

Is Your Behavioral Health System Delivering Value? A County Leader’s Checklist



With federal dollars tightening, it’s more important than ever for county leaders to ensure the systems they already use deliver value for the people who need it. **This checklist is a starting point for self-assessment.**

THE CHECKLIST



1. Do you have an up-to-date, resident-driven needs assessment?

Ask residents directly which services they find the hardest to access. This should be the foundation of every budget and staffing decision. Institutional memory is imperfect, and outdated data can lead to misaligned priorities. The strongest assessments combine hard data, such as provider ratios, wait times, and utilization, with resident and family input. Revisit this needs assessment on a regular cycle.



**2. Does that assessment show you’re prioritizing behavioral health?
Can you see exactly where the provider gaps are?**

County leaders need to know where the gaps are, down to the neighborhood or ZIP code level. Provider-to-resident ratios can vary by more than two times within the same state, and those differences map directly onto who can access care and who can’t. The assessment should tell you which parts of your community have no accessible behavioral health provider, and that intel shapes your plan for closing that gap.



3. Are you tracking capacity and demand in real time?

Real-time visibility into bed and provider availability, paired with data on where people in crisis are, lets you route someone to care today instead of discovering the need weeks later. Retrospective reports tell you where things stood last quarter, not what’s happening right now. If your capacity data is more than a day old, you don’t have the true capacity picture.



4. Is your funding blended and braided or over-reliant on a time-limited source?

Ensure you are blending federal, state, local, philanthropic, and Medicaid dollars so no single funding stream’s sunset puts your program at risk. An estimated 28 to 30% of some American Rescue Plan Act allocations went unspent before their deadlines. This is money that simply reverted to the federal government rather than reaching residents. That’s the risk facing today’s Rural Health Transformation Program funds and opioid settlement dollars if counties treat them the same way.



5. Have you built a true “no-wrong-door” entry point?

A true no-wrong-door approach means that someone can walk through any door (a school, a clinic, a shelter, a jail) and be connected to the right service. That requires real coordination behind the scenes.



6. Are you investing upstream?

Invest in prevention and early intervention at the base of the pyramid and measure the difference it makes not just in dollars, but in outcomes for the families and children who get help before a situation becomes an emergency.



7. Is the “action layer” of crisis response well-coordinated?

Identify who is responsible for follow-up after every referral and build real coordination across providers, healthcare systems, law enforcement, EMS, social services, schools, and public health. When all parties are tasked with acting on referrals, residents experience a more cohesive crisis response.



8. Are you tapping non-traditional workforce, such as peers and people with lived experience?

People with lived experience who are willing to help with system navigation and peer support are an underused resource. Pairing that workforce with technology that absorbs administrative and paperwork burden frees licensed staff to spend more time practicing at the top of their license.



9. Can you answer this one question right now: how many people with behavioral health needs entered your emergency department today, and what happened next?

Real-time interoperability between the emergency department, crisis teams, and follow-up care is available today, it’s the clearest test of whether your system is well coordinated. If the answer is “this is not something we can see right now,” that’s the gap to close first.

WHERE TO START



This checklist serves as a starting agenda, not a finished audit. A structured priority-setting conversation with department heads to surface duplicated services, unexpected partnerships, and honest gaps is a practical way to work through it as a team rather than in silos.

If you want to talk through where your county’s system stands today, the Bamboo Health team is available to help.

Contact us to learn more:
<https://bamboohealth.com/contact/>