

# 2025

Labette Center for Mental Health Services Inc.  
Certified Community Behavioral Health Clinic Community  
Needs Assessment Report



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Services, Inc. Certified Community  
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# Executive Summary

As a Kansas Certified Community Behavioral Health Clinic (CCBHC), Labette Center for Mental Health Services, Inc. (LCMHS) conducted a Behavioral Health Needs Assessment in October of 2022 to guide strategic planning for improved mental health and substance use outcomes. For ongoing improvement and planning, the assessment was repeated in September and October, 2025.

Stakeholder input was collected to identify key strengths and areas for improvement. The data review began with a population overview of Labette County, including a comparison of local demographics to those of the State of Kansas. Additional indicators examined included employment, education, mental health, and youth substance use (Appendix A). These population characteristics provided important context for interpreting stakeholder feedback. Three online surveys were administered: a Client Perception of Care Survey (Appendix B), which assessed current client satisfaction with LCMHS services; a Community Survey (Appendix C), which gathered perspectives on service access, availability, and community concerns; and a Staff Outpatient Unmet Needs Survey (Appendix D), which offered detailed insights into system operations and service capacity. Qualitative data from an online focus group of stakeholders (e.g., school administrators, hospital staff, community partners) as well as interviews from ten clients (current, former, or guardians) (Appendix E) were also included in the assessment.

## Key Findings

The needs assessment for LCMHS highlights a strong foundation of community stability, high client satisfaction, and a well-trained workforce, alongside persistent structural and access-related challenges that affect service delivery and outcomes. Key findings and planning considerations from each data source are summarized below. Based on stakeholder input, recommendations and potential action steps are presented for consideration at the conclusion of this summary.

## Demographic and Environmental Considerations

### Key Strengths

**Higher Homeownership Rate** – The county has a larger share of owner-occupied housing (74.0%) than the state average (67.2%), suggesting greater residential stability.

**Lower Suicide Rate** – The county's suicide rate (10.1) is lower than the state average (19.0), which may reflect protective community factors such as social support networks and access to services. However, a lower rate does not mean that ongoing monitoring and prevention are not required.

**Higher Employment Rate** – Labette County has a larger percentage of individuals in the labor force (96.8%) than the state average (94.8%).

## **Key Needs / Planning Considerations**

There are several challenges to the delivery of behavioral health services in Labette County based on population demographics and social determinants of health, including:

**Higher Disability Prevalence** – The county has a larger share of residents living with a disability compared to the state average. This may increase demand for healthcare, housing, transportation, and supportive employment programs. (9% more)

**Higher Percentage of Single-Father Households** – The county has a higher share of households headed by single fathers, increasing the need for family support services, childcare resources, and parenting programs. (6.1% more)

**Higher Uninsured Rate** – A larger percentage of residents lack health insurance coverage, resulting in barriers to accessing health care and preventive services. (1.3% more uninsured)

**Lower Educational Attainment and Lower Median Household Income** – A smaller percentage of residents hold a college degree, which can increase the need for adult career, technical, and educational opportunities. Lower household income can increase demand for affordable housing, financial assistance programs, and food security services.

**Other challenges** include higher student-reported substance use, slightly more youth in foster care, and a slightly higher number of new court commitments.

## **Client Perception of Care**

A Client Perception of Care Survey was administered from September 15 through October 3, 2025, with 87 clients completing the survey. Sixty-six were adult clients, and 21 were child clients (six answered for themselves, and 15 caregivers responded on behalf of the child). Clients had received services for as little as 0-3 months (12%) to 3+ years (52%). Most respondents were females (74%), white (92%), and non-Hispanic (92%).

Overall, client comments reflect a mix of strong appreciation for individual therapists and support staff alongside concerns about certain aspects of service delivery. Many respondents expressed deep gratitude for therapists, peer support workers, and case managers, noting that compassionate care, empathy, and long-term support have been life-changing and, in some cases, lifesaving.

### **Key Strengths**

Ninety percent (90.5%) of those who responded to the survey said that overall, they were satisfied with the services they or their child received. There was high trust and rapport between clients and therapists.

#### **Staff Interaction & Respect**

- Respected religious/spiritual beliefs (98.8%)
- Communicated in a way that they understood (97.6%)
- Showed cultural/ethnic sensitivity (97.4%)
- Treated clients with respect (96.4%)

## **Supportive Relationships**

- Staff believe in recovery – that clients can grow, change, and recover (96.3%)
- Clients feel supported “no matter what” (95.0%)
- Someone is there to talk to when troubled (92.7%)

## **Client Engagement**

- Participation in treatment (95.2%)
- Involvement in treatment and service decision (95.1%)

## **Key Needs/Planning Considerations**

While very few clients disagreed with the benefits of the services provided, smaller percentages agreed that:

### **Clinical Outcomes**

- Symptoms improved (88.5% - lowest major metric)

### **Access & Sufficiency of Care**

- Received as much help as they needed (91.1%)
- Received the help they wanted (91.3%)

### **Communication & System Responsiveness** (from qualitative data)

- Difficulty reaching providers/lack of callbacks
- Medication provider communication gaps
- Appointment reminder system inconsistencies
- Inconsistent front desk experiences
- Crisis response concerns

## **Community Perception**

Thirty-eight community members completed the online community survey, which was administered from September 15 through October 3, 2025. The survey link was distributed on social media (Facebook, Instagram, and the LCMHS website). To reach multiple agency partners and stakeholders, the link was also distributed at community collaboration meetings, including the Labette Emergency Planning Committee and Community Baby Showers.

Sixteen participants had not received services from LCMHS. Another 18 had not personally received services but knew someone who had. One participant had just begun services, and three preferred not to answer. Most respondents were female (82%), white (95%), and non-Hispanic (92%). The largest percentage was between the ages of 45 and 54 (40%), and lived in Labette County (92%), Cherokee County (5%), or Neosho County (3%).

Overall, community feedback indicates that LCMHS provides valuable, generally well-regarded behavioral health services, particularly in assessment, treatment planning, crisis response, and outpatient care. At the same time, the survey highlights several opportunities to strengthen the behavioral health system, particularly by increasing community awareness

of services, substance use treatment capacity, expanding specialized services, and addressing transportation barriers.

### **Key Strengths**

#### **Access to Healthcare**

- The majority of community respondents had a primary care provider (87%) and were able to obtain timely appointments (82%). Almost three out of four (74%) were aware of services in their community that help families, indicating a solid base of community support.

#### **Satisfaction with Services**

- Among respondents familiar with LCMHS services (n=16), 75% were satisfied. This indicates generally favorable experiences among service users or those close to them.

#### **Adequacy of core mental health services**

- Community stakeholders largely agree that the community has adequate treatment planning (70.3%), assessment and diagnostic services (68.5%), and crisis mental services (63.1%).

### **Key Needs/Planning Considerations**

**Community Health Priorities** - Respondents identified several health concerns affecting the community. The most frequently cited concerns were:

- Mental illness (55%)
- Substance use (42%)
- Poverty (29%) and Anxiety (29%)
- Other issues included domestic violence and child abuse/neglect, obesity, lack of health insurance, and diabetes.

**Identified Service Needs** – Overall core services are perceived as appropriate; however, some service areas received lower ratings or higher levels of uncertainty, particularly:

- Psychiatric rehabilitation services (26.3% disagreed that services are adequate)
- Outpatient substance use services (23.7% disagreed)
- Crisis mental health services, primary care screening, and peer and family supports/counselor services (21.1%)
- A notable number of respondents selected “I don’t know” for several service categories (primary care monitoring, 34.2%, primary care screening, 31.6%, psychiatric rehabilitation, 31.6%), suggesting that community awareness of available services may be limited.

**Barriers to Accessing Mental Health Services** - Several barriers that limited access to behavioral health services in the community were cited:

- Lack of knowledge or awareness of services (68%)
- Stigma related to mental health (63%)
- Transportation challenges (61%)
- Other barriers included expense/cost, trust and perception, access to facilities,

limited office hours, lack of specialized care, and privacy concerns (written comments about people 'listening in').

**Concerns about Future Services** – Stakeholders also expressed concerns regarding the future availability and accessibility of health services in the region. Key concerns included:

- Lack of knowledge/awareness about available services (45%)
- Hospital beds/acute placement (39%)
- Funding sustainability (39%)
- Stigma (32%)
- Other concerns included lack of provider choice, community acceptance of mental health care, need for anger management programming, and parenting support for families experiencing mental health challenges.

## Staff Perception of Clinical Service Needs

A total of 26 staff members from the LCMHC completed the survey between September 15 and October 3, 2025. The majority of respondents identified as female (73%), White (89%), and non-Hispanic (100%).

Survey participants were asked to rate their level of agreement on a five-point scale, ranging from “Strongly Disagree” to “Strongly Agree.” Questions assessed staff perceptions across nine service categories:

1. Screening, assessment, diagnosis, and risk management
2. Patient-centered treatment planning
3. Outpatient mental health services
4. Outpatient substance use services
5. Outpatient clinic primary care screening
6. Outpatient primary care monitoring
7. Targeted case management (for individuals meeting SPMI or SED eligibility criteria)
8. Psychiatric rehabilitation
9. Peer and family support and counseling services

Within each service category, staff evaluated several aspects of service delivery, including:

- The appropriateness of clinical and nonclinical staff roles in serving the population
- The adequacy of staff training, including cultural competence
- Accessibility of services for individuals with limited English proficiency (LEP) or language-based disabilities
- The availability of services within the service area
- The availability of services at all times, including evenings and weekends

These responses were used to assess perceived service capacity, accessibility, and workforce preparedness across key behavioral health service areas.

### **Key Strengths**

**Training** received the strongest ratings across all service areas.

- Staff agreed that training addresses cultural competence; person-and family-centered, recovery-oriented, evidence-based, and trauma-informed care and primary

care/behavioral health integration. centered and family-based training addresses cultural competence; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; and primary care/behavioral health integration.

- Responses ranged from 88.4% to 100% agreement, with 100% agreement for screening/assessment, crisis services, treatment planning, mental health services, and substance use services.

### **Staffing Capacity** (clinical and non-clinical)

- Across most categories, respondents agreed that staffing is appropriate in terms of size and composition of service providers for serving the consumer populations, including underserved consumers in the service area.
- Responses ranged from 80.8% to 100% agreement, with the highest found for:
  - substance use (100%)
  - screening/assessment (96.2%)
  - treatment planning (96.2%) and mental health services (96.2%).

### **Geographic Availability**

- Most respondents agree services are available across the service area.
- Responses ranged from 80.7% to 100% agreement, with the highest agreement for crisis services and treatment planning (100%).

## **Key Needs/Planning Considerations**

### **After-Hours Availability**

- This service category consistently shows the highest disagreement rates.
- “Strongly disagree” and “Disagree” responses ranged from 7.7% to 30.8%. The highest disagreement rates were reported for:
  - substance use services (30.8%; 11.5% neutral)
  - primary care screening (19.2%; 26.9% neutral)
  - mental health services (19.2%; 7.7% neutral)
  - screening/assessment (19.2%; 15.4% neutral)

### **Language Accessibility**

- While still mostly positive, this area shows more neutral and disagreement than others.
- Responses in disagreement ranged from 3.8% to 11.5%. Highest disagreement or neutral responses were for:
  - screening/assessment (11.5% disagree; 26.9% neutral)
  - mental health services (7.7% disagree; 30.8% neutral)
  - primary care screening (3.8% disagree; 34.6% neutral).

## **Focus Group and Client Interviews**

One stakeholder focus group was conducted in late October 2025, involving seven adult participants in a 60-minute Zoom session. The session followed protocols approved by the Southeast Kansas Education Service Center Institutional Review Board (IRB #2025-06).

During the same month, ten clients or their family members participated in individual phone interviews. All participants provided informed consent prior to participation.

The focus group and interview protocols included similar questions designed to encourage feedback on current services and gather recommendations for enhancing family engagement. Client participants received a \$50 Walmart gift card as compensation, while stakeholders did not receive incentives.

Lisa Pelkey, Ph.D., a statistical analyst with the Learning Tree Institute at Greenbush, conducted all data collection activities. Dr. Pelkey brings relevant expertise in qualitative and mixed-methods research.

Across both stakeholder groups, participants emphasized the need for clear and accessible information, greater visibility across communities, and more flexible service-delivery models. Outreach materials, community events, school partnerships, and mobile or in-home services were repeatedly suggested to increase awareness and reduce stigma. Participants highlighted ongoing barriers related to transportation, scheduling, and continuity of care. Despite these concerns, many participants expressed strong appreciation for the quality of care and responsiveness of LCMS staff, praising the crisis team for their compassionate support during traumatic events.

### **Key Strengths**

#### **Trusted Community Partner**

- LCMHS is viewed as a reliable and valued resource within the community.
- Community feedback reflects both appreciation and willingness to engage further, indicating strong relational capital.

#### **Compassionate, Responsive Staff**

- Therapists, crisis teams, and school partnerships are consistently described as caring and effective.

#### **Positive Service Experiences Relative to Alternatives**

- Many participants noted services were significantly better than what they had experienced elsewhere.

#### **Strong School-Based Connections**

- Existing collaborations with schools are recognized as important access points for youth support.

### **Key Needs/Planning Considerations**

#### **Access and Geographic Reach**

- Services are perceived as too centralized in Parsons, limiting rural access.
- Families struggle to understand available services and how to access them.

- Increased visibility is needed in everyday community spaces.

#### **Structural Barriers to Services**

- Transportation challenges
- Financial constraints
- Scheduling conflicts (especially for youth during school hours) and need for options that align with work schedules, childcare needs, and poverty-related realities
- Reduce stigma through visibility and engagement

#### **Continuity**

- Reduce staff turnover
- Increase consistency of providers over time
- Enhance cultural responsiveness and lived-experience understanding

#### **Crisis and After-Hours Support**

- Limited after-hours availability
- Overreliance on telehealth during crises
- Need for expanded crisis response capacity

#### **Trauma-Informed and Supportive Services**

- Increased requests for in-home services and trauma-informed care
- Interest in support groups, trauma dogs, and relationally focused supports

## **Limitations**

These findings should be interpreted with caution due to limited diversity among survey respondents, which may not fully reflect the broader population. Additionally, varying levels of awareness about available services likely influenced responses, potentially underrepresenting unmet needs. As a result, the data reflects only the perspectives of those who participated and may not capture the full scope of community needs.

## **Recommendations**

Based on the unique demographic and environmental factors, along with staff, client, family, and community input, the following five areas of focus, along with key actions for consideration, provide a structure for strategic planning.

#### **Access and Availability of Services**

**Focus:** Reduce barriers related to geography, transportation, and service capacity.

##### **Key Actions:**

- Expand mobile clinics and in-home service options
- Increase school-based and community-site service delivery
- Increase evening/weekend and after-hours availability
- Strengthen transportation supports (vouchers, partnerships)
- Expand capacity in high-need areas (substance use, crisis services)

## **Community Awareness and Engagement**

**Focus:** Improve service visibility and reduce stigma.

### **Key Actions:**

- Launch coordinated outreach and education strategies
- Simplify how individuals access and navigate services
- Strengthen partnerships with schools, healthcare, and community organizations
- Use peer voices and community events to reduce stigma

## **Service Quality, System Responsiveness, and Outcomes**

**Focus:** Enhance client experience, communication, and effectiveness of care.

### **Key Actions:**

- Improve communication systems (callbacks, reminders, care coordination)
- Implement standardized customer service practices (standardized callback protocols and response time expectations)
- Upgrade phone and messaging systems (e.g., centralized scheduling, text reminders)
- Implement routine outcome monitoring (surveys, follow-ups) and strengthen evidence-based practices and service intensity.
- Improved care coordination through clearer workflows between clinical and medication providers

## **Crisis Response and Continuity of Care**

**Focus:** Ensure timely, consistent, and reliable care—especially during critical moments.

### **Key Actions:**

- Promote clear guidance on how to access crisis services
- Expand mobile crisis response and reduce reliance on telehealth-only crisis care
- Improve after-hours coverage and crisis access points.
  - Implement rotating on-call staff schedules
  - Explore partnerships with regional providers for shared coverage
- Strengthen provider continuity and reduce staff turnover impacts
- Enhance coordination across providers and levels of care
- Enhance staff retention strategies by offering competitive compensation, supervision, and professional development

## **Integrated and Balanced Whole-Person Care**

**Focus:** Address broader health and social needs through coordinated, inclusive systems.

### **Key Actions:**

- Strengthen primary care integration (screening, monitoring, partnerships)
- Expand case management and connections to social supports
  - Increase connections to housing, employment, and food assistance resources)
- Enhance psychiatric rehabilitation and peer support services
- Develop specialized and trauma-informed services for high-need populations
  - Integrate co-occurring disorder treatment models
- Support insurance enrollment (provide assistance with benefits, navigation, and enrollment)