



CABINET FOR HEALTH
AND FAMILY SERVICES

2024 Kentucky Certified Community
Behavioral Health Clinic (CCBHC)

Stakeholder Engagement
Companion Document

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Introduction

A Community Needs Assessment (CNA) is a systematic approach to identifying the needs of the community and determining the capacity to address the needs of the population being served. The Certified Community Behavioral Health Clinics (CCBHC) will conduct at least two or more separate and different types of stakeholder engagement activities (interview, survey, focus group, or meetings) with different stakeholder populations.

This document was developed for the CCBHC as a resource for the completion of the CNA and will provide the CCBHC with strategies for community stakeholder engagement, including individuals with lived experience, family members, community partners, providers, etc. Community stakeholders provide firsthand knowledge of the needs of the local population.

Stakeholder Engagement

Stakeholder Identification

Stakeholder engagement helps organizations to proactively consider the needs and desires of anyone who has a stake in their organization, which can foster connections, trust, confidence, and buy-in for your organization's key initiatives. Stakeholders within the community provide valuable insight into the behavioral health and socio economic needs of the people within their community. Stakeholder engagement will provide information in regard to:

- ◆ Cultural, linguistic, physical health, and behavioral health treatment needs.
- ◆ Evidence-based practices and behavioral health crisis services.
- ◆ Access and availability of CCBHC services including days, times, and locations, and telehealth options.
- ◆ Potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services, and workforce shortages.

Stakeholders will consist of both internal and external individuals and entities in the CCBHC's service area. The CCBHC should determine and identify which stakeholders should be involved and/or engaged with the stakeholder activities and the best ways to engage these stakeholders (e.g., focus group, interview, surveys, etc.).

Table 1 provides a list of recommended stakeholder engagement partnerships your agency can use to conduct outreach activities.

Table 1. Stakeholder Engagement Partnership List

Stakeholder Engagement
Aging and Disability Resource Centers
Child welfare agencies; state licensed, and nationally accredited child placing agencies for therapeutic foster care service.
Criminal justice and/or juvenile justice agencies and facilities.
Crisis response partners (hospital emergency departments, emergency responders, crisis stabilization settings, crisis call centers, and warmlines).
Employment services systems.
Food Banks.
Health centers (including federally qualified health centers in the service area).
Homeless shelters and housing agencies.
Housing Authority.
Inpatient psychiatric facilities, inpatient acute care hospitals, and hospital outpatient clinics.
Local health departments (Note: these departments also develop community needs assessments that may be helpful).
One or more Department of Veterans Affairs facilities.
Organizations operated by people with lived experience of mental health and substance use conditions.
Other mental health and substance use disorder treatment providers in the community.
Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, and food and transportation programs).
Peer-run and operated service providers.
People with lived experience of mental and substance use conditions and individuals who have received/are receiving services from the clinic conducting the CNA.
Representatives from local K-12 school systems.
Residential programs.
Services for older adults, such as Area Agencies on Aging.
Specialty providers of medications for treatment of opioid and alcohol use disorders.
Other identified community stakeholder(s).

The use of surveys, interviews, and focus groups can be informative tool(s) to understand the needs of the CCBHC service area. The CCBHC will conduct at least two or more separate and different types of stakeholder engagement activities.

Stakeholder Engagement Types

When scheduling an interview, focus group, or survey, it is important to consider the best approach to enhance the effectiveness of the process. Each method contributes unique insights. These findings are integrated into the CNA, guiding improvements and ensuring the development of CCBHC services align with the varying perspectives of the community. Surveys consist of structured questionnaires for collecting data from a representative sample. Focus

groups offer a platform for stakeholders to engage in dynamic discussions. Interviews provide an in-depth, personalized responses through one-on-one conversations.

Surveys

A survey is a pre-determined sample size with a pre-set list of questions to be answered by participants. They are a valuable tool for gathering input and understanding the needs of the community. It is a way to ask the community or group members what they see as the most important needs of their community. The results can identify future activities within the community.¹ They can be conducted by mail, email, interview, phone, or written response.

Table 2. Advantage and Disadvantage of Surveys

Surveys	
Advantage of Surveys	Disadvantage of Surveys
Large numbers of people can give their input.	Often has low return rate.
Low cost.	Limited alternative expression of respondent’s reaction.
People can respond at their convenience.	Depends on the selected sample.
Avoids interviewer bias.	Limited anonymity may affect responses.
Provides a written record.	May not truly represent of the whole group.
Easy to list or tabulate responses.	Respondent may skip sections.

Survey Considerations

- ◆ Identify survey goals.
- ◆ Determine how much time you will need to complete the survey.
- ◆ Identify the number and recipients best to receive the survey.
- ◆ Keep in mind the type of questions that will be asked.
- ◆ Set a timeline.
- ◆ Design open-ended, closed-ended, and/or multiple choice survey questions.

Developing the Survey

There are many different forms or types of questions to ask in a survey. The questions should ensure each question is clear and specific so each respondent is able to answer the question. The different forms of survey questions are:

- ◆ **Open-ended questions.** Often the “how” or “why” question which allows the respondent to answer in their own words such as an issue, problem, month, number of days, etc.

¹ [University of Kansas, Community Tool Box, Conducting Needs Assessment Surveys](#). (n.d.) Ch. 3-Section 7. Accessed January 2024.

- ◆ **Closed-ended or multiple choice questions.** Predefined set of responses (e.g., “yes/no”). Allows the respondent to select one answer from a few possible choices.
- ◆ **Forced choice questions.** A list of answers is provided to choose from.
- ◆ **Likert scale.** Rate items on a response scale (e.g., 1 to 4, with 1=strongly disagree versus 4=strongly agree).

Key Survey Takeaways

- ◆ **Duration.** The survey should not take longer than 10 to 15 minutes to complete.
- ◆ **Timing.** Should have a date when the survey should be completed.
- ◆ **Locations.** Can be sent through listserv, email, mail, etc.
- ◆ **Capacity.** Unlimited.

Interviews

CNA interviews are conversations with community stakeholders to identify needs, problems, and opportunities within a community or group. This method is a critical component to gather insights and opinions from key individuals or groups in the community. The information collected through these interviews contributes to the development and improvement of CCBHC services. There are several methods to deliver an interview:

- ◆ **Face-to-face.** Interviewee and the interviewer meet in person.
- ◆ **Telephone.** Interview is conducted over a telephone.
- ◆ **Focus groups.** Interviews are conducted in a group setting (more information in the next section).

Table 3. Advantage and Disadvantage of Interviews

Interviews	
Advantage of Interviews	Disadvantage of Interviews
In-depth and personalized responses.	Time consuming, especially for large sample.
Flexibility to probe and clarify responses.	Can be resource intensive.
Suitable for complex and sensitive topics.	Subject to interviewer bias.
Opportunity for rapport building.	Limited anonymity may affect responses.

Interview Considerations

- ◆ Have a solid understanding of the interview topic.
- ◆ Have knowledge of the stakeholder’s background.
- ◆ Identify areas where the stakeholder can expand your knowledge.

- ◆ Have an idea of participants you want to include.
- ◆ Scheduling (time, location, etc.).
- ◆ Interview format (structured, semi-structured, or open-ended).
- ◆ Necessary resources and materials, including interview questions, consent forms, and recording equipment, if needed.
- ◆ Follow a structured process that includes welcoming participant(s), explaining the purpose, and asking questions.
- ◆ Encourage open and honest dialogue.

Key Interview Takeaways

- ◆ **Duration.** Typically last about 30 to 90 minutes, depending on the depth of discussion.
- ◆ **Timing.** Schedule during times convenient for the participant(s). For provider or community partner interviews, consider daytime slots. For consumer and family/caregivers, early evening times may be more suitable.
- ◆ **Locations.** Choose locations that are convenient, comfortable, quiet, and ensure privacy. It is important that the interviewee feels at ease during the discussion.
- ◆ **Capacity.** Ensure the location can accommodate the interview comfortably. Make arrangements for seating and any necessary equipment depending on the size of the interview.

Focus Groups

A focus group is a type of group interview led by a trained facilitator. It is used to gather information and learn about opinions on a designated topic and to guide future action. Discussion is carefully planned to allow people to speak openly.² Focus groups allow for a level of diversity of opinion as many are contributing their views, and help you form a fuller picture as you observe participants agreeing and disagreeing with shared sentiments. Group dynamics provide a powerful way to understand broader topics and generate new ideas. It is recommended to include at least one health care provider within the focus group.

Table 4. Advantage and Disadvantage of Focus Groups

Focus Groups	
Advantage of Focus Groups	Disadvantage of Focus Groups
Rich qualitative data.	Limited applicability.

² [University of Kansas, Community Tool Box, Conducting Needs Assessment Surveys](#). (n.d.) Ch. 3-Section 6. Accessed January 2024.

Focus Groups	
Advantage of Focus Groups	Disadvantage of Focus Groups
Promotes data.	Dominant voices.
Stimulates group dynamics.	Social bias.
Quick results.	Moderator influence.
Real-time feedback.	Resource intensive.

Focus Group Considerations

- ◆ Consider who your target audiences are and how you recruit them.
- ◆ There should be a team of three (at minimum) to conduct the focus group. This should include a facilitator, notetaker, and CCBHC subject matter expert.
- ◆ Include resource materials (e.g., list of questions).
- ◆ Time and place to host the focus group meeting(s).
- ◆ Finding a facilitator.
- ◆ Technology devices such as a recorder.

Key Focus Group Takeaways

- ◆ **Duration.** Meetings generally last about an hour to an hour and a half.
- ◆ **Timing.** Should be scheduled during times convenient for each focus group. For example, provider or community partner focus groups should be scheduled during the day, whereas consumer and/or family/caregiver should be scheduled for early evening and maybe a weekend time.
- ◆ **Locations.** Conduct in a location that is convenient, comfortable, quiet, and offers some degree of privacy.
- ◆ **Capacity.** Should be limited to five to eight participants per group.

What a Focus Group is Not?

- ◆ A debate.
- ◆ A conflict resolution session.
- ◆ A problem-solving session.

Stakeholder Engagement Activities Summary

After you have completed your outreach activities, you will need to collect and analyze all the information/data (e.g., survey response data, interview results, and/or focus group data). When analyzing the data, it is important to consider:

- ◆ Common and/or reoccurring themes or subthemes.
- ◆ Patterns that emerged.
- ◆ Any new questions or concerns.
- ◆ Key insights and trends.

The data collected and analyzed will serve as a foundation to identify gaps in service(s), barriers to care, social determinants of health opportunities, etc. to shape your agency CCBHC services. Use this information to inform the development and improvement of CCBHC services. Tailor the approach to suit the demographics and characteristics of the local population.

- ◆ After analyzing the data, your agency can align your responses to SMART goals, creating a clear direction for improvement and planning.
- ◆ Using SMART (specific, measurable, achievable, realistic, and time-bound³), goals are a good way to plan the steps to meet your long-term goal.
- ◆ Based on the analysis, provide key findings and corresponding recommendations to improve your CCBHC.
- ◆ Be sure to outline the interventions the CCBHC plans to implement in response to these recommendations. For more information regarding SMART goals, refer to [Appendix G](#).

³ [SAMHSA, Developing Goals and Measurable Objectives](#). (June 2023). Accessed January 2024.

Appendix

The following appendix offers sample materials and resources to conduct your agency’s stakeholder engagement activities. This section includes sample interview, focus group, and survey questions designed to evoke insightful responses and promote dynamic and focused discussions. These resources are aimed to assist in the effective engagement of stakeholders, ensuring their perspectives are captured and integrated into the betterment of the CCBHCs.

Appendix A: Survey Checklist

Table 5. Sample Survey Checklist

Sample Survey Checklist			
Task	Timing	Lead Entity Responsible	Status
Establish date, time, and duration of survey.		CCBHC	
Issue the survey to the target audience.		CCBHC	
Monitor survey responses.		CCBHC	
Analyze survey data.		CCBHC	
Prepare a comprehensive report summarizing survey findings.		CCBHC	

Appendix B: Sample Survey Questions

Below are some **SAMPLE** survey questions.

Cultural and Linguistic

- On a scale of 1 to 4, how comfortable do you feel that our care offers appropriate services that are respectful and responsive to the health beliefs, practices, and needs of diverse consumers?
 - 1 = Strongly disagree
 - 2 = Disagree
 - 3 = Agree
 - 4 = Strongly agree

- On a scale of 1 to 4, to what extent do you feel your cultural preferences and language accommodations are integrated into our services?
 - 1 = Strongly disagree
 - 2 = Disagree
 - 3 = Agree
 - 4 = Strongly agree

Physical Health and Behavioral Health Treatment

3. On a scale of 1 to 4, please rate the adequacy of our services in addressing your physical health needs (e.g., access into facility, care of providers, etc).
 - 1 = Strongly disagree
 - 2 = Disagree
 - 3 = Agree
 - 4 = Strongly agree

4. On a scale of 1 to 4, please rate the extent to which your behavioral health treatment needs are addressed in our services:
 - 1 = Strongly disagree
 - 2 = Disagree
 - 3 = Agree
 - 4 = Strongly agree

Evidence-Based Practices

5. What type of services have you previously used? (Check all that apply)
 - Crisis service.
 - Mental health.
 - Outpatient primary care screening and monitoring.
 - Peer, family support, and counselor services.
 - Psychiatric rehabilitation services.

Behavioral Health Crisis Services

6. Have you ever needed crisis services for behavioral health emergencies?
 - Yes
 - No

7. On a scale of 1 to 4, if you have used our crisis services, please rate your experience:
 - 1 = Strongly disagree
 - 2 = Disagree
 - 3 = Agree
 - 4 = Strongly agree

Access and Availability

8. On a scale of 1 to 4, are the hours of service convenient for you to seek care?
 - 1 = Strongly disagree
 - 2 = Disagree

- 3 = Agree
- 4 = Strongly agree

9. How can we improve the accessibility of our services, including telehealth options?

- Provide more flexible hours.
- Improve telehealth services.
- Other (please specify): _____

10. Which days of the week or times of day would be more suitable for our services?

- Mornings
- Afternoons
- Evenings
- Weekends
- Other (please specify): _____

Barriers to Care

11. Do you experience issues in trying to reach our facility?

- Yes
- No

12. On a scale of 1 to 4, please rate if you have any transportation challenges when accessing our services:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Agree
- 4 = Strongly agree

13. On a scale of 1 to 4, to what extent have economic hardships affected your access to our care?

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Agree
- 4 = Strongly agree

14. Have you needed any translation, documents or materials when seeking care at our facility? If yes, then did you find them helpful in understanding our services and your care options?

- I use translation, documents, or materials when seeking care at the CCBHC and I find them helpful.

- I use the translation, documents, or materials when seeking care at the CCBHC and I do not find them helpful. Please explain: _____
- I do not use translation, documents, or material when seeking care at the CCBHC.

15. Did you have a hard time reaching someone to schedule an appointment?

- Yes. If so, please explain. _____
- No

Improving Care and Services

16. What suggestions do you have to make our services more culturally responsive?

- More diverse staff.
- Language access.
- Community partnerships.
- Cultural assessments.
- Client-centered care.
- Other (please specify): _____

17. What specific changes or improvements would enhance your access to and experience with our services?

- Extended hours.
- Improved crisis intervention services.
- Other (please specify): _____

Appendix C: Sample Interview Checklist

Table 6. Sample Interview Checklist

Sample Interview Checklist			
Task	Timing	Lead Entity Responsible	Status
Establish format, date, time, and location of interview.		CCBHC	
Schedule interviews at convenient times and locations.		CCBHC	
Prepare interview materials, including questions and consent forms.		CCBHC	
Send reminder to interview participants (2).	24 hours prior to scheduled interview	CCBHC	
Arrange for translation if necessary.		CCBHC	
Make interview packets (sign-in sheet, name tags, comment cards, and handouts).		CCBHC	
Arrange audio visual set up, easels, flipcharts, and markers for session.	Date of Interview	CCBHC	

Appendix D: Sample Interview Questions

Below are some **SAMPLE** interview questions that can be customized based on the type of interview and stakeholders involved:

1. What services do you believe are most critical for promoting recovery in our community?
2. How can access and availability of services be improved, especially in terms of days and times of operation?
3. What staffing and support(s) are needed to effectively address community needs? Are there any gaps or unmet needs related to staffing?
4. What strategies or practices can help create a welcoming environment for individuals seeking help or support?
5. What are the most significant challenges or unmet needs in accessing and providing help and support when needed?
6. What suggestions or ideas do you have to enhance the effectiveness of services?
7. If you could change one aspect of services to better meet the needs of the community, what would it be?
8. Is there any additional information or insights you believe are crucial for the success of CCBHCs in our community?

Appendix E: Sample Focus Group Checklist

Table 7. Sample Focus Group Checklist

Sample Focus Group Checklist			
Task	Timing	Lead Entity Responsible	Status
Establish date, time, and location of consumer focus group/provider focus groups (two total).		CCBHC	
Establish primary facilitator of focus group.		CCBHC	
Issue save the date/registration forms.		CCBHC	
Send reminder to focus group registration lists (two total).	24 hours prior to scheduled focus group	CCBHC	
Arrange for translation, if necessary.		CCBHC	
Make focus group packets (sign-in sheet, name tags, comment cards, and handouts).		CCBHC	
Arrange audio-visual set up, easels, flipcharts, and markers in focus group room.	Date of Focus Group(s)	CCBHC	

Appendix F: Sample Focus Group Questions

Below are some **SAMPLE** focus group questions that can be customized for type of focus group, site, and location:

1. Access to Services:

- Do you find it easy to access our services after hours or on weekends, when needed?
- What barriers have you encountered when trying to access our services during non-standard hours?
- Do you find it easy to access our services?
- Do you find it difficult to obtain transportation to our CCBHC?

2. Awareness and Perception:

- How did you first learn about our CCBHC?
- Can you share your knowledge or perception of our organization and the services we provide?
- Have you heard about us in your community, and if so, what have you heard?

3. Care Coordination:

- In your experience, how would you rate the coordination of care between our organization and other health care providers you use?
- What suggestions do you have for improving care coordination between our services and other providers you interact with?
- Do you understand your plan of care?

4. Community Partners Serving Historically Underrepresented Populations:

- What strategies can be implemented to reach out to underserved communities and engaging them in accessing health care services?
- Are there specific programs or initiatives you would recommend for improving health equity and making services more accessible to historically underserved populations?

Appendix G: SMART Goals

S = Specific: Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. Example: “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

M = Measurable: How much change is expected? It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/20 increase by 10% the number of 8th, 9th, and 10th grade students who disapprove of marijuana use as measured by the annual school youth survey.

A = Achievable: Objectives should be attainable within a given timeframe and with available program resources. Example: “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

R = Realistic: Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific timeframe. Example: “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

T = Time-bound: Provide a timeframe indicating when the objective will be measured or a time by when the objective will be met. Example: “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”⁴

⁴ [SAMHSA, Developing Goals and Measurable Objectives](#). (June 2023). Accessed January 2024.