—to provide flexibility for participants. Each focus group included nine structured questions. A total of seven individuals participated virtually, and three agencies submitted responses via email. Participants represented a diverse range of community organizations, including the Children’s Division, National Guard, local ministries, active military personnel, and health centers.

Qualitative Data Collection

Data on current client demographics was obtained from electronic health record reports. Additional external data was gathered from sources identified in the Needs Assessment Outline and supplemented by recommendations from a local community health center that was conducting a concurrent needs assessment.

Needs Assessment Findings

Mental Health and Substance Use Conditions and Related Needs

Description of Mental Health and Substance Use Conditions in Our Community

Illicit drug use in Missouri exceeds the national average (17.11% vs. 14.29%). However, data for our nine-county service area indicates significantly lower rates of illicit drug use (0.53%) and substance use disorders (0.72%) compared to state and national figures. Reported mental health concerns also trend lower locally than statewide and nationally.

Despite these lower prevalence rates, critical risk indicators remain concerning. Drug overdose mortality in the service area surpasses both Missouri and national averages (23.5 vs. 21.2 and 21.7), and suicide rates are notably higher (22.2 vs. 18.0 and 14.10). Additionally, poverty rates in the region (14.19%)

exceed state (12.30%) and national (10.60%) levels, compounding vulnerability. Food insecurity data was unavailable, representing a gap in understanding social determinants of health.

Community input reinforces these findings. Of 222 survey respondents, 67% reported utilizing mental health or substance use services within the past year, highlighting significant service engagement. Substance-related concerns were identified by 25% of respondents, with alcohol and cannabis most frequently cited. Mental health diagnoses were prevalent: anxiety (178), depression (170), and PTSD (107) were most common, while only 10% of respondents reported no impact from a mental health condition.

Mental Health and Substance Use Needs Among the People We Serve

Due to increased stress related to social determinants of health, individuals served by NCMMHC benefit from case management support to address housing, employment, and healthcare challenges. Psychiatric medication management is a critical need, particularly in rural areas where provider shortages limit access. Transportation barriers—impacting both medical appointments and daily living activities—were frequently cited as contributing factors to anxiety and depression. Continued support for crisis intervention remains essential. Affordable housing was identified as a significant concern, with 159 survey respondents rating it as a moderate or serious problem. Additionally, lack of insurance coverage creates financial obstacles for obtaining prescribed medications.

Below is a summary of healthcare needs identified by survey respondents:

Healthcare Need	Number of Responses
Primary Care	111
Pediatric Care	21
Prenatal Care	0
Dental	89
Education/Prevention	31
Nutrition & Exercise	58
Services for Stress	124
Mental Health	119
Elderly/Disabled	23
Health Screenings	24
Substance Use Disorder	13
Smoking Cessation	7
Alcohol Cessation	4
Transportation	23
Other	8
Don't Know	9
None	20

Unmet Mental Health and Substance Use Needs

Current service utilization data shows NCMMHC serves approximately 4% of the service area population, while only 2.75% are reported as receiving care for any mental disorder. This suggests a substantial number of individuals with mental health or substance use concerns remain unserved. Elevated poverty rates in the region may indicate that individuals prioritize basic needs such as housing and food over seeking behavioral health services.

Survey and focus group feedback identified additional gaps, including limited education on mental health and substance use, insufficient provider availability leading to extended wait times, and lack of resources for families supporting individuals with behavioral health challenges. High staff turnover was also noted as a barrier to continuity of care, emphasizing the need for strategies to improve provider consistency and retention.

Summary of Findings

Prevalence and Risk Indicators:

While illicit drug use and substance use disorders are significantly lower in the nine-county service area (0.53% and 0.72%) compared to Missouri and national averages, critical risk factors remain high. Drug overdose mortality (23.5) and suicide rates (22.2) exceed state and national figures. Poverty rates (14.19%) are also higher than state (12.30%) and national (10.60%) levels, increasing vulnerability.

Community Input:

Of 222 survey respondents, 67% reported using mental health or substance use services in the past year. Common mental health diagnoses include anxiety (178), depression (170), and PTSD (107). Substance-related concerns were noted by 25% of respondents, primarily alcohol and cannabis. Only 10% reported no mental health impact.

Identified Needs:

Key needs include case management for housing, employment, and healthcare; psychiatric medication management (especially in rural areas); transportation support; crisis intervention; and affordable housing (rated a moderate or serious problem by 159 respondents). Lack of insurance coverage is a major barrier to obtaining medications.

Unmet Needs and Gaps:

NCMMHC serves about 4% of the population, while only 2.75% receive care for any mental disorder, indicating many remain unserved. Barriers include poverty, prioritization of basic needs, limited education on mental health/substance use, provider shortages causing long wait times, lack of family resources, and history of high staff turnover impacting continuity of care.

Economic Factors and Social Drivers of Health

Economic and Social Drivers of Health in Our Service Area

Analysis of socioeconomic indicators reveals that the service area faces notable financial challenges compared to state and national benchmarks. Poverty rates are higher locally (14.67%) than Missouri (12.62%) and the U.S. (12.44%), while average household income (\$74,562), median income (\$58,360), and income per capita (\$30,282) are significantly lower than state and national figures. Unemployment rates remain comparable across all levels, suggesting that income disparities are not solely employment-related but may reflect broader economic limitations. Additionally, nearly half of students (48.64%) qualify for free or reduced lunch, underscoring persistent economic hardship among families.

Measure	Total Service Area	Comparative Data		Data Sources
		Missouri	US	
Unemployed	4.67%	4.70%	4.60%	US Department of Labor, Bureau of Labor Statistics. 2025 - July.
Eligible Free & Reduced Lunch	48.64%	47.60%	53.50%	National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.
Below 100% FPL	14.67%	12.62%	12.44%	US Census Bureau, American Community Survey. 2019-23.
Average Household Income	\$ 74,562.32	\$ 93,797.05	\$ 110,490.58	
Median Income	\$ 58,360.00	\$ 69,920.00	\$ 78,538.00	
Income per Capita	\$ 30,282.00	\$ 38,497.00	\$ 43,288.00	

Community feedback and survey data identified consistent barriers to accessing care: transportation, financial constraints, stigma, limited knowledge of available services, and insurance coverage. These challenges are compounded by the rural nature of the region, which increases travel distances and reduces resource availability. Housing insecurity and educational gaps were also noted as contributing factors. Addressing these barriers is critical to improving health equity and ensuring timely access to behavioral health services.

Economic and Social Drivers of Health Among People We Serve

Due to the Standard Means Test (SMT) waiver by the Missouri Department of Mental Health (DMH), current income data for consumers is unavailable. To address this gap, the inclusion of income-related questions in future consumer satisfaction surveys is recommended to better understand the socioeconomic status of the population served.

Analysis of available demographic data indicates that 22.26% of individuals receiving services identify as unemployed, a rate significantly higher than that of the general population. Additionally, 16.66% report living with a disability, while 24.58% indicate employment (including full-time, part-time, and self-employment). When excluding students from the calculation, the employment rate remains low at 34.56%. These figures suggest that a substantial proportion of clients experience income insecurity, which may contribute to barriers in accessing and maintaining behavioral health services.

Summary of Findings

The NCMMHC service area faces significant socioeconomic challenges compared to state and national benchmarks. Poverty rates are higher locally (14.67%) than Missouri (12.62%) and the U.S. (12.44%), while household, median, and per capita incomes are substantially lower. Nearly half of students qualify for free or reduced lunch, and community feedback highlights barriers such as transportation, financial constraints, stigma, and limited access to resources—issues intensified by the region’s rural nature.

Among individuals served by NCMMHC, income insecurity is pronounced. Due to the SMT waiver, direct income data is unavailable; however, demographic analysis shows 22.26% of clients are unemployed, 16.66% live with a disability, and only 34.56% (excluding students) report employment. These factors underscore the need for targeted strategies to address financial instability and its impact on access to behavioral health services.

Culture and Language

Culture and Language in Our Service Area

Demographic analysis indicates that the NCMMHC service area is significantly less diverse than state and national populations, with 92.38% of residents identifying as White compared to 77.02% statewide and 61.63% nationally. The proportion of individuals with limited English proficiency falls between state and national averages, while the percentage of veterans (5.78%) is lower than Missouri’s average of 7.44%. Additionally, the region has a higher concentration of older adults, with 21.56% of the population aged 65 or older. Fourteen percent of survey respondents reported that elder care represents a moderate to serious concern for themselves or family members.

Culture and Language Among People We Serve

Client demographics closely mirror local population trends, with 94.44% identifying as White. While English proficiency data is not currently collected, plans are in place to incorporate this metric into future consumer surveys. Community feedback suggests that northern counties include a notable number of Spanish-speaking families; in response, all agency forms and manuals are available in Spanish. The proportion of veterans served (6.02%) aligns with local averages. However, only 7.11% of individuals receiving services are aged 64 or older, which is a significant gap compared to the 21.56% older adult population in the service area.

Summary of Findings

The NCMMHC service area is characterized by limited racial and cultural diversity, a modest presence of Spanish-speaking families, and a substantial older adult population. Current service utilization data reveals a disconnect between the high proportion of older adults in the community and their low representation among those served. These findings underscore the need for targeted outreach and culturally responsive strategies to engage older adults and individuals with limited English proficiency.

Current Strengths and Challenges at Our CCBHC

CCBHC Strengths

Community Needs and Barriers to Care

NCMMHC demonstrates a commitment to cultural responsiveness through annual staff training on cultural competency and military culture in behavioral health. All agency forms and handbooks are available in Spanish, and efforts are underway to provide French translations in response to emerging language needs in the northern service area. Additionally, an employee trained in American Sign Language has successfully supported clients requiring this accommodation.

Community engagement is strengthened through active participation in regional committees and initiatives, including Sequential Intercept Model (SIM) Mapping and the Upstream Youth Collaboration Project. The agency is also updating its website to serve as a centralized resource for information on services, mental health education, and substance use resources.

Community-Responsive Staffing and Services

NCMMHC currently employs five prescribers to manage psychiatric medications and has implemented a streamlined intake-to-evaluation process, reducing wait times to fewer than 20 clients awaiting prescriber services. To address transportation barriers and scheduling challenges, the agency offers teletherapy through a dedicated therapist. In October, NCMMHC opened a behavioral health crisis center operating Monday through Friday from 8:00 a.m. to 8:00 p.m., with plans to expand hours and days of service.

Staffing stability has improved, with turnover reduced to less than 10% in FY2025. The agency adheres to Missouri staffing criteria, maintains five open positions, and supports workforce development through monthly trainings, offsite opportunities, and individualized training plans identified during annual evaluations.

Effective Partnerships and Care Coordination

NCMMHC collaborates with schools, jails, and legal systems through its Community Behavioral Health Liaison (CBHL) and Youth Behavioral Health Liaison (YBHL) programs, with plans to expand by hiring two additional CBHLs to enhance court and jail support. The mobile crisis response team provides coverage across all nine counties, ensuring timely intervention.

The agency partners with local colleges to offer practicum and internship opportunities and operates a fast-track program for students needing behavioral health services. Outreach to Public Administrators promotes continuity of care for vulnerable populations, including residents of residential care facilities and nursing homes who receive services through NCMMHC.

CCBHC Challenges and Gaps

Community Needs and Barriers to Care

- **Transportation:** Limited access to reliable transportation continues to impede timely engagement in behavioral health services.
- **Financial Education:** Community members and clients require enhanced financial literacy resources to support stability and reduce stressors impacting mental health.
- **Language Access:** Emerging language needs, including Spanish and French, highlight the importance of expanding translation services and culturally responsive communication strategies.

Community-Responsive Staffing and Services

- **Extended Hours of Operation:** Increasing the availability of Behavioral Health Crisis Center (BHCC) services beyond current hours is essential to meet community demand.
- **Targeted Outreach to Older Adults:** Strengthen engagement with senior centers and agencies serving older adults to address underutilization of services among this population.
- **Enhanced Communication Channels:** Leverage social media and the agency website to disseminate information broadly and improve awareness of available services.

Effective Partnerships and Care Coordination

- **Collaboration with Health Centers:** Establish partnerships with local health centers to expand outreach initiatives targeting older adults.
- **Housing Support:** Address housing insecurity through coordinated efforts with community partners and resource navigation.
- **Hospital and FQHC Engagement:** Develop direct relationships with hospitals and Federally Qualified Health Centers (FQHCs) outside of state-led meetings to advance collaboration on initiatives such as the Rural Health Transformation grant.

Summary of Findings

NCMMHC demonstrates strong cultural responsiveness and community engagement through annual competency training, multilingual resources, and participation in regional initiatives. Service delivery strengths include streamlined intake processes, teletherapy options, a behavioral health crisis center, and improved workforce stability. Effective partnerships with schools, legal systems, colleges, and public administrators enhance care coordination.

However, key gaps remain in transportation access, financial literacy resources, language services, extended crisis center hours, targeted outreach to older adults, housing support, and collaboration with health centers and FQHCs to address systemic barriers and improve service accessibility.

Action Plan to Address Findings

Prioritization of Findings

Priorities for Implementation

Community Needs and Barriers to Care

- **Transportation:** Limited access to reliable transportation remains a significant barrier to timely engagement in behavioral health services.

Community-Responsive Staffing and Services

- **Enhanced Communication Channels:** Expand the use of social media and the agency website to increase awareness of available services and provide education on mental health and substance use.

Effective Partnerships and Care Coordination

- **Hospital and FQHC Engagement:** Establish direct relationships with hospitals and Federally Qualified Health Centers (FQHCs) beyond state-led meetings to strengthen collaboration on initiatives such as the Rural Health Transformation grant.

Rationale for Priorities

These priorities were identified through a comprehensive review of the needs assessment, consumer satisfaction surveys, and community focus group feedback. Knowledge of available services and stigma were among the top five barriers reported. Community members consistently expressed the need for increased education on mental health and substance use—both to reduce stigma and to improve awareness of existing resources. Enhancing communication channels will allow NCMMHC to address these gaps and connect individuals to appropriate supports.

Transportation barriers were also ranked among the top five challenges and were frequently cited in surveys and focus groups. Clinicians report that missed appointments for both mental and physical health care often result from lack of transportation, a concern exacerbated by recent changes in the Medicaid transportation system.

Finally, collaboration with hospitals and FQHCs is critical to improving care coordination, advocating for transportation and other unmet needs, and facilitating referrals between systems. Strengthening these partnerships will help ensure that individuals receive timely, integrated behavioral health and medical services.

Staffing and Implementation Plan

Staffing Plan

To support priority initiatives, NCMMHC will maintain compliance with Missouri staffing criteria while addressing identified gaps. The plan includes:

- **Recruitment and Retention:** Continue efforts to reduce turnover below 10% through competitive compensation, professional development, and individualized training plans.
- **Expansion of Key Roles:** Hire two additional Community Behavioral Health Liaisons (CBHLs) to strengthen partnerships with courts and jails.
- **Language Access:** Recruit bilingual staff and provide ongoing training in cultural competency and emerging language needs (Spanish and French).
- **Telehealth Support:** Maintain dedicated teletherapy positions to mitigate transportation barriers and improve access for rural populations.

Implementation Plan

- **Transportation Solutions:** Explore partnerships with local transit providers and community organizations to develop transportation assistance programs.
 - Goal 1.1 — Ride Access:
 - Specific: Establish transportation assistance for behavioral health appointments across all nine counties.
 - Measurable: Provide 100 rides in the first year; reduce “missed appointments due to transportation” by 10% from the current baseline.
 - Achievable: Partner with at least 2 local transit providers and 3 community organizations to pilot ride vouchers and mileage reimbursement.
 - Relevant: Addresses one of the top barriers to care identified by surveys and focus groups.
 - Time-bound: Launch program by Q3 FY2026; evaluate quarterly and report outcomes annually in the needs assessment update.
- **Communication Strategy:** Launch a comprehensive outreach campaign using social media, the updated agency website, and community presentations to increase awareness of services and reduce stigma.
 - Goal 2.1 — Awareness Campaign:
 - Specific: Launch a multi-channel campaign to increase awareness of services and reduce stigma.
 - Measurable: Achieve 25% growth in website unique visitors and 30% growth in social media engagement; deliver 6 community presentations per quarter.
 - Achievable: Use updated website content, short video explainers, and partner cross-posts.
 - Relevant: Knowledge of services and stigma ranked among the top barriers; expanding communication channels is a stated priority.

- Time-bound: Campaign begins Q2 FY2026 with quarterly performance updates.
- **Collaborative Care:** Formalize agreements with hospitals and Federally Qualified Health Centers (FQHCs) to improve care coordination and referral pathways.
 - Goal 3.1 — Formal Agreements:
 - **Specific:** Execute 3 MOUs with hospitals/FQHCs to standardize referrals and care coordination.
 - **Measurable:** Track referral volume and warm handoffs; target a 10% increase in coordinated referrals.
 - **Achievable:** Use shared templates; designate liaison points per partner.
 - **Relevant:** Strengthening relationships beyond state-led meetings is a priority to improve integrated care.
 - **Time-bound:** MOUs signed by Q4 FY2026; semiannual joint reviews thereafter.

Implementation Plan – SMART Goals Summary

Priority Area	SMART Goal	Metric	Owner	Target Date
Transportation Solutions	Provide 100 rides; reduce missed appointments by 10%	# of rides; % missed appts reduced	Transportation Coordinator	Q3 FY2026
Communication Strategy	Increase website traffic by 25%; social engagement by 30%	Analytics reports	Outreach Specialist	Q4 FY2026
Collaborative Care	Execute 3 MOUs with hospitals/FQHCs; 10% increase in referrals	# MOUs; referral volume	COO / CBHL Lead	Q4 FY2026

The Needs Assessment Cycle and Updates

Plan to Update Needs Assessment

- Conduct annual community surveys and focus groups to capture evolving needs.
- Integrate income and language proficiency questions into consumer satisfaction surveys to address current data gaps.
- Review external data sources (e.g., Census, SAMHSA) annually for updated socioeconomic and health indicators.
- Present findings to leadership and community stakeholders for collaborative planning.

Communication Plans

- Share updates through the agency website, social media platforms, and newsletters.
- Provide summary reports to community partners, local health systems, and regional committees.
- Host annual stakeholder meetings to review progress and gather feedback.

Integration of Needs Assessment Action Plan with Continuous Quality Improvement Process

The Action Plan will be embedded into NCMMHC's Quality Assurance framework by:

- Establishing measurable objectives for each priority (e.g., reduce wait times by 20%, increase outreach to older adults by 15%).
- Monitoring progress quarterly through performance reviews and client outcome data.
- Using QA meetings to evaluate implementation strategies, identify barriers, and adjust interventions as needed.

Demographics Table													
Measure	Caldwell	Davies	Grundy	Harrison	Linn	Livingston	Mercer	Putnam	Sullivan	Total		Data Sources	
										Service Area	Missouri US		
Total Population	8,815	8,430	9,822	8,157	11,874	14,330	3,583	4,681	5,999	75,691	6,154,913	331,449,281	US Census Bureau, Decennial Census, 2020
Total Land	426.39	563.28	435.29	722.51	615.59	532.30	453.83	517.31	647.98	4,914	68,746.10	3,533,018.38	
Population Density	21	15	23	11	19	27	8	9	9	15	90	94	
Breakdown of population by race/ethnicity													
White	93.60%	94.63%	93.57%	94.07%	93.78%	92.09%	98.36%	95.60%	78.01%	92.38%	77.02%	61.63%	US Census Bureau, Decennial Census, 2020
Black	0.78%	0.39%	0.51%	0.45%	0.56%	2.95%	0.03%	0.26%	3.47%	1.19%	11.37%	12.40%	
Asian	0.29%	0.21%	0.91%	0.29%	0.21%	0.68%	0.08%	0.09%	0.05%	0.42%	2.17%	6.00%	
American Indian / Alaska Native	0.43%	0.34%	0.11%	0.59%	0.31%	0.34%	1.30%	0.30%	0.88%	0.43%	0.50%	1.12%	
Native Hawaiian / Pacific Islander	0.08%	0.12%	0.01%	0.09%	0.05%	0.06%	0.00%	0.00%	0.02%	0.05%	0.16%	0.21%	
Some Other Race	0.56%	0.28%	0.73%	0.80%	0.79%	0.29%	2.20%	0.83%	9.08%	1.33%	2.08%	8.42%	US Census Bureau, Decennial Census, 2020
Multiple Races	4.25%	4.02%	4.15%	3.71%	4.29%	3.59%	3.02%	2.93%	8.03%	4.20%	6.71%	10.21%	
Breakdown of population by age													
0-4	5.60%	6.94%	7.27%	5.75%	5.90%	5.35%	6.08%	6.84%	6.28%	6.13%	5.77%	5.55%	US Census Bureau, Decennial Census, 2020
5-17	17.56%	18.90%	18.33%	17.78%	17.37%	16.63%	16.85%	15.06%	17.05%	17.40%	16.64%	16.51%	
18-24	7.33%	8.32%	6.99%	7.36%	6.64%	7.49%	7.74%	7.26%	7.60%	7.37%	9.43%	9.43%	
25-34	10.02%	9.74%	11.71%	10.09%	10.79%	13.52%	10.46%	9.70%	11.40%	11.11%	10.03%	13.53%	
35-44	11.00%	10.82%	10.62%	10.92%	11.32%	13.53%	10.03%	10.47%	11.10%	11.38%	12.30%	12.73%	
45-54	11.93%	10.69%	9.90%	9.91%	10.97%	11.37%	10.99%	11.02%	12.34%	10.93%	11.72%	12.33%	
55-64	15.41%	14.15%	13.44%	14.96%	14.83%	12.17%	15.26%	14.06%	14.15%	14.07%	13.60%	13.10%	
65+	21.15%	20.45%	21.75%	23.26%	22.17%	19.94%	22.58%	25.59%	20.07%	21.56%	17.51%	16.83%	
Breakdown of population by children, adult, and older adult													
Children (0-17)	23.17%	25.84%	25.60%	23.51%	23.28%	21.97%	22.92%	21.90%	23.34%	23.53%	22.14%	22.06%	US Census Bureau, Decennial Census, 2020
Adult (18-64)	55.69%	53.71%	52.66%	53.23%	54.55%	58.10%	54.49%	52.51%	56.59%	54.91%	60.08%	61.11%	
Older Adult (65+)	21.15%	20.45%	21.75%	23.26%	22.17%	19.94%	22.58%	25.59%	20.07%	21.56%	17.51%	16.83%	
Breakdown of population by sex													
Male	50.85%	49.45%	48.46%	49.72%	48.87%	44.82%	50.73%	51.10%	51.59%	48.94%	49.13%	49.08%	US Census Bureau, Decennial Census, 2020
Female	49.15%	50.55%	51.04%	50.28%	51.13%	55.18%	49.27%	48.90%	48.48%	51.06%	50.87%	50.92%	
Breakdown of population by economic factors													
Unemployed	5.20%	4.00%	5.30%	4.70%	5.00%	4.00%	4.80%	4.10%	4.10%	4.67%	4.70%	4.60%	US Department of Labor, Bureau of Labor Statistics, 2025 - July. National Center for Education Statistics, NCES - Common Core of Data, 2022-2023. US Census Bureau, American Community Survey, 2019-23.
Eligible Free & Reduced Lunch	47.30%	47.50%	47.40%	53.30%	42.80%	47.90%	47.00%	50.00%	60.10%	48.64%	47.60%	53.50%	
Below 100% FPL	13.05%	13.23%	16.84%	16.09%	16.20%	12.23%	14.71%	16.23%	14.74%	14.67%	12.62%	12.44%	
Average Household Income	\$ 77,596.35	\$ 81,647.28	\$ 76,823.22	\$ 63,859.82	\$ 81,761.14	\$ 80,130.62	\$ 68,290.22	\$ 72,633.56	\$ 68,318.63	\$ 74,562.32	\$ 93,797.05	\$ 110,490.58	
Median Income	\$ 62,520.00	\$ 60,665.00	\$ 53,839.00	\$ 53,364.00	\$ 61,975.00	\$ 60,148.00	\$ 60,357.00	\$ 56,875.00	\$ 55,500.00	\$ 58,360.00	\$ 69,920.00	\$ 78,538.00	
Income per Capita	\$ 31,962.00	\$ 30,925.00	\$ 30,705.00	\$ 25,701.00	\$ 33,768.00	\$ 31,414.00	\$ 26,940.00	\$ 33,208.00	\$ 27,916.00	\$ 30,282.00	\$ 38,497.00	\$ 43,288.00	
Breakdown of population by other socioeconomic factors													
Limited English Proficiency	1.27%	1.55%	2.29%	0.71%	0.39%	0.52%	3.17%	1.19	8.22%	1.61%	2.21%	1.27%	US Census Bureau, American Community Survey, 2019-23.
Veterans	10.19%	8.96%	7.24%	5.89%	7.32%	6.63%	6.87%	9.26%	6.74%	5.78%	7.44%	6.44%	