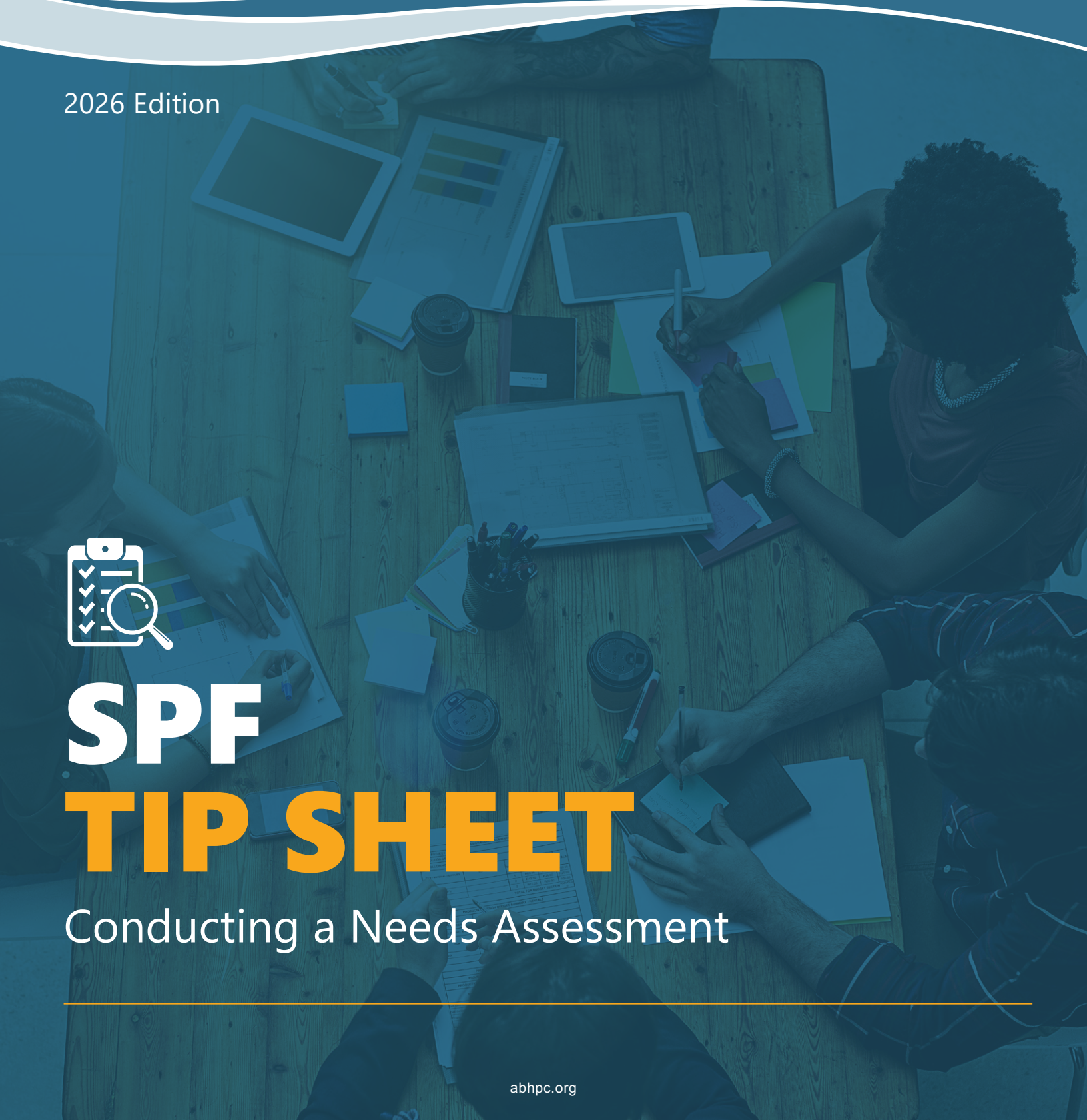
DHCS | Advance Behavioral Health Prevention California

2026 Edition



SPF TIP SHEET

Conducting a Needs Assessment

As you are embarking on your data collection efforts to determine the substance use prevention needs for your county, all of the potential data sources may be a bit overwhelming. ***It is helpful to begin to narrow your efforts to those factors specifically related to issues for specific communities or sub-populations as much as possible to make the task more manageable.***

Data Collection Considerations

County demographics, population, ethnic data, geographic size, resources and community assets are important for the county to note. Collection and analysis of data indicators related to consumption and consequences at the county, community, and sub-population levels is ideal. Include National Outcome Measures (NOMs), as appropriate. (Please refer to Part III of the document for a list of relevant data indicators and sources).

1. An emphasis should be placed on the collection of objective consequence (e.g., harm, cost, setting), consumption (e.g., demographics, substances, quantities), and contributing factor (e.g. availability, harm perception, adult connections)

    a. Examination of objective data includes incidence and prevalence data that describe the extent of substance misuse in the community.

2. Subjective data can be utilized to supplement and complement your objective data.

    a. For example, community members' perceptions of alcohol use or availability in their community (as compared to actual use and/or availability rates).

3. The use of existing or archival data is encouraged whenever possible. Counties are encouraged to utilize data collected by other agencies and to collaborate.

4. Key community stakeholder and partner agency collaboration is strongly encouraged during the community assessment process and more importantly as you transition into program planning efforts.

Data Analysis Considerations

Data in itself does not necessarily improve decision making. In order to maximize the potential impact of the prevention services and approach, it is beneficial to have data that yield information regarding demographic sub-groups and/or community sectors that are experiencing the greatest substance-related harm. For example, average values or percentages for the entire County are of limited value. Unfortunately, needs data is often available most readily at the County level which does not answer many of the questions necessary to setting priorities at a more defined community level. Data-based decisions should be supported by appropriate analyses. A few basic techniques and comparisons are important for guiding a data-based planning process. There are several analysis procedures which relate data to empirical criteria useful for informing decisions:

1. **Prevalence Rates.** What portion of the population is involved in a problem or behavior– what is the prevalence rate?

2. **Trends Over Time.** What are the trends in the problem or behavior– are they getting worse over time and by how much?

3. **Comparisons.** How do rates or trends compare with other communities, counties, or state levels? Is there an indication that problems are relatively more or less serious based on these comparisons?

4. **Sub-Group Trends.** Does breaking down the data by various sub-population demographics or sub-communities indicate potential 'hot spots' or "priority populations" masked within the overall data? For example, are disaggregated rates or trend lines different across demographic sub-groups or communities? In other words, are we experiencing a greater problem in one or more of our sub-populations or communities within the county?

Data Interpretation Considerations

1. **Population-Based Rates.** In order to make meaningful comparisons between geographic areas that differ in population size (or schools with different enrollment sizes), population-based rates should be used (e.g. the number of occurrences for every 1,000 people as compared to using the number of occurrences).

2. **Rare Occurrences.** Rates measuring rare events (e.g. deaths due to alcohol or drug use) or rates for counties with very small population sizes should be interpreted with caution. These rates are easily affected by small changes in occurrences.

3. **Meaningful Comparisons.** Indicator rates should be interpreted and reported comparatively. For example reporting the rate of violent behavioral incidents for a school is not meaningful unless the rates are compared to other school rates.

4. **Longitudinal Data.** Trends overtime (e.g. a three year period) are a stronger risk indicator than reporting rates for a single year.

5. **Multiple Sources.** Utilizing multiple indicators within a given domain is stronger evidence than utilizing a single indicator.

6. **Specificity.** Provide specific data and data sources whenever possible

    a. For example, "According to the California Department of Justice, there were a total of 733 deaths due to alcohol and drug use, which ranks the county 57th statewide."

    b. As compared to "there was a high incidence of alcohol and drug related deaths"

7. **Critical Need.** A critical need for services should be established for each target community and/or sub-population identified. It would be ideal to serve the highest risk communities/sub-populations; however, it may not be feasible. If it is not feasible, the reasons should be documented.