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# A Needs Assessment of Communicare's Children Mental Health Services

Shelley Greenwell Fentress

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A NEEDS ASSESSMENT OF  
COMMUNICARE'S CHILDREN MENTAL HEALTH SERVICES

A Specialist Project  
Presented to  
The Faculty of the Department of Psychology  
Western Kentucky University  
Bowling Green, Kentucky

In Partial Fulfillment  
Of the Requirements for the Degree  
Specialist in Education

By  
Shelley Greenwell Fentress

August 2012

A NEEDS ASSESSMENT OF COMMUNICARE'S  
CHILDREN MENTAL HEALTH SERVICES

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A NEEDS ASSESSMENT OF COMMUNICARE'S  
CHILDREN MENTAL HEALTH SERVICES

Shelley Greenwell Fentress

July 2012

68 Pages

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This document is a review of literature on needs assessments and the benefits of conducting one. Communicare is a mental health agency that serves the Lincoln Trail Region. Currently, most of the revenue from their children programs comes from Medicaid, which is a fee-for-services payer source. The Kentucky Medicaid Program is in the process of contracting with managed care organizations to oversee services that have been paid directly from Kentucky Medicaid. With these changes, mental health organizations must identify specific community service needs as well as expanding revenue sources. Applying for grants is one way mental health agencies can expand revenue sources. Communicare has identified the KY SEED grant that focuses on prevention and providing services to early childhood programs as a potential funding source.

A needs assessment was conducted to gather information on children services implemented by Communicare. It was conducted in order to assess current programs and seek out potential areas of future program growth. The needs assessment further sought to identify gaps in services for the early childhood programs and assist in the grant application process. A review of existing data on children's services offered at Communicare, including a satisfaction survey and a System of Care Assessment Report, was conducted as part of the needs assessment. A Community Forum with community



partners from the Lincoln Trail region was held to gather additional data for the needs assessment.

## **Introduction**

Community mental health agencies offer a wide array of services to the communities they serve; however, results of a needs assessment often identify a need for more services to be offered or services that could be offered with different populations.

A needs assessment applies measuring tools to define a problem area and gather data to assist in determining the kind and extent of needs there are. A needs assessment is a way to evaluate existing data and resources in a systematic way. Needs assessments look at their existing services offered and help agencies reach their identified goals to meet the needs of the community (Owen, 2007).

Conducting a needs assessment is one way to analyze what services an agency is offering and what services are needed to better serve the community. Needs assessments can also be used to provide data to assist in identifying community needs so an agency can begin to develop programs to meet those needs. Needs assessments are also beneficial in collecting data to assist in applying for grants.

In order for a community mental health agency to be effective, it must meet the needs of those living within the catchment area. First, a decision must be made on the goal of the needs assessment. Once a goal has been identified, the type of needs assessment must be chosen. The participants will then be identified, as well as the type of questions to be asked. Next, the needs assessment must be implemented by distributing the chosen measurement tool. Lastly, identified needs must be prioritized.

A needs assessment of Communicare's Children Mental Health Services was needed in order to identify current programs, seek out additional programs or services needed in the community, and to assist the Kentucky's System to Enhance Early

Development (KY SEED) grant application process. KY SEED is a \$9 million, six year agreement between the Substance Abuse and Mental Health Services Administration and the Kentucky Division of Behavioral Health to support Kentucky's development of its system of care for children birth to age 5 who have social, emotional, and/or behavioral health needs. KY SEED works to enhance the existing service delivery system to better meet the needs of children and their families. KY SEED also works to increase awareness about the importance of protecting and caring for the mental health needs of young children. Also, it identifies that early intervention and education are essential in promoting positive outcomes (KY SEED, 2012).

Communicare is one of fourteen Kentucky community mental health centers providing behavioral health, developmental disabilities and substance abuse services. Communicare serves the Lincoln Trail Region in Kentucky, including Hardin, Meade, Larue, Marion, Washington, Nelson, Breckinridge, and Grayson Counties. Communicare has been providing services since 1967.

Currently, most of the revenue from their children programs comes from Medicaid, which is a fee for service payer source. The Kentucky Medicaid Program is in the process of contracting with managed care organizations to oversee services that have been paid directly from Kentucky Medicaid. With these changes, mental health organizations are in need of identifying specific services their communities have a need for, as well, as expanding revenue sources. Applying for grants is one way mental health agencies can expand revenue sources. Communicare has identified the KY SEED grant as an additional source of funding. The KY SEED grant focuses on prevention and

providing services to early childhood programs. Data collected from the needs assessment will assist in the application process for the KY SEED grant.

Communicare offers many programs directed to serving children and adults. Rehabilitation services include alcohol and drug residential programs and alcohol and drug intensive outpatient programs. Crisis services include the adult crisis stabilization unit, mental inquest warrants, and the crisis hotline. The Developmental Disabilities/Intellectual Disabilities programs provide residential care, work programs, community supports, and crisis response and prevention services.

Communicare has an outpatient clinic in every county within their catchment area, except Larue and Washington Counties. Those counties receive their services by a clinic in a neighboring county. Communicare's outpatient clinics offer a variety of services to the child population. Services include: psychiatric evaluations, ongoing medication management, family therapy, individual therapy, group therapy, and psychological testing services.

Communicare's off-site therapy program offers school-based therapy to each school in their service area, as well as home-based therapy services. School-based services are provided at schools that have contracted with Communicare for individual therapy, group therapy, collateral services, and family therapy provided to students. Collateral services involve face-to-face contacts with individuals outside the child's family to assist in treatment. Referrals typically come from teachers, counselors, and Family Resource Youth Service Coordinators. In cases where families need therapy and do not have transportation to the clinic or school, offsite therapists provide home-based therapy services. These therapists also provide services to school staff.

Communicare's Interagency Mobilization for Progress in Adolescent and Children's Treatment (IMPACT) Program provides intensive case management services to children and adolescents who have significant emotional and behavioral disturbances. IMPACT is a voluntary program and a parent may exit the program at any time. The core of this service is collaboration with agencies and resources that can assist in maintaining the children in the community. Children in the program can receive a variety of individualized therapeutic supports such as therapy, respite, therapeutic summer activities, and wraparound services.

Children are connected with individual, family and/or group therapy through the clinic or off-site therapy programs. Respite is a time-limited service that provides opportunities for the participating child to learn basic life skills such as social skills, coping skills, and behavior management skills through a one-on-one interaction with a trained Attendant Care Provider (ACP). Therapeutic summer activities include each child participating in group and individual therapy. Wraparound services involve connecting the child with natural resources within their community, such as after school programs, community activities, and family supports.

The mission of IMPACT is to build partnerships between families and agencies to work together to support and strengthen children with Severe Emotional Disturbances (SED) and their families in their own home and communities. IMPACT coordinates services between school, juvenile justice, social service, mental health, and hospitals. The IMPACT program is designed to allow the child to remain in the family, or as close to the family as possible, by providing and accessing a coordinated array of community-based services and activities.

Eligibility for the program includes the child must be under the age of 18, have a documented Axis I diagnosis as determined by a mental health professional, have presented with severe problems for a year or more or it is judged by a mental health professional that the problems will continue to present severe problems for a year or more unless intervention occurs, requires service coordination and service planning from two (2) or more agencies at the same time, have parent/caregiver agree to participate in the intervention process, and be severely limited in at least two of the following areas: self-care, interpersonal relationships, family life, self-direction, and education.

Anyone involved with the child or family may submit the referral packet on behalf of the child. All referral packets are submitted to the Local Resource Coordinator (LRC) to screen for eligibility and collect missing information. When the referral is complete, it is then given to a Service Coordinator who does the initial interview in order to present the case for review. A LIAC (Local Interagency Council) or RIAC (Regional Interagency Council) determines whether the referred child/adolescent is accepted into the IMPACT program.

The Offsite Therapy Program and IMPACT Program work together to provide a Summer Intensive Outpatient Program (IOP). The Summer IOP provides services to all Communicare children clients that meet medical necessity for an intensive outpatient program. Individual and group therapies are provided to clients during the program. The program offers services to clients for a period of three weeks in June and three weeks in July each summer.

Communicare also provides an early childhood mental health program that provides therapy services to children ages 0-6. These services are provided to children in

the clinic, home, daycares, and preschool/Head Start settings. Services include family therapy, individual therapy, group therapy, and collateral services

Communicare has two Children's Therapeutic Rehabilitation Programs (CTRP). These programs offer therapeutic and educational services to children who are not able to be successful in the school setting. The CTRP provides individual, group, and family therapy to children attending the program and follows the Incredible Years Model. The Incredible Years is an evidenced-based therapeutic approach. The program also has an educational component in which a Certified Special Education Teacher provides clients with instruction during a portion of their time at the program. The program is operated on a school schedule and students are present between 7:30-2:30 each day the public school is open.

Communicare operates a Children's Crisis Stabilization Unit (CCSU), which is an 8 bed, 24-hour stabilization unit. The CCSU serves ages 4-17 and is a non-medical unit providing services to children experiencing an emotional or behavior crisis. Placement at the CCSU is determined through an evaluation process that addresses the medical necessity for treatment in the least restrictive manner possible. The program addresses the needs of children who have expressed suicidal intent or suicidal thought, or showed a deterioration of mood, such as depression. The program also provides services for children who are experiencing increased level of agitation, expressing violent thoughts, displaying inappropriate behaviors leading to danger to self or others, and children who are extremely argumentative and verbally abusive, in addition to not following directions.

A multidisciplinary team works with the child and legal guardian to develop and implement a plan of treatment to address the presenting crisis. Duration of the treatment

can range from five to seven days. Length of treatment may fluctuate depending on medical necessity. Clinical assessments are provided, along with individual, family and group therapy. Psychiatric services are also available if there is a presenting medical necessity.

Currently, most of Communicare's revenue comes from their children programs through billing Kentucky Medicaid, which is a fee-for-services payer source. The Kentucky Medicaid Program is in the process of contracting with managed care organizations to provide services that have been paid directly from Kentucky Medicaid. With these changes, mental health organizations must identify specific community service needs as well as expanding revenue sources.

The purpose of the current needs assessment is to review the current services offered, identify service gaps, and identify areas of growth needed for Communicare's children services to better serve the communities in which they are located. Children services were identified, as opposed to adult services, due to early intervention services being the direction Communicare is moving in and early childhood programs being emphasized in grant proposals. Additionally, the needs assessment will also assist Communicare in the KY SEED grant application process by answering questions asked on the grant application through data collection by way of a Community Forum. A needs assessment will provide Communicare with the necessary information to identify services that need to be expanded and to gather the essential information needed to complete the grant application process.

The first goal of the needs assessment was to review the current services offered. When reviewing services, it is necessary to recognize if the community is aware of what



services are currently being offered through Communicare's children service programs. Within each service program, a determination must be made regarding what services need evaluation as well as the most effective communication methods to disseminate information. Service access was addressed to determine possible service revision needs. The referral process was reviewed to determine if the process that is currently in place is meeting the needs of community partners.

The second goal was to identify service gaps and areas of growth for Communicare's children services. Suggestions for improvements in services were noted as well as services that need to be increased. The need for services provided to a specific population was evaluated to ensure Communicare is providing adequate services for all populations within their service area. Existing data were reviewed from two sources: a system of care assessment conducted by Kentucky's Department of Behavioral Health and survey data collected by Communicare. A Community Forum was held to identify service gaps.

The third goal of the needs assessment was to gather data that was utilized in the KY SEED grant application process. This portion of the needs assessment seeks to identify early childhood program issues that would benefit from coaching or consultation. The Community Forum process was designed to contribute to the data collection for the KY SEED grant application.

The review of the literature is structured to define a needs assessment, identify potential goals of a needs assessment, and to outline the planning and organization that is involved in a needs assessment. Different types of needs assessments are considered to determine the best instruments to utilize for Communicare's needs assessment. The

importance of a needs assessment is also addressed and various needs assessments are reviewed to assist in identifying the best model to implement for the current needs assessment.

## Literature Review

### Public Law

Warheit, Bell, and Schwab (1979) in *Needs Assessment Approaches: Concepts and Methods* note laws that outline government expectations of human service agencies. Specifically, Public Law 89-749, the Comprehensive Health Planning and Public Services Amendments of 1966, states that human service agencies are expected to plan programs to meet the needs of people within the communities they serve. Public Law 93-641, the National Health Planning and Resources Development Act of 1974, calls for state and local agencies to work together in planning, implementing, and regulating services. In 1975, Public Law 94-63, The Community Mental Health Center Amendments, requires agencies to evaluate their programs in regard to meeting the needs of community members.

### Defining a Needs Assessment

Warheit et al. (1979) explain that a needs assessment provides data on identifying needs, evaluating existing programs, and developing a plan for new programs that are needed within a community. Owen (2007) in *Program Evaluation: Forms and Approaches* states that a needs assessment is the best approach in an evaluation form. The needs assessment is critical before a program is developed. A needs assessment is also a major approach in a proactive evaluation. The needs assessment approach is acknowledged as an important subset of an evaluation practice. A needs assessment is defined as “a systematic set of procedures undertaken for the purpose of setting priorities and making decisions about program or organizational improvements and allocation of resources” (p. 228).

Cafferella (2002) in *Planning Programs for Adult Learners* defines a needs assessment as a systematic, lengthy process based on formal models or analyses for identifying problems, needs, and issues.

### **Goals of Needs Assessments**

According to Neuber, Atkins, Jacobson, and Reuterman (1980) in *Needs Assessment: A Model for Community Planning*, the primary goal of a needs assessment is to gather usable information. Sharma, Lanum, and Suarez-Balcazar (2000), at the Center for Urban Research and Learning and the Department of Psychology, Loyola University, describe what a community needs assessment is in *A Community Needs Assessment Guide: A Brief Guide on How to Conduct a Needs Assessment*. The authors indicate that the goal of a needs assessment is to identify what services the community currently offers and identify challenges of the community.

The National Mental Health Association's Consumer Supporter Technical Assistance Center (2011) in *Community Needs Assessment* reports on the significance of a needs assessment. A needs assessment finds what needs to be addressed to transform the current mental health system. A community needs assessment can help to "create recovery-oriented mental health services and systems." Needs assessments can also provide data to be used in the future as educational tools.

Neuber et al. (1980) describe the Community Oriented Needs Assessment (CONA) model, which involves consumers in the needs assessment process. Community education, replication of the needs assessment, cost, and useful data are strengths of the CONA model. The primary goal of the CONA Model is to incorporate the community's input into service delivery. When a community needs assessment is conducted, the

community's needs are self-defined, not dictated by program developers. By identifying the community's actual needs versus perceived needs, programs can be developed that fit the needs of the community (Neuber et al., 1980).

Caffarella (2002) notes the purpose of a needs assessment is to clarify problems. Conducting a needs assessment is a major component of the program planning process and many funding agencies require that a highly structured needs assessment be conducted before grant funding is delivered.

Caffarella (2002) explores general guidelines to consider if a needs assessment is warranted. One guideline includes if little information is known about an idea, issue, or problem that stakeholders note is of high importance. Another guideline is more in-depth knowledge is required about an idea, issue, or problem. Lastly, when the expected response results from an idea, problem, or issue and requires major changes in people, organizations, or communities, then a needs assessment is warranted.

### **Planning and Organizing the Needs Assessment**

Sharma et al. (2000) speak to the process beginning with planning and organization. The planning and organizing phase involves identifying stakeholders, learning about the community the agency serves, reviewing existing material, sharing expectations and approach, and discussing and identifying users of the results of the needs assessment.

The next step within the planning stage is to learn about the organization and the program that is being assessed. Identifying the goals and objectives for the needs assessment involves identifying a strategy, defining goals, discussing roles, identifying

the purpose of the needs assessment; and identifying a timeline for completion of the needs assessment, as well as identifying the target population (Sharma et al.).

Sharma et al. (2000) state that stage three, needs assessment methodology, involves identifying data collection strategies. The sample needs to be identified during this stage, along with identifying a strategy; determining the types of measures to be used; and determining how the results were analyzed and presented. The next step is to collect the data. Lastly, summarize the results and share them in a final report (Sharma et al., 2000).

Owen (2007) describes steps to take during the needs assessment process. First, the need must be defined by identifying the desired state of affair. The next step is to identify the present state of affairs and then to determine the discrepancy between the desired and present state of affairs. The identifying reasons for the discrepancies must be considered and finally, deciding which needs should be given priority must be addressed.

Owen further states that a needs assessment essentially has three main stages: planning, data management, and utilization. The planning stage includes the purpose of the study, an outline of methods to be implemented, and the potential uses of findings. The data management stage includes locating sources of information and the collection of new information. Data needs to include actual and desired state of affairs. The utilization stage is involved with prioritizing competing needs with an action plan (Owen, 2007).

National Mental Health Association: Consumer Supporter Technical Assistance Center (2011) divides the needs assessment into several sections. First, identification of the community demographics is necessary. Next, the current level of consumer involvement and leadership needs to be identified. Then, identifying the range of current

services and accessibility to services is an integral part of a community needs assessment. The next section includes identifying barriers to services and reasons for underutilization of services. The last section covers organizing services and funding to strategically transform a system.

Caffarella (2002) outlines 11 elements of a highly structured needs assessment. The 11 elements include deciding to conduct a needs assessment, identifying staff and developing a management plan, determining the content, purpose and objectives, determining logistics, choosing respondents, selecting techniques, collecting data, analyzing data, prioritizing needs, and communicating results.

### **Needs Assessment Models**

Neuber et al. (1980) explains the CONA Model states that organization for the needs assessment needs to involve not only the agency, but also the community. Data sources must be identified before the needs assessment can be conducted as well as assessment instruments. The format of the assessment instrument must also be considered and developed in a manner to adequately collect all necessary information. Publicity is important to get as many people to be involved in data collection as possible. The assessment should assure human rights are being protected, which can be completed through project review and obtaining informed consent from respondents (Neuber et al., 1980).

Caffarella (2002) notes the Interactive Model of Program Planning involves the implementation of a step-by-step process. This particular model is different from other models through its design, it is interactive and comprehensive, people and places are important during the planning process, and it is practical. The model is based on seven

assumptions. First, programs focus on what participants learn and how the learned information results in changes to participants, organizations, and community issues. Second, the development of programs is a complex interaction of institutional priorities, tasks, people, and events. The fifth assumption included is that people plan programs within a social, economic, cultural, and political environment. Assumption four states that program planning involves systematic tasks and “on-your-feet” decisions. Another assumption of the Interactive Model is that when people plan programs they are sensitive to diversity and cultural differences in their many forms. Assumption six is that there is not one single method of planning and training programs that ensure success. Lastly, the model assumes practice helps to create more effective program planning (Caffarella, 2002).

### **Types of Needs Assessments**

Warheit et al. (1979) divide needs assessment programs into five categories: key informant, community forum, rates-under-treatment, social indicators, and field surveys.

**Key Informant Approach.** The key informant approach identifies particular people to administer a survey to or to interview. It is a simple and inexpensive approach; however, it is biased in that those participants are predetermined and may not be representative of a community (Warheit et al., 1979).

Zang and Timmons (2003) explore the advantages of individual interviews. They note that individual interviews build involvement and support, allow for clarification, provide relevant data, are easier to conduct than focus groups, and may uncover information that would not be brought up in a group meeting. Disadvantages noted of the individual interviews include the following: they are expensive in terms of time and



travel costs, require interviewing skills, may be difficult to analyze and quantify results, and those being interviewed may be self-conscious.

**Community Forum.** A community forum involves relying on individuals to assess the needs, but extends community representation by including those within the general population. The community forum is open to the public population and provides feedback from many perspectives, is inexpensive and simple to arrange. Community forums may turn into a “grievance meeting” when discussing current needs and it can also be difficult to get attendance that is representative of the general community population. Scheduling the community forum and deciding how to present the questions/needs are also issues that need to be addressed (Warheit et al., 1979).

**Rates-Under-Treatment.** Warheit et al. (1979) note the rates-under-treatment approach relies on current information the agency has on individuals who have utilized services within the agency that is conducting the needs assessment. Data is collected from records kept on individuals currently involved in services. The availability of data is an advantage; however, confidentiality can be difficult to maintain.

**Social Indicators.** Warheit et al. (1979) state the social indicators approach relies on statistics from public records and reports. Data is collected utilizing public information collected from sources. The large data pool is an advantage; however, it is an indirect measure of the needs to the community.

**Surveys.** The survey approach is based on data collected from a sample of the community. The survey approach can provide the most reliable information regarding the needs of individuals within the community and collect specific information about the

needs within the community. On the down side, the survey approach tends to be more expensive than other types of needs assessments (Warheit et al., 1979).

Zang and Timmons (2003) state there were many advantages to utilizing surveys for their data collection. The advantages included: the surveys reached many people in a short time, the surveys were relatively inexpensive, the surveys yielded relevant and quantifiable data, anonymity encouraged honesty, and the survey helped build involvement from a needs assessment committee. The disadvantages of the surveys noted were that the surveys required time and skill to develop, low response rate, inaccurate responses, no opportunity for clarification, restriction of responses, and the survey may lead to unrealistic expectations (Zang & Timmons, 2003).

### **Community Issues**

The Community Tool Box provides information in *Assessing Community Needs and Resources* (2010) for assessing needs and resources in a community. The Community Tool Box is a global resource that provides information on essential skills for building healthy communities. Describing the current and previous history of the community aids in providing context in which data will be gathered. Describing strengths and weaknesses of the community, as well as sources of information, methods, and resources within the community is necessary when conducting a needs assessment.

Describing the issues that are being faced and the importance of the issues help to identify goals to be set. Each goal needs evidence to indicate if the problem is a priority issue. Barriers should be identified early in the process to minimize concerns. Identifying resources can help to address issues involved in the needs assessment process (Community Tool Box, 2010).

## **Importance of Conducting a Valid Needs Assessment**

Owen (2007) lists shortcomings that come from not conducting a valid needs assessment. Included in this list are the following: (a) confusing solutions as needs, (b) not focusing on the desired state, (c) relying solely on one method of data collection, (d) mistakenly thinking the administration of a questionnaire is equivalent to a needs assessment, (e) lacking establishment of needs, and (d) not setting priorities for action. In order to gather all pertinent information and to get valid results a needs assessment must identify needs, focus on the desired state, utilizing multiple methods of data collection, and identify the priorities of the needs assessment. Conducting a valid needs assessment is the only way to acquire necessary results.

## **Examples of Needs Assessments**

**USDA Needs Assessment.** Summer, Briggs, and Bell (1997) at Health Systems Research, Inc. conducted a needs assessment on nutrition education networks for the U.S. Department of Agriculture (USDA). They conducted a needs assessment to “ensure the USDA developed and delivered nutrition education messages in an effective manner that is appropriate to the low-income target audience” (p. 4). Nutrition mandates provided a broad goal; however, the needs assessment process helped to refine the goals. In this particular situation the network needed additional information on the following: strategies to accomplish goals, information about what people were currently eating, why people choose certain foods, if people are interested in changing their current eating habits, and what might help them to change. Methods for the data collection included: a review of existing data, interviews, and focus groups. Data were used to determine how effectively

problems related to design better nutrition services were addressed. Results were used to help identify channels and messages most effective in reaching people.

**Health Care Needs Assessment.** Sharon Zang and Lori Timmons prepared a *Community Health Needs Assessment for Tulsa, Oklahoma* (2003). The purpose of the needs assessment was to identify barriers to health care for Tulsa community members. The needs assessment was part of a larger GAP analysis. The general question of the needs assessment was “How do you access health care in Tulsa?” The secondary question was “What barriers do you experience in accessing health care in Tulsa?” Qualitative data were collected through interviews with agencies and providers. Consumer focus groups and case studies followed an open-ended format. Quantitative data were collected through consumer surveys.

The format of the survey was designed based on previous successful needs assessments. The survey consisted of a 2-page anonymous questionnaire, containing 30 questions. All respondents of the survey were over the age of 18 and were voluntary respondents. Survey sites were chosen based on census data. Barriers to health care treatment identified through the needs assessment included: financial, transportation, provider operations, and lack of knowledge regarding available services. The health status of community members was also identified through the needs assessment (Zang & Timmons, 2003).

**Children’s Community Mental Health Assessment.** *Northeast Florida Children’s Community Mental Health Assessment* (2006) was commissioned by local mental health service providers to assist them in developing a blueprint for a system of

mental health services for children. The purpose of the needs assessment was to identify gaps in service, identify resources to fill the gaps, and integrate providers into the system.

The first phase of the process involved development of the needs assessment. Qualitative and quantitative methods were used. Qualitative data included an open-ended questionnaire; quantitative data included closed ended surveys. Data collection efforts explored the following issues: needs of children mental health services, types of current services, collaboration between agencies, barriers with the mental health system, success of the current system, suggestions for improvement of services, and views about the future of services. Key informant interviews were conducted to define the critical issues impacting the mental health system for children. Key informant interviews revealed the following as critical issues: (a) access, (b) lack of services, (c) lack of parental involvement, (d) Medicaid barriers, (e) coordination of services, (f) transiency, (g) funding, (h) clinical care, and (i) duplication of services. A survey was administered to stakeholders to assist in quantifying the importance of the critical issues identified through the key informant interviews. Through the needs assessment process stakeholder and the system's components were identified. Data from the needs assessment enabled the community mental health center to identify gaps in services, identify resources to fill the gaps, and develop recommendations for integrating community partners. Upon completion of the needs assessment, the group used data to begin the development stage for a comprehensive system of care (Northeast, 2006).

**Kalamazoo County Head Start Community Assessment.** The Community Action Agency conducted a needs assessment, *Kalamazoo County Head Start Community Assessment* (2009), to determine the program's philosophy, set short- and

long-term goals, determine program component services most needed and program options to be implemented. The needs assessment also helped to determine appropriate locations for centers, areas for targeted recruitment, evaluated appropriate locations for centers, and set selection criteria for children and families. Data were reviewed from the U.S. Census Bureau American Community survey, Michigan Department of Human Services, Michigan Vital Statistics, KC-Head Start Program Information Reports, and a survey of Head Start parents and applicants.

The needs assessment resulted in Kalamazoo County Head Start learning there is a need for Head Start Services expansions and Kalamazoo County should apply for funds. Great Start School Readiness Program (GSRP) was identified as a community collaboration partner that would help provide services to families. The needs assessment also identified that it is important to provide information to parents about community resources and ways to be involved in their child's education. An increase in the number of bi-lingual classroom staff and Family Services Workers, as well as increasing the pool of interpreters was found to be a necessary. It was concluded that the Family Partnership goal setting process and documentation to assist with identifying the education, health, nutrition, and social service needs of families had room for improvements to lead to more targeted services that respond to the identified needs of families. Improvement was also noted as key in the accuracy of the tracking system and procedures. Collaboration with other agencies to increase parents' job readiness skills was also noted as inadequate. The needs assessment supplied essential data that will assist in the improvement of the Kalamazoo County Head Start Program (Community Action Agency, 2009).

## **Benefits of a Review of the Literature**

The existing research is beneficial for a needs assessment of Communicare's children mental health services. Defining a needs assessment and identifying goals of a needs assessment helps aid in the understanding of the purpose and benefits for a needs assessment to be conducted. Literature concerning the planning and organization of a needs assessment assists in the development and stages of a needs assessment that is desired to be piloted. Reviewing needs assessments that have been done has helped to identify the model and instruments that will best serve a needs assessment of Communicare's children mental health services.

## **Purpose of the Needs Assessment**

Currently, most of the revenue from Communicare's children programs comes from Medicaid, which is a fee for service payer source. The Kentucky Medicaid Program is in the process of contracting with managed care organizations to oversee services that have been paid directly from Kentucky Medicaid. With these changes, mental health organizations are in need of making certain they are offering services there is a need for, as well, as expanding revenue sources. Applying for grants is one way mental health agencies can expand revenue sources. Communicare has identified the KY SEED grant that focuses on prevention and providing services to early childhood programs as an additional revenue source for their early childhood programs.

## **Goals of the Needs Assessment**

A needs assessment of Communicare's Children Mental Health Services is needed in order to identify current services offered, identify service gaps, and to assist in the KY SEED grant application process. A needs assessment will provide Communicare

with the necessary information to identify services that need to be expanded and to gather the essential information needed to complete the grant application process.

**Goal One.** The first goal of the needs assessment was to review the current services offered. When reviewing services, it is necessary to recognize if the community is aware of what services are currently being offered through Communicare's children service programs. Within the IMPACT, Offsite Therapy, Early Childhood, CCSU, and CTRP programs, a determination must be made regarding what services need evaluation as well as the most effective communication methods to disseminate information. Service access was addressed to determine possible service revision needs. The referral process was reviewed to determine if the process that is currently in place is meeting the needs of community partners.

**Goal Two.** The second goal was to identify service gaps and areas of growth for Communicare's children services. Suggestions for improvements in services were noted as well as services that need to be increased. The need for services provided to a specific population was evaluated to ensure Communicare is providing adequate services for their children's population within their service area. Existing data were reviewed from two sources: a system of care assessment conducted by Kentucky's Department of Behavioral Health and survey data collected by Communicare. A community forum was held to identify service gaps.

**Goal Three.** The third goal of the needs assessment was to gather data that was utilized in the KY SEED grant application process. This portion of the needs assessment seeks to identify early childhood program issues that would benefit from coaching or



consultation. The Community Forum process was designed to contribute to the data collection for the KY SEED grant application.

## **Methods**

Children mental health services were selected as the focus of the needs assessment versus adult mental health services, chemical dependency services, or crisis services due to the majority of Communicare's mental health staff being employed to provide children services. Children services were also selected as the focus of the needs assessment due to the KY SEED grant focusing on children's early intervention services.

### **Community Needs Assessment Model**

The Interactive Model described by Caffarella (2002) has been chosen as the guide for Communicare's Needs Assessment. This model assists novice planners in planning resources of people, time, and money. The model was also chosen based upon the specific outline that is easily followed to assist in the needs assessment process. This model fits well with the purpose of Communicare's Needs Assessment in that the process can easily be adapted to identify service gaps and assist in collecting data that is necessary for the application process of grants.

### **Participants**

Family Resource and Youth Service Center Coordinators, Child Protection Services, Court Designated Workers, school social workers, the Department of Juvenile Justice, First Steps, Head Start, Family Preservation Program, representative from the health department, local pediatricians, Lincoln Trail Hospital, client families, and Communicare employees that work in programs serving children were invited to attend the Community Forum. The identified participants are key stakeholders in Communicare's children mental health programs. All participants have had some form of community relationship with Communicare. Several of the community agencies

identified serve as a referral source for Communicare's children mental health programs. The participants are also community partners to whom Communicare staff refers clients. The data obtained from the attendees at the community forum contributed to the needs assessment by assisting in identifying service gaps in Communicare's children mental health programs and determining relevant information that will be utilized in the KY SEED grant application.

### **Instrumentation**

A review of the literature assisted in identifying the best tools to collect the data necessary for Communicare's needs assessment. Surveys and community forums provide specific data, which is important in identifying growth for children's services provided by Communicare. Community forums allow certain issues to be addressed and give opportunity for clarification from participants, which will assist in the grant application process. The current needs assessment utilized existing data from client surveys that were administered by Communicare staff to clients and their families. Data collected as the result of a report from the Department of Behavioral Health was also included. To gain additional necessary data to identify areas of growth in children's services and to discover answers to questions needed to complete the KY SEED grant application, a Community Forum was held at the Hardin County Industries building in Elizabethtown, Kentucky on April 10, 2012.

**Communicare Satisfaction Survey.** Communicare administers surveys randomly to clients on an annual basis. The purpose of the survey is to evaluate satisfaction of services delivered by Communicare from the consumer's perspective. The Kentucky Department for Behavioral Health, Development and Intellectual Disabilities

made the Youth Services Survey for Families (YSS-F) available for Community Mental Health Centers (CMHC) to utilize. The YSS-F was developed and validated at a national level in part to promulgate data standards that allow for valid results. The YSS-F is designed as the primary tool to evaluate and include the youth client caregivers' perspectives of public mental health services they have received. The survey addresses satisfaction of services, access to services, cultural sensitivity, client's participation in planning services, outcomes of treatment, social connectedness, and functioning. The data were analyzed to assist in directing future services. A review of the existing data collected from the client surveys contributed to data for the current needs assessment.

**System of Care Assessment Report.** A system of care assessment was designed to describe the level of development of Communicare's system of care for children and to promote accountability for improved consumer outcomes. The assessment was designed and conducted by members of the Kentucky Cabinet for Health and Family Services, Division of Behavioral Health.

The information for the assessment was gathered through semi-structured interviews with key stakeholders, medical records reviews, and other documentation during a two-day site visit. Questions that were addressed included:

1. What governing structures are responsible for explicating vision, mission, and goals; planning and policy development; and establishing arrangement among public agencies?
2. What are the administrative functions and activities that support direct service delivery, staff development, funding, and procedural mechanisms related to the implementation of the service delivery system?

3. What is included in the service and supports array?
4. Describe the access to services and the initial contact process.
5. What does the initial planning and review process entail?

Prior to the site visit, information was gathered utilizing a Youth and Family Involvement Survey Report provided by the Division of Behavioral Health at the Kentucky Cabinet for Health and Family Services. The report collected data pertaining to access of services for youth and their families, planning and review of services that youth and their families are involved in, what services are available to youth and their families, and what services are put in place focusing on continuing care for youth.

**Questionnaire for Community Forum.** A semi-structured Community Forum was held with key community partners, client families, and Communicare staff that provide children program services being invited. E-mail notification of the Community Forum was sent to participants informing them of the date, time, location, and purpose of the Community Forum. A questionnaire was developed to outline information to be obtained from the Community Forum process. Each item on the questionnaire provided needed information to address one of the three goals of the needs assessment. See Appendix D.

The first goal of the needs assessment was to review the current services offered. Item number one, “What children services are you currently aware of that Communicare offers?”, seeks to identify if the community is aware of what services are currently being offered through Communicare’s children service programs. After responses have been given from Community Forum participants, a quick overview of each program currently offering children services was reviewed.

Item number two states: “Are you in need of information regarding current children services? If so, what services are you unfamiliar with? What is the best way for Communicare to provide you with information?” This item seeks to determine what programs community members need additional information on and the best means to communicate the information to them.

Item number three asks: “How would you describe access to Communicare’s Children Services?” Access to services was addressed to determine if there needs to be revisions in the way services are available to clients.

Item number four queries: “Have you made referrals to Communicare’s Children Services? If so, how would you describe the referral process (easy/difficult)? If you have not made referrals, what could Communicare do to assist you in making necessary referrals?” The referral process to services was reviewed to determine if the process that is currently in place is meeting the needs of community partners.

The second goal was to identify service gaps and areas of growth for Communicare’s children services. Item number five, “What programs do you see a need for increased services?”, gathers information to identify services that need to be increased. Item number six, “Is there a particular population you think needs to be receiving services that is currently not?”, identifies the need for services to be provided for a specific population to ensure Communicare is providing adequate services for all populations within their service area. Item number 7, “What suggestions do you have for Communicare to improve their children services programs?”, is designed to solicit information on needed service improvements. A review of existing data collected through a system of care assessment conducted by Kentucky’s Department of Behavioral Health

Developmental and Intellectual Disabilities and survey data collected by Communicare are utilized to identify service gaps and areas of growth.

The third goal of the needs assessment provides data that can be utilized in the KY SEED grant application process. An item on the KY SEED grant application states: “Describe ways that the early childhood community can be educated in regard to services provided by the community mental health agency.” Item number two on the Community Forum Questionnaire assisted in providing an answer to this grant application item. The grant application requires information regarding the referral process and access to services. These areas of concern were addressed utilizing responses from Item number three, “How would you describe access to Communicare’s Children Services?”, and item number four, “Have you made referrals to Communicare’s Children Services? If so, how would you describe the referral process (easy/difficult)? If you have not made referrals, what could Communicare do to assist you in making necessary referrals?”

Item number five addresses: “What programs do you see a need for increased services?”, to gather information to identify services that need to be increased which the grant asks to be identified. Item number seven asks: “What suggestions do you have for Communicare to improve their children services programs?” The grant asks Communicare to consider their current services and provide a response to how their system can change to better serve the community. Item number eight, “Which program would you identify as needing the most improvement regarding service delivery?”, was developed as an item on the Community Forum questionnaire as a result of the grant application to consider at least one program that warrants consultation or mentoring services. Item number nine, “Before today, have you worked with any of Communicare’s

Children Service providers or managers? If so, who would you identify as having strong leadership skills?”, was developed to address the grant application’s request of “Identify those who can provide strong leadership for early childhood.”

Item number 10, “What barriers to Communicare’s children services can you identify?”, was added to the questionnaire to complete the grant application’s requirement of “Give an example of a specific system barrier your agency faces.” Item number 11, “How can Communicare assist in continued input from community partners regarding children services provided?”, will assist in providing an answer the grant application’s question, “How can your agency assure continued input from agencies, organizations, or resources to improve the continuing development and support of quality services within your region?” Item number 12, “How can Communicare increase awareness of social, emotional, and developmental issues within the community?”, was created to answer the grant application’s question “How can early childhood information be used to increase awareness of social/emotional/developmental issues with other community partners within your region?” The last item on the Community Forum questionnaire, “How can existing documentation be modified to better support Communicare’s children services?”, was developed to assist in a response for the KY SEED grant application regarding how the agency can modify existing documentation to be developmentally appropriate.



## **Results**

A needs assessment of Communicare's Children Mental Health Services was conducted in order to identify current services offered, identify service gaps, and to assist in the KY SEED grant application process. The needs assessment provided Communicare with the necessary information to identify services that need to be expanded and to gather the essential information needed to complete the grant application process.

### **Communicare Satisfaction Survey**

The Youth Services Survey for Families (YSS-F) was administered to 185 families participating in Communicare services throughout all eight counties served during a two-week period in the spring of 2011. Respondents of the surveys were guardians of clients under the age of sixteen years old and client's ages sixteen and seventeen years old. Completing the survey was voluntary; its completion had no implications on appointments or services provided. The survey addressed the following areas: general satisfaction, access, cultural sensitivity, participation, outcomes, social connectedness, and functioning.

**General Satisfaction.** Participants were made up of 66% male and 34% female. Fifty-six percent of the respondents reported that their children received services from Communicare for more than one year. About 94% of respondents reported that they were satisfied with the services their child received from Communicare. Respondents gave a 90% positive rating when answering whether or not they felt like their child had someone to talk to when they were troubled. Communicare received an 88% positive rating from respondents thinking their family got the help they wanted for their child. Respondents

rated Communicare with an 84% satisfaction on their family getting as much help as they needed for their child.

**Access.** The location of services being convenient was rated at a 97% satisfaction rate. A service being convenient at times that were convenient was rated at a 90% satisfaction rate. Quick and convenient entry into services, a full range of service options, and staff availability were addressed in the survey as focal points for access.

**Cultural Sensitivity.** Staff treating clients with respect was given a 99% positive rating. Staff respecting the family's religious/spiritual beliefs was rated at a 92% positive response rate. Staff speaking in a way clients understood was given a 100% satisfaction rate. Staff being sensitive to cultural/ethnic background was given an 89% positive rating. Respectful staff and cultural and linguistic access were addressed in the survey as focal points for cultural sensitivity.

**Participation.** Clients participating in choosing their own services was rated at a 92% positive rating and clients helping to choose their treatment goals was given a 93% positive rating by respondents. Meaningful participation in planning the service array was addressed in the survey as a focal point for participation in treatment planning. Client participation was above the state average and viewed as an asset for Communicare.

**Outcomes.** Communicare was given a 55% rating in comparison to a state average of 63% on symptoms not bothering clients as much as they were before treatment began. The state average was rated at 67% regarding the child being served was better at handling daily life; whereas, Communicare was given a 60% satisfaction rating. In regard to getting along better with family members, respondents rated Communicare at a 57% satisfaction rate. The state average is a 65% satisfaction rate. Communicare was given a

57% satisfaction rate for the child in treatment getting along better with friends and other people. The state average was at a 68% satisfaction rate. “My child is doing better in school” was given a 67% satisfaction rate in comparison to the state average of 70%. “My child is better able to cope when things go wrong” was given a 53% satisfaction rate in comparison to the state average of 61%. Minimal negative outcomes from treatment, positive changes in the area treatment was sought, reduced psychological distress, and increased sense of personhood, productivity, and coping capacity were identified as treatment outcomes.

**Social Connectedness.** Respondents gave a 91% satisfaction rating on “I know people who will listen and understand me when I talk.” Respondents gave an 86% satisfaction rating the following statement: “In a crisis, I would have the support I need from family or friends.” Respondents gave a 90% satisfaction rating on “I have people with whom I can do enjoyable things.” Increased natural supports for caregivers in time of crisis and increased social activities for caregivers were addressed in the survey as focal points for social connectedness.

**Functioning.** Respondents gave a 62% satisfaction rating on “My child is better able to do things he/she wants to do.” The state average was a 70% satisfaction rate. It is important to note that ratings were given during the child’s treatment as opposed to following treatment. Increase in independent functioning, capacity of independent community living, meaningfulness of daily activities, and reduced symptom-caused distress were included in the survey as focal points for functioning.

**State Averages.** Communicare’s ratings from respondents were above the state average in the areas of access and participation. Communicare’s ratings from respondents

were below the state average in the following areas: general satisfaction, outcomes, social connectedness, cultural sensitivity, and functioning (KY Cabinet, 2011).

### **System of Care Assessment Report**

The system of care assessment was useful in identifying services that are currently in place at Communicare. The report also provided key information regarding service gaps in Communicare. Infrastructure and service delivery were two main components addressed in the report.

**Infrastructure.** In response to governing structures that are in place, commendations were given to the CEO for identifying ways to support and sustain programs through community involvement. The Board of Directors was noted for convening legislative forums to educate decision makers and other stakeholders on services available. Communicare staff reported welcoming ideas from front line staff, creating access points in the community, and minimizing paperwork requirements were noted as administrative functions that support direct service delivery. Administrative activities that support staff development included co-locations at CPS offices and community outreach, as well as establishing relationships and working closely with universities state wide to recruit qualified staff to serve the client population (Collins et al., 2011).

**Service Delivery.** In response to services and the supports array it offers, Communicare was commended by the Kentucky Cabinet for Health and Family Services, Division of Behavioral Health for building staff to deliver the Incredible Years curriculum, an evidence-based practice. Communicare was recognized for the significant increase in the number of children and youth served in the IMPACT Program over the

past two years; access to children's case management services was viewed in a positive light. Early childhood therapists have been employed to address the growing needs of the population 0-5 years of age and 12 wellness programs, which have been effective in engaging clients in managing their physical and mental health care needs, are scheduled each week across the region to accommodate client schedules (Collins et al., 2011).

When Communicare described the access to services and the initial contact process, they were commended for moving beyond traditional clinic services to increase community access. It was noted the agency is currently providing services in 84 out of the 85 public schools in their service area. Communicare was recognized for adding questions about military deployment to most of their intake protocol; however, it was recommended that those questions also be included on the early childhood intake (Collins et al., 2011).

In regard to initial planning and review, the report indicated clients are actively involved in developing their treatment plans and continue to participate in their progress. Joint treatment team meetings were recognized as an asset to client care and improving interagency communication. A recommendation was given to Communicare to consider including the Children's Therapeutic Rehabilitation Program in a school building in each school district to assist in the cost of the program. It was also suggested by the Kentucky Cabinet for Health and Family Services, Division of Behavioral Health that the Early Childhood Mental Health Specialist and the Early Childhood Clinical team be better integrated to increase communication within the early childhood program. It was recommended that the agency instill social marketing techniques within the medical community to increase awareness of their medical staff's services that are available. A

recommendation was also made to consider a more outlined plan for discharge of clients who successfully complete a program (Collins et al., 2011).

### **Questionnaire for Community Forum**

The Community Forum had a total of twelve present. The forum was made up of the following participants: a Family Resource and Youth Service Center (FRYSC) coordinator, a supervisor of Child Protection Services (CPS), a Court Designated Worker (CDW), a representative from the Department of Juvenile Justice (DJJ), representatives from the Lincoln Trail Health Department (LTHD), a family of one of Communicare's clients, the Early Childhood Mental Health Specialist (ECMHS), the Early Childhood Mental Health Program's Coordinator, three supervisors of the IMPACT program, the Elizabethtown Clinic Manager, the Interim Chief Behavioral Health Officer and Regional Director from Communicare. The forum consisted of thirteen main questions/discussion items. The forum lasted for approximately an hour and a half and was conducted by the current needs assessment preparer. The forum was semi-structured following the Community Forum Questionnaire.

On item number one, "What children services are you currently aware of that Communicare offers?", participants reported being aware of individual and family therapy services offered at the clinics, offsite therapy services in the schools, IMPACT service coordination, and the Child Crisis Stabilization Unit. Some participants were not aware of the two Children's Therapeutic Rehabilitation Programs (CTRP) or that offsite therapy provided family therapy in addition to individual and group therapy.

Item number two stated "Are you in need of information regarding current children services? If so, what services are you unfamiliar with? What is the best way for

Communicare to provide you with information?” Participants reported needing additional information in regard to what children group services were provided within the clinic, CTRP services, and the criteria for admission to the CCSU. They suggested that the best way to provide information about programs and services offered was through emails and attending community partner meetings/staffings. Participants reported that monthly community meetings are held and suggested Communicare send representatives from their programs to communicate information to other community partners. A community resource training day was mentioned as being one way to discuss programming and referral processes, and to provide agency information. Brochures on each program and the services offered were recommended.

Item number three asked, “How would you describe access to Communicare’s Children Services?” Participants reported that access to psychiatric services typically have a longer wait than families want. First time therapy appointments are scheduled through Communicare’s Bluegrass Scheduling System and participants reported that families have mentioned that there are not always convenient days and times to schedule an intake to service. It was also reported that psychological services typically have a wait of two to four weeks for a testing appointment as reported by clients to community partners. Participants noted that there is easy access to services in the IMPACT and Off-site Therapy Programs. Participants noted that they would like for insurance clients to be able to access offsite services more readily. As it is, clients that have insurance and are self-pay receive most of their services through the clinics due to the client being charged a co-pay for each service. Clinic appointments are typically an hour long; whereas, offsite

appointments are shorter, which means the family pays less for the same amount of services in the clinic.

Item number four asked, “Have you made referrals to Communicare’s Children Services? If so, how would you describe the referral process (easy/difficult)? If you have not made referrals, what could Communicare do to assist you in making necessary referrals?” Participants reported that referrals have been made to the IMPACT Program, clinic, early childhood program, and the offsite program. Participants described the process for these programs as being simple. Participants reported that referrals have been made to the CCSU and the process was described as inconsistent. Participants reported that referrals have not been made to the CTRP. It was reported that Communicare could assist in the referral process by outlining the process in writing, possibly using flow charts.

Item number five addressed, “What programs do you see a need for increased services?” Participants noted that psychiatric services and more early childhood therapists were needed. Participants also noted that if the CTRP only offers services to Elizabethtown City School students than a CTRP was most likely needed for the Hardin County Public School System.

Item number six stated: “Is there a particular population you think needs to be receiving services that is currently not?” The adolescent population with substance abuse issues was identified as a population that currently is only offered on an outpatient level and group services are not offered, only individual.

Item number seven asked, “What suggestions do you have for Communicare to improve their children services programs?” Participants reported that Communicare



could improve services by providing more information to clients and community partners regarding what services they offer. They also suggested Communicare increase service providers that offer services to the early childhood population, outline the CCSU criteria, and implement a substance abuse program for adolescents.

Item number eight was “Which program would you identify as needing the most improvement regarding service delivery?” Participants of the forum would like to see improvements made with the CCSU for several reasons: criteria for admission are not clear, the population served is limited, and provided services are inconsistent. Participants noted that clients get denied admission and the reasons are unclear. They also noted that they do not understand the reasons behind the various lengths of stay during admission.

Item number nine, “Before today, have you worked with any of Communicare’s Children Service providers or managers? If so, who would you identify as having strong leadership skills?” All Community Forum members reported having experience working with Communicare children service providers. Several members were identified as demonstrating strong leadership skills. Participants went on to explain that the leadership skills included following up on referrals, communicating services offered to clients and outside agencies, and helping clients access services.

Item number 10 queried “What barriers to Communicare’s children services can you identify?” One barrier that had been encountered was funding for families with children who needed services but did not have the money or resources to pay for the services. Transportation to services, such as clinic appointments, psychiatric appointments, and psychological testing services was also noted as barriers.

Item number 11 asked “How can Communicare assist in continued input from community partners regarding children services provided?” Participants stated that Communicare sending a representative to attend community meetings would allow community partners to have the opportunity to express their comments and concerns.

Item number 12 queried, “How can Communicare increase awareness of social, emotional, and developmental issues within the community?” Respondents reported that Communicare could develop focus groups that could go out into the community and meet with community partners, as well as hold meetings in the offices and invite families to attend. The schools and doctors’ offices were identified as places that would benefit from being made aware of and given information regarding the issues within the community.

The last item on the Community Forum questionnaire, item number 13, was, “How can existing documentation be modified to better support Communicare’s children services?” Respondents explained new forms can look deeper into family strengths and risk factors to outline a better picture of the entire family and the families’ role in the child’s life. Forms can also contain check boxes with early childhood resources so that upon intake, the evaluator can check the boxes of resources to which the family will need referrals, thus making it easier to identify referrals needed and help increase the likelihood of those referrals being made swiftly and efficiently.

## **Discussion**

### **Purpose**

Communicare is a mental health agency that serves the Lincoln Trail Region. Currently, most of the revenue from their children programs comes from Medicaid, which is a fee-for-services payer source. The Kentucky Medicaid Program is in the process of contracting with managed care organizations to oversee services that have been paid directly from Kentucky Medicaid. With these changes, mental health organizations must identify specific community service needs as well as expanding revenue sources. Applying for grants is one way mental health agencies can expand revenue sources. Communicare recognizes the KY SEED grant that focuses on prevention and providing services to early childhood programs is one possibility to increase funding.

The purpose of the needs assessment was to assist Communicare in making certain they are offering services for which there is a need, as well as expanding revenue sources. The needs assessment of Communicare's Children Mental Health Services was conducted in order to identify current services offered, specify service gaps, and assist in the KY SEED grant application process. The needs assessment provided Communicare with the necessary information to identify services for expansion as well as information that was needed to complete the grant application process.

Overall, the needs assessment was conducted as initially planned. Each goal of the needs assessment was met. Existing services and the gaps in services were identified; furthermore, data to complete the KY SEED Grant application were obtained. Results were reviewed from the existing data by means of the satisfaction survey and the System

of Care Assessment Report and incorporated into recommendations for the agency. The Community Forum resulted in the necessary data being collected. There were more recommendations made than had been anticipated and the data were heavy regarding services to Hardin County as opposed to services and service gaps identified agency wide.

The first goal of the needs assessment was to review the current services offered. Communicare's services were identified utilizing the Communicare Satisfaction Survey, the System of Care Report, and the Community Forum. The Communicare Satisfaction Survey provided useful feedback from clients and their families regarding the current services currently being offered. The System of Care Report outlined current services while the Community Forum helped to delineate the community's awareness of Communicare services.

The second goal of the needs assessment was to identify service gaps and areas of growth for Communicare's children services. This was accomplished utilizing the System of Care Report and the Community Forum. The System of Care Report identified programs in need of expansion and offered recommendations to Communicare on how to improve their current services. The Community Forum was successful in gathering data from participants regarding services in great demand it helped to identify service gaps, such as increasing the presence of CTRPs in public school systems. Areas identified for growth included: psychiatric services, early childhood therapists, adolescent substance abuse services, and the Child Crisis Stabilization Unit.

The third goal of the needs assessment was to gather data to be utilized in the KY SEED grant application process. The Community Forum was successful in gathering

information to assist Communicare to identify service needs and garner suggestions on how Communicare may increase awareness of social, emotional, and developmental issues within the community. Funding and transportation sources were identified as barriers to Communicare services, findings that were useful in the application for the KY SEED grant.

Through the review of the literature defining what a needs assessment is, outlining the goals of a needs assessment, planning and organizing a needs assessment, and determining the importance of conducting a valid needs assessment was noted and beneficial to the current needs assessment. The review of the literature also made it possible to identify the Interactive Model of Program Planning described by Caffarella (2002) as the model to implement. The Interactive Model outlined the steps that needed to be taken for the implementation of the needs assessment. The types of needs assessment data collection tools reviewed in the literature made it possible to identify which methods to utilize in the current needs assessment to obtain the desired results.

Zang and Timmons, (2003) utilized community forums and surveys to gather data regarding barriers to treatment. Financial and transportation barriers noted in their needs assessment matched the current needs assessment findings utilizing a community forum.

Northeast (2006) conducted a needs assessment to identify gaps in children mental health services, identify current services, barriers to the mental health system, and suggestions for improvements. Data were obtained utilizing questionnaires and surveys. Data from the needs assessment assisted in identifying gaps in services, which is consistent with the identification of gaps in services at Communicare that were identified utilizing existing data and the Community Forum.

Community Action Agency (2009) revealed a need for expansion of their services and the need to apply for funding. Information being disseminated was also identified as a need, as well as an improvement in collaboration with other agencies. Data was obtained utilizing existing data and a survey. Expanding services and the need for information to get to community partners was identified as needs in the current needs assessment through existing data and the Community Forum.

### **Strengths**

Responses to assist in the completion of the SEED Grant application were obtained. The instruments utilized were beneficial in identifying program growth needs. For example, expanding CTRP programs to serve other locations is a goal that is doable for Communicare and this programming will build revenue. It is also helpful that the adolescent population was specified as an age group for which additional services may prove beneficial. Substance abuse services were found to be increasingly relevant for the adolescent population. The Community Forum helped to identify the programs that should increase efforts to educate the community about available services.

### **Limitations**

Knowing the number of participants from each county responding to the Youth Services Survey for Families would have assisted in knowing if the responses were representative of the entire agency or mainly represented a particular area within Communicare's region. Ten out of twelve of the participants of the Community Forum represented Hardin County, which may have skewed the data to reflect the needs of Hardin County services versus the needs of the entire agency service area. The Community Forum was held on a set day and time; participation may have increased had

participants been given an option on days and times that would have best fit their schedules.

Community forums should be scheduled in other Communicare regions for the assessment to reflect the needs of the entire agency. The current needs assessment primarily examined children services; therefore, additional research could be conducted to address Communicare's needs regarding adult services.

### **Recommendations**

Based upon the findings, recommendations can be made to improve Communicare's current children services. Updates to the current Communicare website to address services offered can easily be made, as well as staff disseminating information to community partners regarding services offered. Increasing social marketing in the medical community should be prioritized as current staff can address this issue and the referrals from the medical community can help build program referrals. Improving quality of client care to increase general satisfaction, outcomes of treatment, social connectedness, cultural sensitivity, and client functioning will take time and effort from each service provider. Trainings on evidence-based practices may need to be utilized, which takes money and staff out of service delivery to participate in the trainings. Developing an outlined plan for client discharges will be easier to implement and train staff on.

Integrating the ECMHS into the early childhood team can be easily done by incorporating the ECMHS into the treatment team meetings each week and only removes one extra staff from their provider role an hour each week. A written outline for the CTRP referral process should be simple, as the referral process has been developed and is

currently being implemented. The CCSU admission criteria and referral process are already developed; however, community partners need this information in writing to assist in the referral process. Increasing child group services would require staff to provide group services versus individual or family services for a percentage of their time. Staff are in place; however, identifying the appropriate staff to provide the group service may serve as a dilemma. Nonetheless, group services should be able to be implemented without the agency incurring much additional overhead costs.

Implementation of adolescent substance abuse services would require certain staff to be trained in an evidence-based practice, which could be costly. Once staff are trained, implementation of the services should be feasible and a quick process. Increasing early childhood providers would require hiring additional staff and needing the referrals to ensure staff are productive. Incorporating CTRP's in school buildings may prove to be difficult. The school system would have to agree to the idea and have the building space available. Developing a Hardin County school CTRP is a huge project on its own. Funding for the program, staff being hired, and the school being on board with the program are just a few obstacles to overcome in developing an additional CTRP. With that said, there are models within Communicare to follow since there are currently 2 established CTRP's in the agency.

Increasing access to psychiatric and psychological services would mean increasing some of the highest paid staff. Access for self-pay & insurance clients would need to be addressed on a management level to develop a plan to increase services for these populations. Lastly, it is recommended that Communicare utilize the data collected through the Community Forum in the application process for the KY SEED Grant.



## APPENDIX A



A LEADING AMERICAN UNIVERSITY WITH INTERNATIONAL REACH  
OFFICE OF COMPLIANCE

DATE: April 9, 2012  
TO: Shelley Fentress, MEd  
FROM: Western Kentucky University (WKU) IRB  
PROJECT TITLE: [315805-2] Thesis  
REFERENCE #: IRB12-249  
SUBMISSION TYPE: Amendment/Modification  
ACTION: APPROVED  
APPROVAL DATE: April 9, 2012  
EXPIRATION DATE: May 30, 2012  
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The Western Kentucky University (WKU) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a *signed* consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a Minimal Risk project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of May 30, 2012.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Paul Mooney at (270) 745-2129 or paul.mooney@wku.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Western Kentucky University (WKU) IRB's records.

## APPENDIX B

February 27, 2012

To Whom It May Concern:

This letter is written as approval for Shelley Greenwell Fentress to be granted permission to review Communicare data for the purpose of conducting a needs assessment on Communicare's Children Mental Health.

The needs assessment is being conducted to fulfill requirements of a thesis, which is essential for the Specialist Degree in School Psychology.

Data collected will include a community forum questionnaire, results from client surveys, and results from state reports.

Sincerely,

A handwritten signature in black ink, appearing to read 'Calvin Jackson', with a large, stylized initial 'C'.

Calvin Jackson, MA  
Licensed Psychological Associate, KY-0274  
Interim Chief Behavioral Health Officer  
and Regional Director, Communicare  
270-401-2628 cell  
502-594-4568 cell

## APPENDIX C



### INFORMED CONSENT

Project Title: Community Needs Assessment for Communicare's Children Services

Investigator: Shelley Fentress, (270) 668-9451

You are being asked to participate in a project conducted through Western Kentucky University. The University requires that you give your signed agreement to participate in this project.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. You may ask him/her any questions you have to help you understand the project. A basic explanation of the project is written below. Please read this explanation and discuss with the researcher any questions you may have.

If you then decide to participate in the project, please sign on the last page of this form in the presence of the person who explained the project to you. You should be given a copy of this form to keep.

**1. Nature and Purpose of the Project:**

A needs assessment will be conducted to gather information on existing children services and future children services needed. A review of existing data concerning children's services programs offered at Communicare will be conducted. A community forum will also be held to collect further data. The goal of the needs assessment is to review the current services offered, identify service gaps, and identify areas of growth for Communicare's children services.

**2. Explanation of Procedures:**

A review of existing data will take place on several occasions for various lengths of time throughout the needs assessment. The data will be reviewed in the office of Communicare's Director of Quality Compliance.

A community forum will be scheduled and held upon approval from the IRB. Information obtained from the community forum will be included in the needs assessment. The forum will be held in Elizabethtown, Kentucky. The length of time needed is estimated to be 2-3 hours.

**3. Discomfort and Risks:**

There are no known or anticipated risks to community forum participants.

**4. Benefits:**

The benefit for the community needs assessment will be that program changes and needed programs will be identified to assist the mental health agency to better serve the community.

WKU IRB#12-249  
Approval - 4/9/2012  
End Date - 5/30/2012  
Expedited  
Original - 4/9/2012

**5. Confidentiality:**

Confidentiality will be maintained by data being kept behind 2 locked doors at all times. Names of respondents will not be recorded.

**6. Refusal/Withdrawal:**

Refusal to participate in this study will have no effect on any future services you may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time with no penalty.

*You understand also that it is not possible to identify all potential risks in an experimental procedure, and you believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

THE DATED APPROVAL ON THIS CONSENT FORM INDICATES THAT  
THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY  
THE WESTERN KENTUCKY UNIVERSITY INSTITUTIONAL REVIEW BOARD  
Paul Mooney, Human Protections Administrator  
TELEPHONE: (270) 745-6733



WKU IRB#12-249  
Approval - 4/9/2012  
End Date - 5/30/2012  
Expedited  
Original - 4/9/2012

## APPENDIX D

### **Questionnaire for the Community Mental Health Forum to Collect Data for a Needs**

#### **Assessment of Communicare's Children Services**

1. What children services are you currently aware of that Communicare offers (clinic therapy, offsite therapy, IMPACT, CCSU, CTRP)?
2. Are you in need of information regarding current children services? If so, what services are you unfamiliar with? What is the best way for Communicare to provide you with information regarding their services?
3. How would you describe access to Communicare's Children Services?
4. Have you made referrals to Communicare's Children Services? If so, how would you describe the referral process (easy/difficult)? If you have not made referrals, what could Communicare do to assist you in making necessary referrals?
5. What programs do you see a need for increased services?
6. Is there a particular population you think needs to be receiving services that is currently not?
7. What suggestions do you have for Communicare to improve their children services programs?
8. Which program would you identify as needing the most improvement regarding service delivery?
9. Before today, have you worked with any of Communicare's Children Service providers or managers? If so, who would you identify as having strong leadership skills?
10. What barriers to Communicare's children services can you identify?

11. How can Communicare assist in continued input from community partners regarding children services provided?
12. How can Communicare increase awareness of social, emotional, and developmental issues within the community?
13. How can existing documentation be modified to better support Communicare's children services?

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