

2021

Strategies to Expand and Obtain Funding for Nonprofit Organizations

Topaz Lonia Walton-Good
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Topaz Good

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Kristen Chesser, Committee Chairperson, Psychology Faculty

Dr. Nancy Bostain, Committee Member, Psychology Faculty

Dr. John Schmidt, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Strategies to Expand and Obtain Funding for Nonprofit Organizations

by

Topaz Walton-Good

MA, National University, 2018

BS, University of Phoenix, 2012

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Psychology in Behavioral Health Leadership

Walden University

May 2021

Abstract

Expanding a nonprofit organization (NPO) can be beneficial to the community; however, such expansion comes with challenges, including finding ways to obtain additional funding and understanding which additional services to provide. A single-case study was conducted to explore the challenges facing a nonprofit behavioral health organization as it seeks to obtain funding to expand current services and identify new services for underserved communities. Data were collected through interviews with the behavioral health leader (BHL) and five staff members using the Baldrige excellence framework. Five themes emerged from the data analysis: access, programs, services, funding, workforce, and leadership. Although leadership was strong, the remaining themes offered strengths and weaknesses as further reviewed using a strengths, weaknesses, opportunities, and threats analysis. Some themes fell into two or more categories, such as the need for a larger facility being a financial concern and a potential weakness; however, the ability to choose a location near public access was a strength. Additional data were obtained from the BHL, publicly available information, meeting minutes, and the NPO's strategic plan. Partnerships with government and county entities, medical facilities, and possibly for-profit organizations that align with the mission and vision of the nonprofit behavioral health organization in this study will facilitate its expansion plans and simplify access to more funding. By entering these partnerships, the organization will be able to decide which services it can add that will benefit community members. The positive social change implications of the study are better community access to services, improved coping skills, fewer mental health hospitalizations, and additional employment and training opportunities for therapeutic staff.

Strategies to Expand and Obtain Funding for Nonprofit Organizations

by

Topaz Walton-Good

MA, National University, 2018

BS, University of Phoenix, 2012

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology

Behavioral Health Leadership

Walden University

May 2021

Dedication

This study is dedicated to my parents, Ben and Patricia Walton, for always encouraging me to experience life and for loving me unconditionally throughout these experiences. To my children, Deja, Ma-ya, and Rashard, fear became minimal when you entered my life. I will always take on the world for you and encourage you to experience life to the fullest. I will always be there to remind you how powerful you are. I thank you, Rinne, my best friend forever, for having faith in me and encouraging me. I thank my siblings, Brandie, Lanai, and Thomas, for motivating me with endless words of encouragement. I thank Jamille, Auwana, Ra, Monique, Dana, Amy, and Cassandra for their continued support and for showing the world how strong, educated, passionate, and unapologetic women can help others to unlock their potential and grow. “But what if I fail, but oh, my darling, what if you fly?”

Acknowledgments

I wish to thank my family and friends for keeping me motivated as I completed this challenging academic journey. To Dr. Kristen Chesser, committee chair, and Dr. Nancy Bostain, committee member, thank you for your understanding, patience, guidance, experience, and support throughout this capstone experience. To my URR, Dr. John Schmidt, thank you for providing the additional support and insight that ensured my successful completion of the study. Your feedback, contributions, and unselfish sharing of your time will forever be appreciated. To my editor, Barb Elwert, your invaluable editing skills played a great role in my journey, and I will forever be grateful for having you on my team. I thank the fantastic individuals in my cohort who traveled this journey beside me. Finally, I thank my organization and its leader for their support and collaboration throughout this process.

Table of Contents

List of Tables	v
Section 1a: The Behavioral Health Organization	1
Practice Problem	2
Purpose.....	5
Significance.....	8
Summary and Transition.....	9
Section 1b: Organizational Profile.....	10
Organizational Profile and Key Factors.....	10
Organizational Background and Context.....	12
Summary and Transition.....	16
Section 2: Background and Approach	17
Supporting Literature	17
Sources of Evidence.....	19
Leadership Strategy Assessment.....	19
Clients/Population Served.....	22
Barriers to Receiving Assistance	23
Analytical Strategy.....	26
Participants.....	26
Sampling	29
Data Collection	29
Procedure	31

Role of Researcher	33
Ethical Research.....	34
Reliability and Validity.....	35
Summary and Transition.....	36
Section 3: Workforce, Operations, Measurement, Analysis, and Knowledge	
Management Components of the Organization	38
Analysis of the Organization	38
Workforce Engagement	38
Knowledge Management	41
Summary and Transition.....	44
Section 4: Results—Analysis, Implications, and Preparation of Findings	46
Analysis, Results, Implications.....	47
Client Programs and Services	47
Client-Focused Results	49
Process/Structure.....	52
Evaluation of the Organization’s Workforce-Focused Results	52
Theme 1: Access.....	52
Theme 2: Programs and Services.....	53
Theme 3: Funding and Expansion	56
Theme 4: Workforce	57
Theme 5: Leadership.....	59
Analysis of the Organization’s Leadership and Governance.....	60

Leadership.....	61
Governance	61
Evaluation of the Organization’s Financial and Marketplace Performance	
Results.....	62
Implications of the Study for Individuals, Organizations, Communities, and/or	
Systems	63
Individual Implications	63
Organizational Implications.....	64
Community Implications	65
Implications for Positive Social Change.....	65
Strengths and Limitations of the Study.....	66
Strengths	66
Limitations	67
Summary and Transition.....	68
Section 5: Recommendations and Conclusion.....	69
Recommendations.....	70
Recommendation 1: Access.....	70
Recommendation 2: Programs/Services	73
Recommendation 3: Funding and Expansion	73
Recommendation 4: Workforce	75
Implementation of Recommendations and Evaluation Procedures	75
Recommendations for Future Studies.....	77

Dissemination Plans.....	77
Conclusion	78
References.....	80

List of Tables

Table 1. Types of Facilities.....	50
Table 2. Client Demographics	51
Table 3. Treatment Approaches	51
Table 4. Dedicated or Exclusively Designed Programs or Groups	51
Table 5. Clients Referred Directly by the Court System	51
Table 6. SWOT Analysis	58

Section 1a: The Behavioral Health Organization

Though nonprofit organizations (NPOs) have the ability to fill identified gaps and emerge as leaders in the community by advocating for positive social change (Stroup, 2007), for some NPOs, expansion is difficult because of the lack of funding and limited number of services available (Omura & Forster, 2014). In the United States, limited funding allocations can pose a threat to the success of NPOs (Brown, 2020). For example, NPO A-OK, the pseudonym used to identify the organization that was the focus of this study, is trying to expand the number of programs being offered to underserved and impoverished communities, but it is experiencing difficulty securing sustainable funding. The identified communities need a variety of mental health and other services: better accessibility, child care, court-ordered services, telehealth, and consideration of an emergency response team. This is significant to address because community-based programming such as that offered by NPO A-OK would benefit society and the economy (Corporate Philanthropy Report, 2015).

A-OK, as communicated by the behavioral health leader (BHL), currently offers individual therapy addressing many mental health concerns, including marital and family issues; assistance with diagnoses by providing appropriate planning, treatment, and interventions; life coaching; and career development by providing people living in underserved areas with access to interns and associate therapists. The NPO operates with the mission of reinforcing resilience and restoring lives. A-OK currently serves individuals of all ages, ethnicities, socioeconomic status (SES) backgrounds, and cultures. The original goal of the A-OK leadership team was to provide therapeutic

services to community members; however, as time passed, additional needs were identified, including court-ordered programs, assistance to individuals with minimal means of accessibility, and child care. Meeting these needs and providing emergency response teams and telehealth would alleviate some of the struggles that diverse populations are facing (BHL, personal communication, May 9, 2020). The vision of A-OK is to provide these additional services by using interns and associate therapists. The career development of interns and associate therapists can promote leadership roles in A-OK as well as the opportunity to develop and support creative and innovative curriculum ideas and create therapeutic groups (BHL, personal communication, May 9, 2020).

Practice Problem

In contemplating the growth of NPOs, plans need to be established and followed (Gratton, 2018). Specifically, strategic planning is essential to have productive health care facilities (Rasouli et al., 2020), but expansion of some NPOs in the United States is difficult because of the lack of funding (Brown, 2020). Although the leaders of A-OK want to expand and offer more services to underserved and impoverished communities, they need assistance in planning, identifying options, and carrying out the plan to provide more services to community members (BHL, personal communication, May 9, 2020). A-OK currently offers individual therapy by addressing a variety of mental health concerns, including marital and family therapy; assistance with diagnoses by providing appropriate planning, treatment, interventions; and life coaching. However, there is a need for additional services, as well as an expansion of those services to populations that are

underserved, struggling socioeconomically, and facing additional challenges (BHL, personal communication, May 9, 2020).

The BHL conveyed that the difficulty related to insurance guidelines is evident as A-OK considers whom it can hire and the roles that they will fill. Many insurance companies are willing to cover only licensed staff. In the mental health community, the hierarchy of employees comprises licensed staff, associates (interns), and trainees. The trainees are the most effective in providing therapeutic interventions to cash-paying clients only, not clients covered by insurance (BHL, personal communication, May 9, 2020). The BHL explained that bringing in cash-paying clients whose services would be provided by trainees not covered by insurance would be challenging (personal communication, May 9, 2020). Through advertising efforts, the amount that cash-paying clients could afford, along with the time frame needed to build up the clientele would be additional challenges to A-OK. Knowing the time frame is important in planning operational expenses and knowing what A-OK can afford in expansion plans (BHL, personal communication, May 9, 2020).

The BHL also acknowledged that A-OK is a small NPO with limited space. It is expanding its service offerings slowly and has added three more therapists to its staff. A-OK leaders are considering providing services to court-ordered and non-court-ordered groups that would focus on coping mechanisms and self-improvement. The leadership team members also want to explore the possibility of providing child care for individuals who might not have it otherwise because of issues related to low SES or the lack of time available to drop their children off. The leadership team members want to expand

services so that A-OK can help more people in general, including disenfranchised individuals, youth, young adults, and individuals mandated to receive help through the criminal justice system (BHL, personal communication, May 9, 2020).

To qualify for funding, A-OK must compete with other NPOs for money through grants, proposals, services offered, and accessibility. However, despite the availability of grants, NPOs are struggling to meet the criteria of the grants and address the extent to which they might have to change their goals to obtain the funding (Omura & Forster, 2014). If funding is granted, the provision of additional services will be beneficial to populations in need in the surrounding communities.

Expanding mental health services at the community level would provide additional programs, education, and preventative services to alleviate a shortage of services, such as suicide risk, primary care, and nursing home assistance, that has been exacerbated by the COVID-19 pandemic of 2020 (Auerbach & Miller, 2020). At a time when mental health issues are increasing because of the stress of dealing with the unknown long-term impact of the pandemic, the services would potentially help to minimize this stress and anxiety as well as the increase in the number of hospitalizations. The percentage of individuals seeking services through community mental health centers has risen from 21.5% to 21.9%; 18.1% to 20.3% for forensic (i.e., court-ordered) services, and 39.9% to 41.9% for services from outpatient mental health facilities (U.S. Substance Abuse and Mental Health Services Administration, 2019). Assessing current effective services, along with identifying a plan to partner with other community, state,

and federal entities, will help A-OK to obtain funding, which can provide the opportunity for underserved communities to thrive.

NPOs generally have the ability to fill identified gaps in service in the community and emerge as leaders advocating for positive social change, so this study was guided by one research question: How can A-OK fund expansion of the services that it offers, and which services would accomplish the goal of funding and meeting identified needs in the community? This study of A-OK might help the NPO to develop a strategic plan that aligns with available funding and identifies services needed, services currently available, and potential funding partnerships. Thus, this exploration may help A-OK to plan for expansion and establish its long-term goals.

Purpose

The purpose of this study was to explore the challenges facing NPO A-OK as it seeks to obtain funding to expand current services and identify new services for underserved communities. Specifically, the study addressed identified needs in the community setting, funding or partnership options, implementation of these options, and the social change implications for community members. By focusing on the needs of community members and being aware of realistic options to address these needs, the A-OK leadership team may be able to accomplish many objectives regarding the provision of services and the implications for social change in the community setting. Appealing to funding sources, securing partnerships by offering programs that are in alignment, and maintaining good standings with governance entities may give A-OK some allies to provide mental health services to underserved communities. In keeping aligned with the

Baldrige excellence framework (National Institute of Standards and Technology [NIST], 2017), A-OK intends to apply a sound strategic plan as well as a balanced and systematic approach that address every aspect of the organization.

To address the purpose of the study, cultural, socioeconomic, and systemic alignments were considered when choosing methods of measurement. The decision to use multiple methods is appropriate at times (John, 2004), and in the current study, thematic qualitative as well as strengths, weaknesses, opportunities, and threats (SWOT) methods were applicable. Interviews with the BHL and five staff members of A-OK helped me to understand the issues that A-OK is trying to address. Conducting interviews allowed the participants to share their experiences as leaders and staff members of A-OK specific to mental health issues and treatment, the results that they want to see, and possible obstacles to the expansion of services. They also were willing to identify ways to make improvements to the services that A-OK offers and their ability to serve communities more efficaciously (see Crocker et al., 2020).

Thematic qualitative analysis was used to analyze the data. Thematic data refer to pattern recognition, meaning that the themes that emerge from the coding of the data are categorized. Interpretation and meaning of the data facilitate the emergence of relevant themes (Katz et al., 2019). The collection, coding, and analysis of the interview data facilitated the emergence of themes, leading to additional strategic planning, including SWOT analysis (John, 2004) and the Baldrige excellence framework (NIST, 2017). The SWOT analysis was used to identify A-OK's internal strengths and weaknesses, in addition to the opportunities and ability to capitalize on them, and assess competitive

organizations or other elements that may have posed a threat to A-OK's expansion plans (John, 2004). Collecting this information helped me to evaluate and determine the best ways for A-OK to plan projects, obtain funding, and offer additional services.

In conjunction with the SWOT analysis, the Baldrige excellence framework (NIST, 2017) was beneficial in improving the NPO's mission and goals. The framework holds seven criteria that connect organizational goals and outcomes: leadership, strategic planning, stakeholders, employees, management, operating management, and organizational performance (David et al., 2019). For example, unaddressed community issues may be perceived as a possible weakness, whereas the willingness of communities to address problems is a strength. The community setting, which comprises stakeholders with different backgrounds and perspectives, helps to form a complete picture when considering resolutions.

The commitment of everyone involved helps to solidify the alignment of support, loyalty, transparency, and positive social change. Furthermore, this alignment also simplifies the planning of realistic budgets, resource allocation, and research funding beyond grants. It is the responsibility of government entities to ensure that the locations of NPOs in general are practical and easily accessible. Community partnerships and what they offer should be aligned with NPOs and should not be potential liabilities. The operations, accessibility, and knowledge of services offered by NPOs such as A-OK need to be promoted and can be accomplished through widespread appeal.

Significance

The results of the study may be valuable to behavioral health organizations in general by providing information or insight into ways that A-OK can offer more services to individuals and communities in need. This insight may reduce some of the struggles faced by individuals trying to balance life and find the time to attend therapy, individuals living in impoverished areas, and individuals who have been ordered by the justice system to obtain help. Regardless of the need, whether seeking assistance, being court ordered, or being social services ordered, the services offered by A-OK would be available to anyone needing them and would minimize potential barriers. Leading communities in positive social change and growth through many life events, including the current pandemic, civil unrest, mental health, and accessibility, is important.

The results of this study also may encourage sound strategic planning aligned with governing guidelines, invested staff, and community connections, which can improve the effectiveness of behavioral health organizations. A-OK has been effective in connecting with the community and providing needed services, but A-OK wants to expand its effectiveness by implementing a sound strategic plan for expansion. Leadership is important in influencing organizational behavior positively or negatively. Proper leadership leads to high staff morale, the retention of employees, and long-term organizational success. A-OK and its employees all have a connection with the community and are invested in A-OK's expansion plans.

Members of the leadership team at A-OK have focused on obtaining funding so that the NPO can expand its current services and add new ones, including child care,

court-ordered programs, emergency mental health response teams, and educational programs, for community members and caretakers. Education would help to increase current understanding of mental health issues and the stigma that some cultures place on mental health problems and the hesitancy of some individuals to seek help. A proactive action such as receiving services earlier may lower the risk of becoming hospitalized or institutionalized and may lead to cost savings in the health care system because early access to treatment for mental illness issues hastens recovery and reduces or prevents long-term effects (Schley et al., 2019). In addition, grants, partnerships, and networking with other entities appear beneficial and may give A-OK additional exposure to individuals in need. The exposure of A-OK on the websites or platforms of partnering stakeholders may give community stakeholders more knowledge about its mission and services.

Summary and Transition

In this section, information was presented highlighting the mission of A-OK, its current services, and its plans to obtain funding to expand the number of services currently available to meet the needs of underserved and impoverished communities. Also included in the section were details about the problem statement, purpose, strategy, significance of the study, background, conceptual framework, sources of evidence, and data collection. Section 1b presents details about the organizational profile, key factors, background, and structure to understand the organization and its operations.

Section 1b: Organizational Profile

As explained by the BHL, A-OK offers individual therapy addressing a plethora of mental health concerns, including marital and family therapy; assistance with diagnoses by providing appropriate planning, treatment, and interventions; and life coaching in underserved locations (personal communication, May 9, 2020). The mission statement of A-OK is to reinforce resilience and restore lives by helping individuals from a variety of background and ages. Its vision is to provide additional services, including child care, better accessibility, telehealth, and court-ordered programs. Grants, partnerships, and networking with additional entities appear beneficial in giving A-OK more exposure to individuals in need (BHL, personal communication, May 9, 2020).

The purpose of this study was to explore the challenges facing NPO A-OK as it seeks to obtain funding to expand current services and identify new services for underserved communities, with a focus on identified community needs and options for funding or partnerships. Although A-OK leaders want to expand and offer more services to underserved and impoverished communities, they need assistance in planning, identifying options, and carrying out the expansion of services to community members. The study was guided by one research question: How can A-OK fund expansion of the services that it offers, and which services would accomplish the goal of funding and meeting identified needs in the community?

Organizational Profile and Key Factors

The BHL of A-OK is seeking ways to obtain more funding and make the funding more sustainable, which would help A-OK to expand its current mental health services in

underserved and impoverished communities to include accessibility, child care, court-ordered services, telehealth, and consideration of an emergency response team (BHL, personal communication, May 9, 2020). A-OK's clients seek therapy for many reasons: personal therapeutic concerns; court-ordered therapeutic services; and support group therapeutic services such as domestic violence training, sex offender therapeutic interventions, self-esteem groups, and positive socialization programs. The inclusion of these services may help to set A-OK apart from other competing NPOs.

In addition, A-OK is aware of the changing landscape of the world, and it has made diversity and inclusion two of its goals. Inclusion means not exhibiting moral or economic discrimination by offering and providing client-centered care to everyone who comes to NPOs for services (Pizio, 2020). The clients of A-OK come from a wide range of backgrounds. A-OK wants to not only continue serving all its current clients while expanding the number of services to assist individuals from a lower SES (BHL, personal communication, May 9, 2020). Although A-OK wants to expand to a larger facility, it will have to comply with guidelines set by governing entities at the city, state, and federal levels. In addition, according to the state's board of behavioral sciences (BBS, 2020), the governing body for mental health professionals, and the Health Insurance Portability and Accountability Act (HIPAA, 2020), compliance guidelines must be in place.

The stakeholders are community members, networking partners, and individuals holding political office. The ability to make connections and help to refer people to other services would be beneficial to all parties involved. Details about the profile of the organization were obtained from A-OK's BHL. Further information can be found on the

city websites of political leaders, boards of supervisors, and partnerships with other organizations and opportunities for funding and resources.

Organizational Background and Context

According to the BHL, A-OK is passionate about the organization's mission and its goals (personal communication, May 9, 2020). The BHL is responsible for scheduling; acting as receptionist, therapist, and biller; paying taxes; and staying aware of changing policies. Employees assist when possible, but the BHL assumes most responsibilities. The BHL runs the risk of burning out or becoming incapacitated, which then raises the question of who would be able to accept some of the leadership responsibilities. The role of anyone next in the hierarchy has not been assigned or established (BHL, personal communication, May 9, 2020).

With the intention of expanding its services, A-OK will need to hire more staff to fill specific positions to meet the identified needs of clients and the NPO itself that must be included in the organizational chart. The positions will have job descriptions that will add to the structure of the organizational chart. It is hoped that with the added structure of the organizational chart, the NPO will be able to expand its services more easily. A-OK is considering seeking partnerships and grants, but state and federal entities will be responsible for setting the regulations and rules for the organization as well as any partnering stakeholders (BHL, personal communication, May 9, 2020).

Multiple institutional contexts are applicable to A-OK. According to the BHL, even though A-OK is able to accept insurance, most insurance-paying clients must be treated only by licensed therapists (personal communication, May 9, 2020). Therapists

who have graduated and are earning hours toward licensure are referred to as associate marriage and family therapists (AMFTs), and those still in school are referred to as trainees. AMFTs and trainees can render services only to cash-paying clients and a minimal number of potential partnering programs that are willing to work with AMFTs (BHL, personal communication, May 9, 2020). Should A-OK choose to partner with an extant program, the guidelines of that program would have to be adhered to (Schmid & Almog-Bar, 2020). AMFTs and trainees also could facilitate the creation of groups that would have to be run with approved curricula and the required certifications. The aforementioned guidelines would be governed by the BBS (2020) and the state law where A-OK is located.

To further explain the individuals who provide or would provide care, A-OK uses multiple terms related to behavioral health. Licensed marriage and family therapists practice therapeutic interventions. They are licensed in their respective states of residence under the requirements of the BBS. AMFTs are not licensed, but they do have intern identification numbers and are supervised by licensed marriage and family therapists while they complete a specific number of hours providing therapeutic services. Upon completion of the hours, AMFTs become eligible to test for licensure. Trainees are college students in practicum who are earning hours toward graduation. Upon graduating, trainees can apply for associate numbers and become AMFTs (BHL, personal communication, May 9, 2020).

The governing entities are the BBS (2020) and HIPAA (2020). The BBS governs statutes and regulations that behavioral health professionals must abide by. HIPAA,

signed into law in 1996, works in conjunction with the BBS by providing guidelines referencing protected health information and confidential information (BBS, 2020).

HIPAA stipulates the ways that personally identifiable information can be maintained or shared. It also helps to reduce insurance fraud and the theft of personal and confidential health information (BHL, personal communication, May 9, 2020).

According to the BHL, the program QuickBooks is currently used and connected with the HIPAA-approved telehealth program Simple Practice, which accepts electronic payments that flow over to QuickBooks and tracks income (personal communication, May 9, 2020). The BHL physically uploads expenses paid in cash and uses a company credit card to pay for all other expenses. The company credit card is connected to QuickBooks, which also flows over the expenses. The system alerts the BHL according to settings preset by the BHL and decided upon following a review of operational costs (BHL, personal communication, May 9, 2020).

Management are responsible not only for finances but also operations and compliance. The BHL also ensures that licensures, certifications, and physical setups off the facility site comply with governing guidelines. A calendar is kept to remind the BHL when recertifications must take place. The calendar also marks when the recertification process needs to begin according to the suggested response times of the governing entities. The early preparation time ensures that A-OK remains in compliance with few, if any, lapses (BHL, personal communication, May 9, 2020).

Currently, A-OK is financed through insurance reimbursements and cash-paying clients, according to the BHL (personal communication, May 9, 2020). The organization

uses the funding to purchase needed items and pay rent. The BHL believes that it will be beneficial to explore budgetary constraints, add more positions to the organizational chart, and provide employees with a secure means of communication (personal communication, May 9, 2020).

In addition to looking at A-OK's finance and management system, examining A-OK's services revealed that the NPO is versatile in that it uses telehealth and provides in-person services to clients. The provision of mental health services is an essential medical necessity (Centers for Disease Control and Prevention [CDC], 2020a). Therefore, A-OK uses approved telehealth websites for individual and group therapy video sessions in addition to in-person services careful to remain in compliance with the CDC's (2020b) safety guidelines applicable to the pandemic (BHL, personal communication, May 9, 2020).

Further examination of A-OK revealed that it did not have a work performance tracking system. Measurement of performance can provide insight and help to identify areas that need remediation or improvement (Spitzer, 2007). Tracking performance is one way of highlighting the organization's status and providing a baseline upon which to build. Surveys, work performance evaluations, suggestion boxes, and identification of populations receiving assistance and places of residence are beneficial tracking methods to know where A-OK needs to improve or is doing well in offering services.

Exploring the publicly available data of other NPOs and service agencies could help to guide A-OK in terms of services being offered, grant guidelines, and what the NPO could do to set itself apart from others in hopes of obtaining more grant funding.

The public entities could include neighboring mental health facilities, town hall meeting minutes, regulations on state and federal websites, and information posted by potential partners. For instance, town hall meetings minutes could facilitate efforts to obtain knowledge of community members' concerns (NIST, 2017). Having this information could help A-OK to determine how much expansion might be possible and what adjustments might need to be made. The information also could identify area where more resources might be required.

Summary and Transition

In this section, details highlighting the mission of A-OK were presented. The section also included a review of its current services, an explanation of its plans to obtain funding to expand services, and a discussion of community needs. Also presented were the problem statement, purpose, strategy, significance of the study, background, conceptual framework, sources of evidence, and data collection. Section 2 provides more in-depth explanations of A-OK's leadership, expansion strategies, and population served, as well as an analysis of the strategies.

Section 2: Background and Approach

Grants, partnerships, and networking with other entities are beneficial and give individuals in need additional exposure to the services that A-OK offers (Gratton, 2018). A-OK offers individual therapy in underserved areas addressing many mental health concerns and helping people from a variety of ages and backgrounds restore themselves (BHL, personal communication, May 9, 2020). However, the NPO wants to expand to provide child care, better accessibility, and telehealth (BHL, personal communication, May 9, 2020). Conducting qualitative research allowed me to obtain interview data to identify methods that A-OK has considered or tried to use to decide which expanded services to offer to community members. Demographic data and quantitative data also were used in deciding the number of staff needed, how much the organization can currently afford in regard to its expansion plans, what is needed to meet the desired goal of expansion, and ways to obtain an optimal level of funding (NIST, 2017).

Supporting Literature

Databases used to find literature relevant to the topic were EBSCOhost, ERIC, ProQuest, Sage, and sources accessed through Walden University's online library. In addition, publicly available websites and databases were reviewed. Key search terms include *small business, mental health, NPO, mental health therapy, underserved areas, expansion, lower socioeconomic status, impoverished, and success*. The relevance of the reviewed literature highlighted the practice problem facing A-OK, which is the need to obtain more funding to expand its services. The key search terms identified articles referencing small-business expansion, the struggle that some have faced while trying to

expand, the need for mental health services in underserved areas, and which services have been successful.

Some mental health providers face many challenges, including operating under financial constraints, where a connection must be established between the number of services offered and the need for funding (Hall et al., 2021). Some mental health providers find themselves collaborating with entities that are already well established. When forming these partnerships, the providers must abide by the contracts or requests for agreed-upon proposals. This process does not always leave room for many changes or discrepancies and may mean the loss of contracts. NPOs must understand contract language regarding financing, transparency, and other factors if they wish to provide successful mental health strategies through these partnerships (Jacobs et al., 2018).

The lack of services and the need for partnerships reflect the shortcomings of mental health care in general, such as stigma, the low priority for funding, and structural problems. Successful advocacy, mobilization, and destigmatization campaigns have overcome these difficulties. Funding for mental health services in general appears low relative to need (Dobrinsky, 2020); thus, some NPOs choose to partner with for-profit entities by appealing to their philanthropic elements. Developing relationships with for-profit agencies can be risky for NPOs, but some NPOs believe that the risk is worth it to engage with the many extant nongovernmental organizations (Bocquet et al., 2020). Nongovernmental organizations also have been recognized as having an international scope and ability to reach more people (Bocquet et al., 2020).

Sources of Evidence

The collection and analysis of the interview data helped to guide the NPO toward a plan of action regarding expansion of services. Demographic information about clients seen by the therapists and the BHL, also a licensed therapist, facilitated an understanding of sources of funding and staff trainings that may address clients' concerns. Furthermore, obtaining demographic information helped me to identify the need for additional staff, therapeutic improvements, and services such as child care.

Organizational leaders in general need to be responsive to issues of diversity and inclusion because exclusion may lead to feelings of psychological fear for personal safety, emotional taxation, and withdrawal by employees and clients (Corley, 2020). Many people living in a lower SES and underserved communities view mental health services in different ways, so cultural backgrounds may act as barriers to their willingness to access mental health services (CDC, 2020b). Some common barriers include lack of access to services, no child care, and poor availability of public transportation (Lazar & Davenport, 2018). Thus, the NPO needs funding to support a culturally diverse therapeutic setting and implement culturally diverse practices. Funding partnerships with state or county agencies should be explored. Some entities offer child care assistance in the form of vouchers if the parent/s are receiving other services. Some clients may be able to pay for child care, but they have no providers (Rieder et al., 2018).

Leadership Strategy Assessment

The BHL of A-OK leads by example. The BHL communicates clearly, listens to employees, and adheres to the guidelines set forth at the state, city, and BBS (2020)

levels (personal communication, June 16, 2020). I assumed that in our preliminary discussions, the BHL would identify themes regarding cultural diversity, proper training tools to complete the tasks requested, and funding. Training may help staff to improve their job duties as well as provide access to education on innovations and emerging trends in the mental health care field. The ability of employees to discuss concerns or ideas for improvement is important in helping the NPO to expand and improve its service offerings. Through other preliminary discussions with employees, I assumed that training in cultural diversity would be viewed as one way to provide the best care possible to clients. Diversity or education in cultural diversity is a point of focus in that many cultural differences exist in the areas of need. The BHL shared that clients prefer to see staff who are similar to them and understand their cultural differences (personal communication, June 16, 2020). Access to services and child care also were identified as areas of difficulty for clients (BHL, personal communication, June 16, 2020).

A-OK has many short-, medium-, and long-term goals that need to be documented. The urgency of the goals is determined primarily to maintain operations. Short-term plans include maintaining operational funding, hiring interns and associate licensed therapists to provide in-person or telehealth services to obtain the required number of hours toward licensure, and educating community members about what mental health encompasses. The medium-term goals include looking for a permanent site close to public transit and exploring possible grants to provide mental health services. Also being considered is the development of programs providing information on how to obtain free telephones that would give clients access to video sessions and internet connections.

The long-term goals are to have multiple sites, offer continuing education to interns and associates, and provide educational groups and child care services to clients (BHL, personal communication, May 9, 2020).

In exploring actions that were being considered, the BHL had initial meetings with me as well as employees. The goals were reiterated, plans to accomplish the goals were discussed and recorded, and tasks were delegated. The recordings of the meetings were sent to those involved, and future meetings were scheduled to discuss updates on tasks and planning (BHL, personal communication, May 9, 2020).

In regard to evaluating A-OK's financial situation, the NPO obtains funding directly from clients or from insurance reimbursements (BHL, personal communication, May 9, 2020). The organization also keeps a bank account contingency in case of emergencies. Insurance is maintained for liability purposes protecting the employees, the BHL, and the NPO. In addition, the BHL has been certified as a supervisor for mental health interns and associates. The BHL/supervisor also has been certified to teach continuing education sessions to the interns and associates to provide better care for clients. Key workforce plans are to hire more interns and associates according to the guidelines of the BBS (2020). Furthermore, providing additional services means obtaining additional funding and making the NPO and its services more appealing to community members (BHL, personal communication, May 9, 2020).

Key performance indicators have not been recorded or maintained by the BHL (personal communication, May 9, 2020); however, the BHL has begun to review the demographics of the current client base. The NPO also has begun to access public

information to ascertain the demographics in different areas to identify the population in need and their predominant mental health concerns. The NPO continues to monitor income from clients, operating costs, and outgoing expenses through technological software (BHL, personal communication, May 9, 2020).

Performance projections may be determined by the number of clients that A-OK staff have seen, the increase in the number of clients over time, and the projected increase in clients with the addition of more employees (Katz et al., 2019). The projection of funds would correlate to the number of employees (i.e., therapists and trainees) and additional curricula directed toward identified trends (Bauder, 2014). Delegating duties would allow the NPO to continue to work toward accomplishing its long-term goal of expansion while adapting to changing social and governance environments (Davidson, 2018).

The NPO has established and implemented modified plans by keeping abreast of changing laws and guidelines regarding mental health practices through the BBS (2020) website. The NPO leadership team continue to have weekly meetings with staff to discuss and make changes (BHL, personal communication, May 9, 2020). They also survey clients to obtain up-to-date information about their experiences and evaluations after group sessions, and leadership provide anonymous suggestion boxes for staff to submit ideas or concerns to address issues more efficiently.

Clients/Population Served

A-OK's clients are individuals ranging in age from 11 to 70 years who come from different backgrounds, ethnicities, and genders (BHL, personal communication, June 16, 2020). The NPO currently offers therapeutic services provided by licensed AMFTs that

include individual sessions, with group therapy beginning soon. Information is obtained from the clients and is maintained securely according to BBS (2020) guidelines. A-OK recently started using a website platform, which includes details about the BHL, areas the organization specializes in, and telephone and email contact information that allows clients to leave messages. Other information is received from insurance companies if clients choose that vehicle to obtain therapy. Upon entering treatment, clients follow an intake process that requires them to answer questions on a form later used by the therapists to gain further insight into helping clients to address concerns (BHL, personal communication, June 16, 2020).

A-OK is determined to expand its services to individuals in need. A-OK also will assist individuals involved in academia to obtain the hours needed for graduation from college or the requirements needed toward becoming licensed therapists (BHL, personal communication, June 16, 2020). Research has indicated that 73% of nonprofit leaders were not equipped with sufficient resources or opportunities to build their skills (Corporate Philanthropy Report, 2015). A-OK would give employees the opportunity to be heard by participating in projects and monthly meetings.

Barriers to Receiving Assistance

Barriers appear in every aspect of life (CDC, 2020a). The stigma of dealing with mental health issues can be a barrier to seeking help. The thought of being ostracized or being thought of as less than a whole person acts as a barrier that can be considered self-stigma, which manifests when others' negative views prohibit individuals with mental health issues from reaching out for help (CDC, 2020b). Another barrier is the help-

seeking stigma, the fear of being judged for asking for assistance. In associative stigma, individuals associated with people who are dealing with mental health issues feel that they, too, might receive adverse treatment because of this association (Lazar & Davenport, 2018). Public stigma refers to fear of public reactions toward individuals with mental health issues. Anticipated stigma and the anticipated feeling of negative reactions if mental health issues are disclosed can be unbearable culturally (Holliday & Holmes, 2003).

All of these barriers are perceptions that are slowly abating because of education and time (Reisinger Walker et al., 2015). Education directed toward patients and community members will help individuals who need assistance to pursue it actively. Additional awareness and aid not only will lower the number of individuals not receiving treatment but also will break down barriers (Reisinger Walker et al., 2015).

Despite decreasing the barrier of stigma through education, barriers also can be financial (Ferget et al., 2020). Some individuals have to work extra hours because of an evolving and uncertain economy that can have a deleterious impact on their financial situations. There may even be uncertainty about the sources of future financial assistance.

The mental status of many individuals who are experiencing financial and social uncertainty places them at risk of being hospitalized or readmitted to hospital because they do not have access to ongoing outpatient care (Reisinger Walker et al., 2015). Mental illness is being diagnosed at a higher rate by primary care physicians that is related with more clients seeking treatment more frequently (Piotrowski, 2004). These observed trends have been helpful to mental health providers. In the past, clients were

guided toward inpatient facilities; now, more clients are traveling to outpatient treatment facilities and are looking for access to short-term or long-term services while navigating through life (Rieder et al., 2018).

Lack of education and guidance combine to form another barrier. In the United States, one in 10 children has difficulty carrying out daily activities because of severe illnesses that result in psychosocial dysfunction (González, 2015). Some children with these dysfunctions have been identified as children of color who live in low-SES areas and are less likely to have access to or receive mental health services. The delay in receiving services is concerning because of the direct mental health practice and social ramifications; therefore, access to and benefit of mental health care are necessities (González, 2015).

In addition, youth with mental health issues often transition into young adults with untreated issues (Spinelli et al., 2019) because of structural and attitudinal barriers. The provision of mental health services is slowly increasing; however, some individuals continue to struggle or do not actively seek help. Lack of insurance, the availability of few mental health facilities, lack of available transportation, and the ongoing attitudinal barrier of stigma can lead to not seeking help (Spinelli et al., 2019). Addressing these barriers would educate others and reduce the misconceptions regarding mental health, explore the effectiveness of treatment, and maintain the quality of care. Ultimately, youth want to continue to receive aid as they transition into adulthood. Continued mental health treatment for them could include maintaining medical insurance, scheduling

appointments, and having transportation to appointments with clinicians (Sakai et al., 2014).

Despite these barriers to mental health care, there are many ways to address them. Trauma-informed resources are beneficial in helping individuals to overcome the effects of trauma and become stronger mentally, and they can offer opportunities for additional services (Spinelli et al., 2019). For instance, referencing the criminal justice system, the public policy institute of a U.S. western state indicated that prison overcrowding in the state has begun to lean more toward treatment instead of incarceration. Prisoners with qualifying convictions may be released sooner with specific terms and conditions, many being attendance at therapy and programs.

Parents with postpartum depression and their children would benefit from mental health involvement at an early stage, which could lead to better care, less fear of child protective services, less mental health stigma, and improved parenting (American Academy of Pediatrics, 2014). Finally, telehealth has helped to address certain barriers to access. Homebound older adults are at increased risk of anxiety and depression and have limited access to mental health services (Barrera et al., 2017), which telephonic or telehealth care could help address (Lakenauth & Tang, 2014).

Analytical Strategy

Participants

The steps that A-OK needs to expand its services were identified in the interviews and review of documentation so that strategic plans could be developed. Interviews are an important data collection technique in qualitative research (Opdenakker, 2006).

Conducting interviews with the leader of A-OK to understand its vision, coupled with feedback from interviews with employees and a review of public information, was beneficial. The interviews gave me insight into A-OK's operations, protocols, and potential revisions. Analysis of the interview transcriptions helped to identify areas of operations that have and have not been successful.

Six participants were interviewed. Once their interview responses were transcribed and member checked, the transcriptions were coded to identify emergent themes to support the phenomenon under investigation (Rabinovich & Kacen, 2013). In the case of A-OK, the need for community members to have additional access to services emerged as one of the themes. In the past year, A-OK has seen an increase in referrals, an increase in the number of individuals wanting to know what mental health issues could be addressed by the NPO, and the need of clients to obtain transportation to the NPO for mental health and other services. The BHL and staff have expressed concern about what could be done to provide more services and education. These concerns have led to the need to expand services and programs and hire additional staff, both of which involve obtaining more funding.

The sample was small because A-OK does not have many staff members. The participants' names and titles were excluded from the study to maintain their privacy and the anonymity of their interview responses. The participants had volunteer or employment experiences from prior organizations. The information shared by the interviewees was of value because they had been a part of the communities for some time and were aware of issues pertaining to these underserved and impoverished communities.

The participants were the BHL and five staff members of A-OK. After receiving permission from the BHL to do so, I contacted interested participants by telephone to schedule interview times that were convenient for them. I developed seven interview questions:

1. What experience would you like to offer your clients that separates you from other service providers in the area?
2. What outcome or assistance do you see playing a role within the community and societal well-being?
3. Are you open to partnerships, and which partnerships would you be willing to utilize?
4. What are your goals, and what is your projected time frame when you want to achieve short-term, medium-term, and long-term goals?
5. Referencing abiding by governing laws and rules, what do you see as your regulatory requirements?
6. What do you see as your workforce profile?
7. What engagement do you expect to see from clients, and what would satisfy you and your stakeholders referencing client satisfaction and services offered?

In accordance with the Baldrige framework (NIST, 2017), a few additional or probing questions were asked to build upon answers to the original interview questions. The interviews were conducted either in face-to-face meetings or in a telephonic format because of restrictions resulting from the COVID-19 pandemic. The interviews, which were recorded on an audio-recording device, lasted 30 to 60 minutes each, and the

completed interviews were transcribed using Dragon Speech. To maintain validity and objectivity, I entered and coded the data. Data collection was completed over a 1-month time period.

Sampling

The participants were selected based on their experience working for A-OK in underserved and impoverished communities. This purposeful sample of participants was required to have been working for A-OK since its inception 1 year ago. Data saturation happened when no additional data were obtained from the interview responses. Although there are no specific parameters about the number of interviews necessary to achieve saturation, it was important to obtain enough information for validity, assessment, and reporting with congruency (Guest et al., 2020).

Data Collection

A-OK's BHL provided written consent giving me access to organizational information and facilitating data collection. In conjunction with this written consent was approval from Walden University's Institutional Review Board to conduct the study (IRB approval #06-16-20-0612327). Employing a qualitative research method through interviewing was beneficial, but an additional method of data collection was used. A SWOT analysis was conducted on the NPO's project planning (David et al., 2019). These additional data comprised the following sources:

- Meeting minutes
- Organization's website
- Social media

- Data of referred clients
- Clients (returning, continuing clients, and time frame when clients used services)
- Existing governmental entity guidelines (BBS, 2020)
- Current and past strategic plans
- Email
- Media outlets (current events and trends)

Publicly available information was difficult to find because of the small size and short existence of A-OK. The organization relies on referrals from insurance companies, returning clients, and continuing clients. The initial interview for services requires that clients provide demographic details about their ages, communities that clients are coming from, and predominant mental health issues. Government agencies provide guidelines regarding operations, grants, and requirements necessary to apply and qualify for grants.

Surveys are used commonly in qualitative research to obtain data (Millar et al., 2018). Although A-OK uses surveys as part of the initial assessment process, it does not use surveys to conduct postservice evaluations; however, they are being considered. A suggestion box also is being considered to improve the ability of employees to voice concerns or share ideas during meetings. There is no formal protocol to conduct meetings; however, a process is being considered. In addition, there is no organizational chart, clear delineation of job duties, exit interviews (all employees hired are still employed), or human resources. Although the BHL (personal communication, May 9,

2020) takes on many of the aforementioned duties, there is a need for an organizational chart to meet potential requirements of grant funders.

Procedure

Information collected through interviews and data from sources that included A-OK's records and publicly available information were analyzed. Results of the analysis helped me to formulate recommendations. Once the interviews were completed, the transcribed responses were coded, with words and short phrases being assigned as attributes. Then I categorized the codes to facilitate the identification of patterns or themes.

The study also involved a review and analysis of A-OK's available documentation, that is, current public data and identified areas in need of assistance, as demonstrated by the population receiving services, the services being used, and the increased use of services. The data analysis showed which services were lacking based on clients' genders and ages. The analysis helped me to identify which entities may have been appropriate for partnerships. The additional method of observations was not applicable because of COVID-19 pandemic restrictions.

A-OK collects data on the number of documented diagnoses that clients have received. Demographic information also is kept because A-OK accepts clients mostly from certain areas. Although some of that information was used in the study, access to other information was limited because of HIPAA's (2020) compliance regulations. The data were presented as a limited data set, with identifying information redacted. Performance data are a visual representation of A-OK's operations. A-OK keeps

individual client records and individual client performance or improvement, but it does not have a dedicated work performance program.

The BHL of A-OK provided some readily available information, including number of clients, locations, and diagnostic histories. I gained permission to access additional information that had names and identifying information redacted. Consents are signed for treatment; however, a separate consent had to be signed for additional information to be released. Consent forms also were signed by the employees participating in the study regarding the expectation of confidentiality (BHL, personal communication, June 16, 2020). Reputable legal or historical documents were used based on strict guidelines of authenticity and confidentiality. These items represented the best resource for many reasons; for example, many of them were binding contracts, and many were required to adhere to legal guidelines overseen by state-governing agencies that do not allow exceptions to the rules.

The collected data were analyzed using appropriate and applicable methods, including thematic analysis, SWOT analysis, and the Baldrige framework (NIST, 2017). The Baldrige framework can be used in the management of all aspects of organizations, otherwise known as a systems perspective. The framework can be used to help leaders to identify and use the leverage of strengths to assist with the strategic planning of future initiatives and projects. Specific to A-OK, identifying its strengths was helpful in knowing which team members were the most capable of accomplishing certain tasks, delivering value and societal contributions by offering services to community members, and expanding the organization's services. Ultimately, using the framework provided

clarity about what A-OK could conceivably accomplish while promoting innovation and creativity (Akdere, 2009).

A SWOT analysis helps to identify organizations' internal strengths and weaknesses, the economy, competitive organizations, and the best route to project planning. A-OK has many elements that can fit into each SWOT category and can guide the strategic planning relevant to what the organization can set as realistic short-term, midterm, and long-term goals. Data provided by the BHL, including interview responses, documentation with identifying details redacted, demographic information, facility capabilities, and community involvement, were analyzed and placed into four categories. The SWOT analysis provided clarity about the operations of A-OK and presented potential resolutions to the practice problem that could appeal to stakeholders and community members and increase potential partnerships. In addition, the outcomes of the SWOT analysis could help A-OK to decide on its next strategic moves in regard to social marketing, expansion plans, potential partnerships, and leadership (Deshpande, 2019; Lester et al., 2020). Coding of the interview transcriptions resulted in the emergence of themes by identifying similar phrases, patterns, and common sequences. The themes were specific to the challenges facing A-OK as it strives to expand its services.

Role of Researcher

At the time of the study, I was a research student-consultant at A-OK. My objective was to understand the experiences of individuals from various cultures related to the focus of the study. Researchers sometimes face moral conflicts that may affect their results (Karagiozis, 2018) because the research outcomes may weigh in favor of

employees, outside entities, or administration. In conjunction with extant data, the main instrument in this qualitative case study was the research process, which involved interviews and thematic analysis. In addition, the SWOT analysis allowed me to organize the NPO into categories identifying its strengths and weaknesses. Because I was familiar with the community areas into which the organization wants to expand, it was important to remain mindful of the cultural diversity of the communities and other agencies in the area competing for funding.

In maintaining ethical research standards and a professional standpoint, I obtained approval to conduct the study from Walden University's IRB. The participants had to give written consent before being interviewed. They also received an explanation regarding how the interviews would be conducted. Prior to being interviewed, the participants had the opportunity to ask any questions about the study. I assured the BHL of A-OK that all documentation and information relevant to the study would be kept in a secure location accessible only to me. I was responsible for coding the transcriptions of the interview responses and maintaining the integrity and security of the collected data.

Ethical Research

Ethical choices are relevant to research endeavors. My ethical behavior while conducting the study protected the participants. I treated them with respect and dignity, and I maintained their privacy. Ethical behavior also protected the participants as well as myself from coercion or undue influence from external sources. In organizations, ethical behavior is a multifaceted construct (Wyld & Jones, 1997). In the case of A-OK, ethical behavior prevented me from being used to engage in work that administration may or

may not have wanted to do, such as finding reasons to fire particular employees or being used as a political pawn by administration or local politicians. The findings, which will be published, had to be accurate, honest, and complete. The results of any research investigation should not cause harm to anyone, cause liability, or be damaging to any organization or the researcher's reputation.

I maintained high ethical standards while conducting the study. No data were collected without receiving the participants' signed consent. The participants' identities remained private, and their responses to the interview questions remained confidential. The participants also were apprised of their right to withdraw from the interview sessions at any time and for any reason.

I developed a rapport with the participants throughout the process, making it more comfortable for them to ask questions or raise concerns about the study via email or telephonic contact. The interviews were conducted either over the telephone or in quiet and private areas that ensured confidentiality. I assured the participants that all study documentation would be kept in a password-protected electronic file until the study had been completed and published. I will keep hard copies of all data in a locked file cabinet and will properly dispose of them following completion of the study.

Reliability and Validity

Validity refers to the appropriateness of the tools, assessments, and data used in research. Reliability refers to the ability of future researchers to replicate the study process (Leung, 2015). Trustworthiness is the alignment of collected data and their

arrival at similar outcomes. Trustworthiness is achieved through triangulation, which occurs when researchers compare various data results obtained for corroboration.

The interview data were coded, and the themes that emerged supported the phenomenon being studied. The phenomenon was cross-referenced with data from other sources to support trustworthiness. Participants were given copies of their interview transcriptions to review and amend as necessary, and I answered any questions if the participants needed further clarification. Following up with participants and data collection ensures continuity and a reduced chance of misinformation that could lead to negative or questionable results.

Summary and Transition

The expansion of NPO A-OK's mental health services and programs will help to meet the needs of individuals living in underserved and impoverished communities. It was important to study the challenge facing NPO A-OK to obtain not only more funding but also sustainable funding to expand its services and programs. My review of the research literature and public data were helpful in identifying the challenges attached to expansion.

Data obtained from the various sources had different levels of reliability. The most reliable data were from insurance companies, whose names and identifying information were redacted; however, other helpful information was identifiable. This information included identifying areas in need of services, deciding where to expand the site of A-OK physically, adding more staff, and knowing where the best opportunities might be to receive more funding.

In Section 3, an analysis of the organization is discussed. Details include workforce engagement, operational management, workplace environment, and knowledge management. The information was obtained from personal communications, public information, meeting minutes, client discussions, and insurance documents.

Section 3: Workforce, Operations, Measurement, Analysis, and Knowledge Management

Components of the Organization

The process of expansion and potential issues with funding for A-OK was examined. The Baldrige excellence framework (NIST, 2017) and SWOT analysis were used to evaluate A-OK, which currently has six employees who have been individually involved in the community setting from 3 to 20 years; however, A-OK is planning to expand. An analysis of the organization is discussed in this section. Details include workforce engagement, operational management, workplace environment, and knowledge management. I obtained the study data from through interviews, public information, meeting minutes, client interviews, and insurance information. The data were important in tracking experiences and where and how much funding is currently and potentially available.

Analysis of the Organization

Workforce Engagement

According to redacted documentation describing demographics, financial data, and other information provided by the BHL, NPO A-OK has built a successful foundation by providing employment, a safe working space, opportunities for employees to be heard and validated, and some training offerings (personal communication, June 16, 2020). The BHL noted that communication with employees, along with their ability to express concerns and share ideas, was perceived by the employees as validation (personal communication, June 16, 2020). Employees' individual community connections give

NPOs access to possible future networking and partnerships (Schmid & Almog-Bar, 2020).

The current training offerings and consideration of additional training are beneficial to improving staff morale and client services. Employees who train with supervisors feel as though they are being invested in, which in turn enhances employee retention rates (Bibi et al., 2018). The training gives employees tools that they can use not only in their current duties but also in their everyday lives. The degree to which employees view and receive their training would be present in improved performance (Waddoups, 2014). According to the minutes of A-OK's staff meetings, these tools include organization, team building, networking, information for treating and managing various diagnoses, and hours toward licensure (BHL, personal communication, June 16, 2020).

The BHL shared that A-OK wants to expand by fostering relationships with local universities that will enhance employment opportunities for interns and associates (personal communication, June 16, 2020). These relationships will stimulate positive social change by providing the hours needed for licensure and employment. Furthermore, to accomplish multiple goals, the NPO plans to establish team-building events such as monthly meetings with refreshments. The meetings would update everyone on organizational progress and movements within the community setting, and they would give everyone the chance to win raffle prizes such as gift cards (BHL, personal communication, June 16, 2020).

The BHL stated that the key services of the NPO are managed and improved upon through the supervision of employees, governing laws, data, and trending current events (personal communication, May 9, 2020). The supervision of employees includes one-on-one meetings, group meetings, and reviews of charts for proper notation of client information (BHL, personal communication, May 9, 2020). Governing laws and requirements dictate the need for compliance with BBS (2020) and HIPAA (2020) guidelines.

A-OK recognizes the need for additional staff to perform more duties (BHL, personal communication, June 16, 2020). The BHL is considering hiring an operations manager to follow up with the laws, rules, and regulations of the governing entities. The operations manager would be versed in all facets of the organization and would be able to assume some of the BHL's duties and prioritize actions that would assist in creating value (Curry & Hersinger, 2020). The operations manager will assist the BHL by ensuring that the facility is physically in compliance. Furthermore, the operations manager will address organizational issues, remind staff of their duties, review and adjust services, and provide training (BHL, personal communication, June 16, 2020).

The BHL noted that the NPO is always trying to maintain an inviting environment for clients (personal communication, June 16, 2020). This environment includes the attitudes of staff; comfort of the furniture, colors of the decor, and cleanliness of the facility; and the provision of water and magazines in the lobby. The NPO will keep these factors in mind when deciding on expansion sites. The NPO also will consider additional

items, such as making coffee, tea, or cocoa available to clients as they wait for services (BHL, personal communication, June 16, 2020).

The NPO is striving to keep everyone trained and is considering having some staff cross-trained in other capacities (Mack, 2020). The BHL and operations manager would be trained in everything. The therapists and clerical assistants could begin training to check on clients electronically in case the receptionist is away from the facility. The proposed new system must be efficient in order to keep track of demographics, payments, and scheduled appointment dates. Efficiency would help clients to appreciate the professionalism of the NPO and staff (Mack, 2020). The BHL would receive information to determine the efficacy of some programs and ways to improve others. Receipt of this information would give the BHL an idea of trending issues and which programs to increase in terms of availability (personal communication, June 16, 2020).

Knowledge Management

Communication with the BHL determined that A-OK does not have a dedicated system to measure performance (personal communication, June 16, 2020). Rather, it relies more on the BHL researching client demographics relevant to age, gender, race, culture, and reoccurring diagnoses. The BHL also keeps track of organizational performance by maintaining records of how many clients are checked in and return for services (personal communication, June 16, 2020). According to Ananda et al. (2019), performance tracking maximizes the potential of an organization to share ideas about ways to improve. The BHL will have all access, and the staff will have access to

programs directly related to their job descriptions (personal communication, June 16, 2020). The programs and system also would be HIPAA (2020) compliant.

The BHL explained that the NPO's overall costs are controlled by maintaining ongoing inventories of supplies and frequent reviews of services such as internet and telephone (personal communication, May 9, 2020). Insurance premiums are paid to protect the organization and staff from legal issues. Insurance covers liability for the building and malpractice issues (BHL, personal communication, May 9, 2020).

Vasi (2019) stated that advertising introduces people to products. The NPO currently advertises according to available funding and the marketing strategies that bring in the most clients (Meng & Hong, 2012). The different advertising platforms are vetted and monitored according to data collected from clients. Clients may divulge where they obtained information about the NPO's services, such as through internet searches, social media, word of mouth, or other institutions. If a platform is not bringing in additional clients, then it is not serving the organization well, and its use may need to be reconsidered (Meng & Hong, 2012). Monitoring income and operations costs through an electronic system may make tracking more efficient and easier (BHL, personal communication, June 16, 2020).

As already referenced, third-party vendors are monitored (Hamzah, 2020). Phone and internet service performance is always monitored, but if more cost-effective deals are found for particular services, the NPO may consider using them. Any lease for a larger facility should be discussed before being signed. It should include terms, cost of the entire term of the lease, and any additional concessions or agreements. Such a binding

contract should be kept on hand to address any legal issues that might arise (Hamzah, 2020). The BHL is considering hiring an information technologist either as a full-time or a contract employee; however, the frequency of use would dictate the decision. Supplies currently are inventoried by the BHL (personal communication, June 16, 2020), but in the near future, they could be inventoried by clerical assistants or the operations manager.

Maintaining the safety of the facility is critical to ensuring the mental and physical well-being of staff and clients. Safety in the workplace also extends to improving the performance of employees (Katz et al., 2019). As conveyed by the BHL, safety measures include the provision of personal protective equipment, security, key fob entry, patient screening, office set up to have visuals on clients and staff, and insurance (personal communication, June 16, 2020). The BHL, also the supervisor, must check files to ensure that staff are documenting correctly to avoid possible liabilities or lawsuits. Manuals are available in case outside agencies such as the department of children and family services, aging and adult services, or local law enforcement need to be contacted for assistance. Forms are kept on hand, and staff are aware of the need to fill them out and submit them, as mandated by the outside agencies (BHL, personal communication, June 16, 2020).

Safety measures also extend to clients (BHL, personal communication, June 16, 2020). The supervisor and senior staff screen clients to determine if they need services beyond those offered by the NPO. In such cases, clients are advised so and are referred out. In more severe cases, the NPO will contact local hospitals that provide 72-hour mental health holds. Clients can be transported by ambulance.

In the case of disaster or emergency, the building has clearly marked exits as well as fire extinguishers and first aid kits in the facility (BHL, personal communication, June 16, 2020). Client information is kept in locked water- and fire-resistant file cabinets. A secure electronic backup also is kept by the BHL (personal communication, June 16, 2020). This system has been approved by the BBS (2020) and is HIPAA (2020) compliant.

Compliance also requires an additional layer of safety. Staff competence and capabilities are determined by a review of licensure, responses to case studies, meetings with all staff, and availability of staff (Mulder, 2017). Capabilities are reviewed according to the number of clients coming into the facility or calling for services. The NPO uses Psychology Today as an internet platform, but it is looking into soliciting employees from local colleges and clients from medical centers and the court system (BHL, personal communication, June 16, 2020). The hiring process consists of interviews that identify candidates' strengths and weaknesses (BHL, personal communication, June 16, 2020). Staff are managed by the BHL (personal communication, June 16, 2020), but in the future, this task will be the responsibility of the operations manager.

Summary and Transition

Section 3 provided details about A-OK's workforce, services, and performance data collection protocol. Workforce engagement is important to organizational growth ("Small Business CEOs Are Finding Ways," 2016). The workforce will inevitably grow in conjunction with the expansion of the organization, so the collection of pertinent data will be instrumental in monitoring workforce performance. In addition to workforce

performance, employees' pride in their work is beneficial. Feeling satisfied with the job and being valued can have a significant impact on employee performance (Egenius et al., 2020). Team building, meetings, and transparency of decisions made by the BHL may achieve this job satisfaction. Ongoing training for staff is valuable in keeping employees knowledgeable of and current on services offered. A-OK also monitors all employee files to ensure that insurance policies and professional licenses are current and in compliance. A-OK also screens potential clients for the safety of staff and other clients, maintaining its reputation as a safe place physically and mentally.

Section 4: Results-Analysis, Implications, and Preparation of Findings

The need for mental health services in the United States has increased. Access to mental health services has been an ongoing issue for vulnerable populations, including people from a lower SES, individuals who are homeless, and refugees (Aragona et al., 2020). In addition, widespread ramifications of the COVID-19 pandemic, including isolation and lengthy social disconnections, have exposed the urgent need for mental health services (“University of Arkansas Sees Increased Need for Mental Health Services,” 2021). The impact of the COVID-19 pandemic has exacerbated not only the symptoms of mental health struggles but also the difficulty accessing services because of financial barriers, persistent lockdowns, and lack of resources (Aragona et al., 2020). The provision of services would help to address some mental health issues through such collective efforts as bridging gaps in the monitoring of performance, studying the impact of public reports, and supporting the active engagement of all stakeholders in developing solutions (Morris et al., 2020).

The purpose of this study was to explore the challenges facing NPO A-OK as it seeks to obtain funding to expand current services and identify new services for underserved communities. Obtaining funding can be difficult for NPOs wishing to expand their programs and services, along with the additional challenges faced by chief financial officers that include balancing strategic planning for future initiatives and operations, ensuring financial sustainability and leadership, complying with regulations, evaluating risk, and providing governance and communication (West & Ries, 2018).

Grants, donations, and philanthropic funding from for-profit organizations have been noted as helpful in meeting the funding goals of NPOs (Bocquet et al., 2020).

In Section 4, the preparation, analysis, and implications of the findings are discussed. Common themes that emerged from the data analysis are also identified. The sources of evidence were obtained from interviews with A-OK's BHL and staff. The BHL also provided documentation used in conjunction with publicly available information from social media, websites, and media outlets; governmental entity guidelines; and current and past strategic plans.

Analysis, Results, Implications

Client Programs and Services

The BHL explained in response to the interview questions that A-OK currently provides individual therapeutic services to clients ranging in age from 11 to 70 years. Clients come from different backgrounds, ethnicities, and genders. The current services include individual and group therapeutic interventions. More services, including groups addressing self-esteem, ways to build resiliency, victims of domestic violence, batterers' courses, sex offender courses, anger management, substance abuse, and victims of human trafficking, will be added to A-OK's expansion plans once the services are certified. While being interviewed, the BHL also informed me that more populations would be served, including those involved with the court system (i.e., family court, dependency court, criminal court, and victims of those in criminal court).

To consider offering additional services, A-OK must continue its efforts to identify key stakeholders: community members; government agencies (e.g., victims

crime board, court system, state system, and other mental health centers); employees; and clients, as suggested by the Baldrige framework (NIST, 2017). Communities would gain additional assistance dealing with mental health issues as well as access to programs that might have been unavailable previously (Olin et al., 2016). The new programs would augment those already in the court system as well as those not in the system (Olin et al., 2016).

Programs not related to the court system would focus on developing clients' self-esteem and positive socialization. Self-esteem is directly related to behavior (Roelen & Taylor, 2020). Receiving early assistance from programs that offer clients different perspectives of their current life situations (e.g., poverty, poor communication skills, abuse, violence, and lack of education) and a positive view of self may help to reduce the potential for future mental, physical, and legal challenges (Akabay & Gunduz, 2020). For example, the Early Periodic Screening, Diagnosis, and Treatment Program, which spanned 5 years, offered treatment for a variety of issues, including making poor choices, being involved with the court system, having poor relationships, lacking job security, and generally being unable to thrive (Snowden et al., 2007).

The BHL explained during the interview that A-OK is a relatively new NPO and that aside from its initial startup, it has plans to set up self-esteem and positive socialization groups. A-OK has completed the curricula and schedules for the tentative groups. It has advertised the groups on social media platforms and has sent emails to nearby schools and business (see Fitzhugh-Craig, 2020). The BHL stated that A-OK has started to receive phone calls from potential clients interested in participating in the

groups. In that regard, the BHL noted that A-OK also has begun to compile an interest list and is close to offering the groups in an online/telehealth format.

Expanding services would mean hiring more employees (Choi et al., 2017). In addition to having steady employment, new staff would gain experience helping clients in need as well as receive training and develop effective leadership skills (NIST, 2017). Communities would obtain additional services that might help to reduce the number of hospitalizations, criminal activities, and the cost of addressing untreated mental health issues, along with improving the quality of life and views of self (Papadopoulos & Maylea, 2020). Services and programs should be made available based on information indicating which areas are lacking mental health treatment, substance abuse programs, and anger management programs so that they can be as effective as possible; otherwise, negative consequential behaviors may continue (Webster et al., 2010).

Client-Focused Results

As mentioned by the BHL during the interview, A-OK is a newer NPO, having opened just 2 years ago. It also has a small staff, and the number of services and programs that it offers is limited. It does not yet have a dedicated system to evaluate and track work performance to identify areas of weakness that need remediation or areas that are already working well. However, the BHL indicated that A-OK does have some ability to track staff performance based on the treatment planning and progress of clients.

Although seeing clients make progress is the ultimate goal of A-OK, the progress of clients is not sufficient for the organization to evolve as a whole. Organizations are challenged with balancing both the quality of care and operation cost (Ho & Huang, 2020)

The BHL commented that A-OK would like to expand its offering of services needed in the communities. Although surveys would be beneficial in gaining feedback about the experiences of staff and clients (Graça & Camarinha-Matos, 2017), A-OK has not yet begun to use this performance evaluation tool. However, surveys may make the population being surveyed feel a sense of trust and respect that their voices are being heard and valued, and the anonymity of surveys would facilitate transparent feedback without the fear of negative repercussions.

Publicly sourced information (Substance Abuse and Mental Health Services Administration, 2019) gave insight into current services and the increased need for other services (see Tables 1-5). Table 1 shows the increase in the number and type of mental health facilities. Table 2 indicates the increased use of mental health services demonstrating the need for additional services and access. Tables 3 to 5 illustrate the need for multiple forms of treatment: individual sessions, group sessions, and court-ordered mental health programs or services. The goals of the organization are based on the community needs according to the increases depicted in the tables.

Table 1

Types of Facilities

Facility type	No. of facilities		%	
	2018	2019	2018	2019
Outpatient mental health facility	4,665	5,220	39.9	41.9
Multisetting mental health facility	382	375	3.3	3.0
Community mental health center	2,553	2,682	21.5	21.9

Table 2*Client Demographics*

Ages	No. of clients		%	
	2018	2019	2018	2019
All age categories	5,018	5,515	43.0	44.2
Children (12 years or younger)	6,759	7,389	57.9	59.2
Adolescents (13-17 years)	7,391	8,101	63.3	65.0
Young adults (18-25 years)	10,202	10,973	87.3	88.0
Adults (26-64 years)	9,792	10,488	83.8	84.1
Seniors (65 years or older)	9,387	10,019	80.3	80.4

Table 3*Treatment Approaches*

Treatment approaches	No. of approaches		%	
	2018	2019	2018	2019
Individual psychotherapy	10683	11426	91.4	91.6
Group therapy	10041	10671	85.6	86.0
Cognitive behavioral therapy	10424	11253	89.2	90.2
Behavior modification	7457	8229	63.8	66.0
Telemedicine/telehealth therapy	3823	4741	32.7	38.0

Table 4*Dedicated or Exclusively Designed Programs or Groups*

Support services	No. of facilities		%	
	2018	2019	2018	2019
Court-ordered outpatient treatment	5322	5977	45.6	47.9
Family psychoeducation	7508	8453	64.3	67.8
Education services	3584	3858	30.7	30.9
Psychosocial rehabilitation services	4807	5155	41.1	41.3
Suicide prevention services	6901	7754	59.1	62.2

Table 5*Clients Referred Directly by the Court System*

Forensic clients	No. of clients		%	
	2018	2019	2018	2019
	2,119	2,533	18.1	20.3

Process/Structure

Interviews were conducted with the BHL and five staff members. The interview questions were structured based on the Analytical Strategy section of the Baldrige framework (NIST, 2017). I used Dragon Speech, a speech recognition software program used for dictation, to transcribe the interview responses. The recordings were played in close proximity to the computer speaker and were converted to narrative form in Microsoft Word. In addition to its high accuracy, Dragon Speech facilitated playback of the dictated information. After printing the transcriptions, I used coding to analyze the interview responses and identify emergent themes. Various phrases expressing the participants' feelings or ideas were underlined.

Evaluation of the Organization's Workforce-Focused Results

Reoccurring codes identified five themes that emerged from the analysis: access, programs and services, funding and expansion, workforce, and leadership. All staff and the BHL were identified as therapists. The interview questions were derived from the practice problem and were based on their roles, functions, and community investment.

Theme 1: Access

Theme 1 referred to community members' access to mental health facilities and mental health programs, and their financial ability to secure mental health services. I developed this theme by triangulating the interview statements; publicly available information; and documentation provided by the organization regarding the number of client cancellations and reasons why, including child care, finances, and transportation issues. Previous research has indicated that the reasons for not seeking professional help

primarily include financial issues and lack of access (Creswell et al., 2021). P1 explained that many people in the communities could not access services because of where they lived. This comment might encourage an exploration of location and its proximity to public transit on the ability of community members to use a telehealth platform.

P1 stated:

A client wants compassion, direction, knowledge that the organization cares, and the ability to get to the help. A client wants multiple levels of mental health. Some need to deal with daily life, some need to deal with trauma, and others don't even know where to send someone to. Some people in the community live in areas where some services are scarce. A liquor store can be found before a medical clinic can, or the bus takes you only so far, and it is still a mile away from a facility.

Despite lack of access as a barrier, a strength of A-OK lies in its ability to choose a prime location that its competitors may not have access to so that it can promote access to public transportation in well-lit areas.

Theme 2: Programs and Services

Theme 2 identified programs and services offered by A-OK: individual, family, and some group therapeutic sessions. Further exploration identified social factors such as lack of knowledge of what mental health is; impact of social or cultural stigmas; embarrassment; unawareness of programs needed; and hesitancy to trust unknown persons (e.g., therapists) as documented reasons why mental health services were not being accessed (Creswell et al., 2021). Individuals who have experienced trauma and

poor health may have difficulty forming trust relationships with others, including physicians and other professionals in the health care system, resulting in the refusal to seek or use trauma-informed care in the health care and mental health care systems (Boughner et al., 2019). Trauma-informed care, which takes into consideration the high prevalence in certain population demographics, the serious long-term consequences, and the impact across the lifespan may help by not retraumatizing clients, showing compassion, and implementing identified programs and trauma-focused services (Alpin et al., 2019). Along with adding specific programs to address identified mental health issues, having a main point of contact or a streamlined point of contact for referrals or review of the programs and services that are available has been beneficial in reaching more-difficult-to-reach populations (Fazel et al., 2020).

P2, P3, P5, and the BHL conveyed that if additional specific programs were offered, people from different demographic populations would seek services. P3 noted that programs or services relevant to court ordered, self-esteem, positive socialization, communication, and education on what mental health is would be beneficial. P2 asserted that receiving education on what mental health is could be helpful in reducing the stigma associated with mental health and encouraging more people to seek assistance. P5 stated that if programs were offered according to what particular communities needed, such as court-ordered programs for those involved in the court system, self-esteem programs for all ages, and positive socialization, more people would participate, perhaps even reducing negative impacts or behaviors. The BHL remarked that providing training to therapists not employed by A-OK, such as helping them to start their own private practices or

showing them how to offer certain programs, would be beneficial in giving community members more options when seeking mental health and other types of services.

P2 said, “Those that are aware of mental health services and programs participate, [but] others don’t because they are not ready, do not have resources or knowledgeable of where to find the programs they need, support systems, or accountability.”

P3 responded:

Mental health needs to include cultural competency; people that represent them and their community; diversity; and a welcoming and warm facility with programs that are connected with the community, including job training, trades, court-ordered programs, self-esteem programs to see themselves in another light, single-parenting advocates, mentoring, and encouragement. People are not taking advantage of services because they don’t have what they need, don’t know about services. If education of mental health services was on a social media platform, it may reach more people.

P5 commented:

Programs need to be available for marginalized people, and how can they afford it. The therapists need to understand culture and have a range of programs, from court programs to culturally diverse programs. A greater outcome may come with diversity.

Finally, the BHL stated, “Further down the line, there should be a user-friendly centralized database to find services with different links for different issues including mental health professionals, clients, and families of clients to get help.”

Theme 3: Funding and Expansion

Theme 3 referred to funding and expansion, both of which were and continue to be of great concern to A-OK. The BHL had a monetary reserve to assist with initial expansion costs but expressed concerns about the sustainability of the reserved funding. In addition, the BHL was concerned about timelines to apply for certain programs and certifications, respond to grants and requests for proposal requirements and deadlines, and hire staff to fill positions.

The BHL remarked:

Funding is needed to hire qualified employees that have professionalism, effective communication, and the willingness to help each client reach their goals. I have money set aside for the beginning growth of A-OK, I have ideas of how to expand and continue evolving, but it is a huge task to take on, and I need help. Many places I see struggle because they cannot find the funding, qualified employees, and the ability to provide a full package service for clients' needs.

Another issue is if someone only takes insurance, then the organization closes itself off from other demographics. Another thought is if A-OK solely partners with another agency and depends on referrals, then the organization is restricted only to the amount of funding and services referred. While I am knowledgeable of these things, I cannot do it all alone. I am overextended at this point.

Triangulation was completed by reviewing A-OK's current budget, amount saved for expansion, and current operational costs and then comparing them against other

organizations in the area. Findings showed that even though A-OK had enough money to start the expansion, the funding was sustainable only for approximately 6 months. A-OK has an advantage over other organizations in the area by choosing a location for its expansion that will be safe and close to public access and will provide an optimal layout that will have room for additional programs and adequate social distancing. In addition, the review of billable services and those allowed to bill with insurance panels indicated that AMFTs could not bill, but licensed marriage and family therapists could. The organization recognizes the need to establish partnerships or solicit insured clients who would be willing to pay cash for treatment from AMFTs (BBS, 2020). According to the U.S. Census Bureau (2021), the percentage of families in the United States living in poverty has risen, and income has decreased because of the COVID-19 pandemic. The federal government has implemented many programs that have provided grants and programs for medical assistance that A-OK could apply for or solicit through partnerships.

Theme 4: Workforce

Theme 4 referred to the workforce and the potential to hire more people from the community. The BHL stated that A-OK currently employs five therapists. The BHL, aside from being a therapist, also has multiple operational duties. The BHL mentioned feeling burned out constantly because of the responsibility of assuming so many duties. A-OK needs more employees to carry out specific duties, especially because of the expansion plans. In hiring additional employees, Theme 3 would once again be relevant, with both the revenue produced by the therapists and the ability to pay them according to

the medium pay rate for the area (Office of Personnel Management, 2021). The BHL was excited about the opportunity to provide more employment opportunities to community members. SWOT was used to analyze A-OK's data and identify strengths, weaknesses, opportunities, and threats (see Table 6). The information in Table 6 was obtained from the BHL, A-OK documentation, publicly available information, and current events.

Table 6

SWOT Analysis

SWOT component	Characteristics relevant to A-OK
Strengths	<ul style="list-style-type: none"> • Competitive strengths would be the location A-OK chooses to expand to, the certifications it is actively pursuing, and the partnerships it is considering • Staff are invested in the community and willing to work a few extra hours to assist with initial expansion funding • Positive leadership, open to ideas from staff and clients • Positive progress of clients • Currently in a city where insurance agencies are identifying as a high need area • Currently receiving clients from those agencies • Staff have a diverse background, ethnically, socioeconomically, and employment history (Including, law enforcement, teaching, medical, and volunteer work)
Weakness	<ul style="list-style-type: none"> • Ability to comply with CDC guidelines for the pandemic • Initial funding for expansion • Limitations the NPO would have to adhere to with some partnerships • No dedicated workforce performance system in place • No surveys • Minimum advertisement
Opportunities	<ul style="list-style-type: none"> • Partnerships with government entities • Networking • Partnerships or funding from for profit organizations and their philanthropic goals • Social media, current events, and access to knowledge of law changes in order to see the shifts and plan accordingly. • The currently qualified staff and their ability become certified in other specializations in which the organization can offer • Provided the organization is able to secure a sizeable location within budget, the ability to provide additional services or services at a greater frequency would be possible
Threats	<ul style="list-style-type: none"> • Initial and sustainable funding • Changing laws and landscapes of the world • Operational cost in offering certain services (Insurances, space, and guidelines set forth) • Politically, some may not want certain programs offered in their area, or certain populations in their area

SWOT component	Characteristics relevant to A-OK
	<ul style="list-style-type: none"> • Additional NPOs in the area, however, do not offer some of the programs NPO A-OK is willing to provide

In reviewing the strengths of A-OK, many of their elements were applicable to Theme 1: Access and Theme 5: Leadership. Theme 1 was relevant to choosing a location with ideal access to public transit. Theme 5 was relevant to being positive and professional when associating with other entities. Organizational weaknesses were evident in Theme 3: Funding and Expansion and Theme 4: Workforce. A-OK has enough funding for approximately 6 months, but there is a need to find sustainable funding afterwards. A-OK also needs to hire additional staff and assign specific duties to them as its expansion plans continue. Further review of Theme 2: Programs and Services and Theme 3: Funding and Expansion have applicable findings in opportunities and threats. Partnering with governing entities, networking, and ensuring that staff qualify for certification in the identified programs give A-OK the opportunity to be eligible to receive grants to increase the number of programs and services that it delivers to communities. Although A-OK has initial funding for expansion, threats to funding have emerged in the operational costs of some services and in the political arena, where some politicians or community members may not want certain programs (e.g., sex offenses, substance abuse, anger management) offered in some parts of the communities.

Theme 5: Leadership

Theme 5 referred to leadership. Examination of the SWOT analysis showed that A-OK's competitive strengths revolved around the tone set by the BHL, who continues to lead with positivity and transparency, and is open to ideas from staff and clients. The

roles and positive relationships of organizational leaders with employees may boost employee retention rates and organizational performance (Yamin, 2020). The results of positive relations are evident throughout organizations and are reflected in the progress of clients and positive performance evaluations (“Unisys Client Success Program Earns Recognition for Marketing Excellence,” 2019); positive relations with diverse staff who are loyal to and engaged with the organizations (Ali & Islam, 2020); and a meaningful and inviting workplace environment that has a positive effect on client and staff (Jones, 2018).

Positive, outgoing, and practical leaders are attractive to organizations offering potential opportunities (NIST, 2017) in networking, partnerships, and meeting with local community leaders, and government officials (Cui, 2020). The transparency, emotional intelligence, and openness to ideas manifested by leaders will assist when organizations are faced with making potential changes based on current events or trends (Cui, 2020). The diversity of employees whom leaders have selected helps organizations to become relatable to communities with multiple cultures and subcultures. A-OK promotes inclusivity in its workforce to reduce bias, improve communication, and support employees’ needs and preferences (Browning et al., 2018)

Analysis of the Organization’s Leadership and Governance

Leadership and governance can be measured in multiple ways, some of which are more efficient than others. Nevertheless, having measures in place is instrumental in assessing client engagement, governance compliance, laws and regulations, strategies and action plans (NIST, 2017).

Leadership

A-OK's BHL leads with transparency and completes daily operational duties of the organization with employees. Although the BHL has assumed many of the same tasks as employees, most operational duties remain the responsibility of the BHL. The BHL is readily available and engages with staff on a daily basis. The BHL conducts checks to ensure that licensures and insurances are up to date. The BHL also is the point of contact for all communication. Monthly meetings are scheduled with the BHL to check in and voice concerns, acknowledge positive activities, and give updates. The BHL has discussed expansion with the employees, the status of the expansion, additional positions that are being considered, and the need for the proposed changes in order to provide transparency and minimize duties for the BHL. Positive communication and transparency mean higher rates of employee retention and improvements in the quality of services provided by employees ("We Used to Withhold Information," 2017).

Governance

A-OK does not have a board of directors or other senior leaders. The BHL is currently the sole leader. The BHL is aware that the organization will have to develop official policies and procedures; have additional leaders, perhaps managers, supervisors, or an operations manager; and add new positions and employees (Choi et al., 2017). The BHL acknowledged that A-OK will have to create positions according to its needs and in accordance with BBS regulations (2020), leasing building rules, and state requirements.

A-OK also must adhere to tax requirements and maintain proper forms.

Governance requiring up-to-date certifications, insurance, and licensures keeps A-OK

from facing legal challenges. A-OK carries out its own risk management with licensure, insurance, and certifications; however, the NPO may want to hire a person dedicated to monitoring and addressing areas of expansion, including possible additional programs, areas where it may expand to, and any other elements that pose potential risk (BBS, 2020).

Evaluation of the Organization's Financial and Marketplace Performance Results

Financial planning has been a major concern for A-OK. A-OK has put aside some funds toward expansion, but it has not yet reached sustainability. Sustainability to the organization comes in two forms: a source that can provide funding in excess of 10 years or ongoing eligibility to apply for and receive multiple grants. Although offering additional services and partnerships has been considered, the BHL noted that A-OK has not yet secured these partnerships. A-OK can enter into partnerships with specific entities, but other partnerships require applications submitted according to their need or contract period (Grants.gov, 2020). Contract periods can range from 1 year to more than 5 years, depending on the funding sources and requirements (Grants.gov, 2020). The past 2 years, with the acceptance of insurance panels, have been financially sustainable for A-OK, so the BHL has been able to save toward expansion. The employees have contributed financially toward the betterment of the community through A-OK's expansion efforts.

Qualified staff would be willing to step newly created positions if the opportunity were made available to them. They also would be amenable to being trained for new

positions. These gestures would convey validation and further investment in the organization and the employees.

Implications of the Study for Individuals, Organizations, Communities, and/or Systems

The purpose of this study was to explore the challenges facing NPO A-OK as it seeks to obtain funding to expand current services and identify new services for underserved communities. The data analysis supported the results, identified as the need for strategies to know where and how to obtain funding, potential partnerships, what services or programs to add, and development of a realistic and effective timeline for adding these programs (NIST, 2017). The implications, as they pertain to individuals, A-OK, and the community, demonstrate the potential for positive social change.

Individual Implications

Results indicated that leadership should consider partnerships, programs, and advertising beneficial toward its funding and expansion strategies. Expansion plans should consider the addition of staff positions, including reception; management; therapists, and positions with specified roles in an effort to maintain professionalism, communications, and keeping A-OK in compliance and aware of upcoming opportunities (Browne et al., 2017).

Having access to available mental health programs may mean that communities being served by A-OK can decrease stigma, reduce involvement in the legal system, and address other issues impacting the communities. Improving access to programs also may help to address many of the stressors that have afflicted communities because of the

COVID-19 pandemic. Providing more access to programs may give individual who are struggling with financial insecurity, job loss, death, or illness resulting from the pandemic some new and affective coping mechanisms and mental health services (Aragona et al., 2020). Offering more access may prevent additional societal costs (Bidwell et al., 2019).

Organizational Implications

A-OK should consider determining which programs it wants to offer as part of its expansion plans, separating those programs into groups by timeline, and identifying what is required to run the programs. Gólcher-Barguil et al. (2019) stated that implementing an effective cost-benefit analysis may result in operational excellence. In case certifications are required, the cost and timelines of those certifications also should be considered. A-OK would benefit from having addition positions and an organizational chart (NIST, 2017). The BHL suggested that A-OK might want to consider hiring an operations manager and a grant writer to prepare requests for proposals, grants, and government partnerships (Kassler, 2020). Reviewing the infrastructure of programs, needs, and performance would give the organization the opportunity to monitor evolving issues and barriers in the community continuously.

Programs would be beneficial if chosen to address such extant issues as court-ordered programs and preventative issues like groups on self-esteem and positive social behaviors or interactions. In reviewing requests for proposals, A-OK should consider contract terms and timelines, and then prepare to make any additional requests for changes. The timelines also should be monitored for end dates in case A-OK needs to reapply or consider other sources of income to remain viable (NIST, 2017). A-OK also

might need to adjust its operations and strategic plans in case contracts might not be available until the next fiscal year (Grants.gov, 2020). Because of the restrictions in place resulting from the widespread impact of COVID-19, giving clients access to remote programs such as telehealth should be considered (Lakenauth & Tang, 2014).

Community Implications

Communities would benefit if A-OK could provide access to programs in underserved areas (Olin et al., 2016). The programs would be identified as being needed by community members with the least representation or those with an influx of need (Kassler, 2020). With the hiring of more staff, A-OK would be able to provide more employment opportunities and operate more efficiently by assigning employees to specific duties (Choi et al., 2017).

The ability of the organization to provide mental health education and ways to recognize symptoms would be beneficial to the communities that A-OK serves. Clients would gain a better understanding of mental health that would help to decrease the stigma surrounding it and increase the level of trust of mental health care professionals. Having knowledge of mental health also would help to improve societal well-being and societal finances (Bachiller et al., 2021).

Implications for Positive Social Change

The provision of effective programs would allow A-OK to obtain more funding and support from the community, have ongoing positive interactions with the BHL, and close the gap in access to services. The types of programs would include ones that are

court ordered as well as other programs that promote positive interactions and outlooks for community members. The programs would reflect A-OK's vision and mission.

Strengths and Limitations of the Study

Strengths

Member checking and triangulation of the data ensured validity of the results. Implementing verification strategies assisted with trustworthiness and corrections if needed (Morse et al., 2002). To strengthen the validity of the data, multiple types and sources of data were accessed. I was careful to select data that were relevant to the research. The sources included details provided by the BHL about organizational operations, leadership, employees, and services offered (NIST, 2017). In addition, documents that the BHL felt were pertinent, including limited client information on demographics, financial documents, and meeting minutes, were reviewed. Journal articles and supporting public sources also were reviewed and used. Access to the BHL through multiple means, including Zoom, telephonic, email, and in person, was identified as a strength and an opportunity to ask follow-up questions and clarifications.

Quality in qualitative research includes the elements of triangulation, credibility, validity, and reflexivity. Credibility of the study was strengthened through triangulation of interviews, data provided by the BHL, publicly available data, government data, and peer-reviewed data. In addition to credibility, validity was achieved through the collaborative process with the organization that ensured adequate instruction, consent from the participants, and confidentiality. Reflexivity addressed my awareness of the potential influence of implicit bias when arriving at meanings within the process of the

research. By reviewing the organization's processes and procedures, I gained a more in-depth understanding of its operations. This clarification gave me more opportunity to make detailed recommendations particularly focused on ways to obtain sustainable funding (Farquhar et al., 2020). In addition to the BHL, I interviewed five A-OK employees to obtain their valuable perspectives. Having multiple sources of data was a strength of the study. Multiple sources highlighted the need for A-OK's expansion plans for programs and services.

Limitations

Limitations of the study were the small size of the organization and its short time in existence. Having a small sample of only five employees and one BHL with different perspectives was a limitation (NIST, 2017). The length of time that A-OK has been in existence was another limitation restricting the amount of data available.

Maintaining the confidentiality of the data and the privacy of the participants is of the utmost importance when conducting research not only to protect the participants but also to preserve researchers' professionalism and trustworthiness (NIST, 2017). The BHL provided information that was very helpful; however, some of the information either could not be viewed or required a great deal of redacting to maintain HIPAA (2020) compliance. Being aware of the need to redact sensitive information and ensure the privacy of some data highlighted the importance of my efforts to maintain the security of the data, ethical behavior, and professionalism (HIPAA, 2020).

Time frames and the ability to apply for some grants and requests for proposals were unanticipated limitations. Certifications and timelines for training sessions were

other unanticipated limitations (Grants.gov, 2020). A limitation prohibiting trainees and associates from treating insured clients was identified (BBS, 2020). Advertising and knowing which platforms to use posed limitations because of time restraints (Fitzhugh-Craig, 2020).

Summary and Transition

Section 4 provided an analysis of the data and a discussion of the results. Strengths and limitations were analyzed. Presented in Section 5 are the dissemination of the results, a discussion of the findings, and recommendations for future studies on similar topics and considerations for A-OK.

Section 5: Recommendations and Conclusion

The need for mental health services across the United States has increased (Substance Abuse and Mental Health Services Administration, 2020). Although the CDC (2020b) has supported this increased need, it also has identified various mental and physical barriers to treatment, including poverty, drug abuse, cultural stigma, lack of work flexibility, untreated mental illness, lack of education on ways to treat mental illness, and lack of accessibility (see also Acri et al., 2017). The expansion of A-OK through sustainable funding would give the NPO the ability to provide additional services to improve the quality of life of individuals who would otherwise not seek help. Mental health therapeutic treatments can be used to address more severe diagnoses requiring medication and hospitalizations to those requiring mindfulness and self-care, which could increase the quality of life and behavioral functioning (Aghaie et al., 2018).

Funding is available to A-OK, but challenges lie in qualifying for the funding, knowing the funding sources, and balancing the funding with efficient operations. The goal is to ensure that employees are not burned out or that the organization's services and programs are not overextended. In addition, vetting allows organizations to determine if the opportunities are beneficial (Varkey & Bennet, 2010). The purpose of this study was to explore the challenges facing NPO A-OK as it seeks to obtain funding to expand current services and identify new services for underserved communities. Strategic planning and a realistic timeline also could help A-OK to accomplish these goals more efficiently (NIST, 2017).

Recommendations

The following recommendations are offered to A-OK as potential strategies to obtain sustainable funding, decide which services to offer, and select the most effective methods of service delivery. The recommendations are presented with the support of the results of the data analysis, scholarly literature, SWOT analysis, and the five identified themes.

Recommendation 1: Access

A contribution of this study was to provide community members with easy access to services. It also was important to match the availability of some sources that were potential sources of income, such as providing court-ordered programs and receiving funding from the state or county to provide some of the services. Government partnerships have been working to enhance access to resources (Latham, 2015). Researching publicly available information about other extant programs and services in the court systems, state entities, and county entities would guide the organization in determining what programs and services it should consider offering in its expansion plans.

In addition, for organizations to maintain financial resources, they must explore revenue diversification strategies (Heengama, 2019). Speaking at local schools, youth centers, community centers, and so on, may help the BHL and the organization as a whole to identify which preventative programs to offer. Making connections with community leaders and understanding social and structural community elements are essential to understanding the role of the organization in delivering mental health services

and breaking down some identified barriers to services. Community leaders may have the ability to facilitate meaningful with the organization to address issues of stigma, barriers, and inclusion (Barrenger et al., 2019).

A-OK is aware of many programs currently available in the community setting; however, it is unaware of where and how to access many of the programs. Identifying potential programs would be beneficial for A-OK to look into local county purchasing, grants.gov for federal funding, and local court-ordered programs. By researching these programs and requirements, the organization might be able to identify the certifications, trainings, or documentations needed to qualify for grants or requests for proposals. Project management and strategic management have a strong connection that allows them to discuss and clear up any misunderstood assumptions when considering the application of proposed ideas (Majstorovic & Majstorovic, 2020).

A-OK also would benefit from reviewing the types of medical insurance offered in the United States to identify the services being used. Insurance companies have the ability to partner with government entities, provide community members with coverage, and connect with medical professionals who meet the insurance companies' requirements (Haeder et al., 2019) After checking online annual reports, local medical facility reports, and the services and programs that are predominately being used in the community, A-OK could then apply and be placed on insurance panels as a provider. The timelines for those panels could dictate when the organization applies for requests for proposals with state and county entities.

Many individuals do not use services because of a lack of access (Li et al., 2021). Having access to public transit is important in determining where to offer services in the communities. A-OK might consider developing programs that would offer reduced bus fares or more transportation assistance to college students, youth, veterans, seniors, and individuals living with disabilities. The organization should research potential locations for the new facility based on access to public transit and elements of safety, such as frequency of police patrols, street lighting, crosswalks, and bus stop locations. Access to additional programs through telehealth also could be considered for individuals who cannot attend the facility in person (Gajarawala & Pelkowski, 2021). A-OK has developed curricula for group sessions, but it has not yet implemented these curricula.

Partnering with or finding information to provide the community with ways to access low-income internet assistance also would be beneficial (Kwobah et al., 2021). In addition, A-OK could provide community members with information about low-income resources at the facility such as telehealth, internet access, and reduced-fee bus transit by advertising on social media, the organization's website, and additional platforms (Mudd et al., 2020). A-OK might consider requesting additional meetings with local organizations and businesses to inform them of its services and location. In addition, networking with stakeholders, judges, and leaders of other organizations would facilitate the formation of relationships that would provide A-OK with new resources and opportunities (NIST, 2017).

Recommendation 2: Programs/Services

Surveys could be used to track changes and organizational performance to identify the emergence of new trends or services needed. Redacted client information provided by the BHL, along with employee interviews, revealed that clients wanted more groups focusing on such topics as improving self-esteem, developing communication skills, and learning about mental health. In addition to providing services directly to clients, A-OK might consider offering training to law enforcement personnel and business owners and employees so that they could interact more positively and appropriately with people experiencing mental health issues ranging from the need for self-care to medication. Collie-Akers et al (2013) asserted that by documenting changes and tracking performance, community partners can evaluate organizations' initiatives and monitor their progress.

Recommendation 3: Funding and Expansion

Even though A-OK has a master budget, it might be beneficial for the organization to prepare a documented budget timeline that would include activities, responsibilities, outcomes, and deadline dates (NIST, 2017). The timeline would abate some anxiety about the expansion plans and would help to organize some strategic aspects of the expansion plans to strengthen sustainability (Jean-François et al., 2015).

It is recommended that A-OK consider employing freelance grant writers to assist with applying for grants and requests for proposals. Grant writers can develop the right narrative so that documents adhere to funding requirements (Sayer, 1999). Using the services of freelance grant writers on individual projects could help to reduce costs

specific to employee benefits because employees must work a set number of hours to be eligible to receive benefits.

It is recommended that A-OK employ a full-time operations manager. The operations manager would have knowledge of many subjects and domains, and could assume many responsibilities in the organization (Hald & Mouritsen, 2013). The operations manager could have skills in writing grants, monitoring websites and other sources for potential grants, and keeping informed of and applying for funding opportunities. The operations manager also could be responsible for maintaining compliance with grants or requests for proposals received. Subject-matter experts also would be beneficial if the organization could secure their services through the operations manager, consultants, or contracted freelance workers (Rajbhoj et al., 2019). When grants are awarded, A-OK might be able to offer services at reduced cost for some cash-paying clients and potentially have them see the college students working on hours for graduation or associates working on hours for licensure. Although it has been noted that behaviors and even levels of integrity may vary among employees with different wages, according to Pennerstorfer and Trukeschits (2012), the added benefit of hours toward licensure balances out difference in pay.

It is recommended that the organization consider obtaining loans from the Paycheck Protection Program, which became available during the COVID-19 pandemic. The program provides loans to small businesses that help them to keep their workforces employed. The loans are eligible for forgiveness as long as all terms and conditions are complied with. Recently, the U.S. Small Business Administration (2020) gave businesses

approval to use the Paycheck Protection Program loans to expand and hire more employees.

Recommendation 4: Workforce

I would urge A-OK to use an organizational chart, which may be requested when applying for grants and requests for proposals, to clarify descriptions and delineation of positions in A-OK, and identify if additional staff are needed, and where. The organizational chart also would help A-OK to identify areas of weakness and strength. According to Davis and Pullen (2020), organizations are only as strong as their weakest links.

More staff could be hired from local colleges and other community sources to save the organization the cost of paying benefits and to add the knowledge and diversity of new employees to the workplace (Simpson, 2004). Hiring websites such as Monster, Indeed, and ZipRecruiter offer trial periods that could be used initially to find the résumés of potential job candidates. Solomon (2019) posited that using social networking websites would optimize cybervetting to reduce the number of potential candidates. The organization could prepare a list of names, set up interviews, and then cancel any trial offers. New staff could be trained by staff members who are specialists in certain treatment areas or who are interested in becoming specialists.

Implementation of Recommendations and Evaluation Procedures

Strategic planning is important in using time wisely, allocating funds appropriately, and using staff to best advantage (NIST, 2017). Iannuci and Hutchinson (2020) stated that strategic planning brings clear directions, values, vision, and

sustainability. A-OK should check and document start-up costs relevant to the new facility, furniture, and office and internet expenses. The location chosen for the new facility also should be large enough to accommodate further expansion of services.

The organization should consider hiring a full-time employee or a freelance consultant or college student to conduct research not only on available grants and programs but also on the requirements and time frames of grants and programs that may be potential sources of sustainable funding. Some grant requirements may already be met, so it may simply be a matter of submitting the applications. Other grants may require that additional trainings or elements be completed before the organization can qualify for them. The availability and requirements of grants may help the organization to decide when or if to apply for them.

A-OK may consider employing a grant writer; the BHL also has the authority to delegate some clients to other therapists for short periods, thus giving the BHL time to complete grant applications. The BHL also could hire more staff to alleviate some current responsibilities while working on other responsibilities to expand the organization. Additional hiring would be based on obtaining grants or accepting programs or partnerships.

The BHL could hire an employee to monitor surveys or use a survey system similar to SurveyMonkey, Upworks, or Qualtrics to track organizational and work performance. Tridium is a system that can help to track the success of clients according to HIPAA (2020) guidelines. In addition, A-OK could hire an outside company to keep track of state-required training, payroll, and taxes, and adjust them as needed based on

any legal changes or requirements. One such company is Automatic Data Processing, which provides several services, including payroll solutions, HR solutions, compliance, benefit administration, and taxes.

Recommendations for Future Studies

Many opportunities arose during the data analysis for potential future studies. Researching the needs of people in underserved communities is paramount to addressing their mental health needs. Just as important is the need to educate community members about mental health, with the potential result being more utilization of services. As a result, people might be able to make adjustments to cope with life's changes and culturally accept the importance of mental health.

It also might be worthwhile to examine the trauma, history, and demographics of underserved communities to gain insight into the experiences and disposition of community members toward health care, particularly mental health (Dow & Siniscarco, 2021). Additional research into the best ways to disseminate information to these communities could give direction to the provision and delivery of programs and services (CDC, 2020b).

Dissemination Plans

The dissemination of information to the BHL would include several recommendations to share responsibilities more equally throughout the organization: Delegate duties that are currently the BHL's responsibility to other staff, hire a behavioral health manager, or consider the less expensive strategy of employing a student who is completing a doctoral project. PowerPoint presentations could be used to share the

recommendations with all staff at A-OK. As Cosgun Ögeyik (2017) stated, the use of PowerPoints increases the effectiveness of retaining knowledge of grant qualifications and implementation of strategic expansion plans.

Standaert et al. (2016) asserted that videoconferencing can be just as effective as face-to-face meetings, especially if clients cannot appear in person because of barriers related to finances, transportation, or the COVID-19 pandemic. As such, Zoom meetings could be used to disseminate PowerPoint presentations. Email distribution of PowerPoint presentations is an effective way to engage with targeted recipients (“Email Communications Measurement Platform,” 2020).

Conclusion

Underserved communities are in need of mental health services, and A-OK has the ability to provide those services as long as it has sustainable funding. Strategic planning would give A-OK the ability to know what funding is available and how to obtain it, and to prepare a realistic expansion plan to increase its long-term influence in the community setting. The purpose of this study was to explore the challenges facing NPO A-OK as it seeks to obtain funding to expand current services and identify new services for underserved communities. The interview responses identified the need for more programs, community education about mental health, and more access to the facility through better public transportation services. The employees also mentioned the need for training and education to meet the requirements of grants to potentially increase the number of services and programs offered at the new location. Such an expansion would give A-OK the ability to offer additional programs and meet the requirements of

government grants to ensure sustainable funding. The aforementioned strategies would accomplish the goal set forth in the practice problem.

References

- Acri, M. C., Bornheimer, L. A., Jessell, L., Chumancuzuk, A. H., Adler, J. G., Gopalan, G., & McKay, M. M. (2017). The intersection of extreme poverty and familial mental health in the United States. *Social Work in Mental Health, 15*(6), 677–689. <https://doi.org/10.1080/15332985.2017.1319893>
- Aghaie, E., Roshan, R., Mohamadkhani, P., Shaeeri, M., & Gholami-Fesharaki, M. (2018). Well-being, mental health, general health and quality of life improvement through mindfulness-based interventions: A systematic review and meta-analysis. *Iranian Red Crescent Medical Journal, 20*(3), 1–2. <https://doi.org/10.5812/ircmj.16231>
- Akbay, S. E., & Gündüz, B. (2020). The role of self-esteem in adolescents' perception of parents and social anxiety levels. *International Journal of Progressive Education, 16*(2), 195–204. <https://doi.org/10.29329/ijpe.2020.241.13>
- Akdere, M. (2009). The role of knowledge management in quality management practices: Achieving performance excellence in organizations. *Advances in Developing Human Resources, 11*, 349–361. <https://doi.org/10.1177/1523422309338575>
- Ali, K. S., & Islam, M. A. (2020). Effective dimension of leadership style for organizational performance: A conceptual study. *International Journal of Management, Accounting & Economics, 7*(1), 30–40.
- American Academy of Pediatrics. (2014). *Barriers to the identification and management of mental health issues in pediatric primary care*. <https://www.aap.org/en-us/Pages/Default.aspx>

- Ananda, T. P., Budianto, W., Alam, I. F., & Wang, G. (2019). *Effective use of the knowledge management system in improving organizational performance (Case study in national energy company)* [Conference session]. 2019 International Seminar on Research of Information Technology and Intelligent Systems (pp. 223–227). <https://doi.org/10.1109/isriti48646.2019.9034641>
- Aplin, V., Palfrey, N., Reay, R. E., Cubis, J. C., McAndrew, V., Riordan, D. M., & Raphael, B. (2019). Achieving service change through the implementation of a trauma-informed care training program within a mental health service. *Community Mental Health Journal*, *55*(3), 467–475. <https://doi.org/10.1007/s10597-018-0272-6>
- Aragona, M., Barbato, A., Cavani, A., Costanzo, G., & Mirisola, C. (2020). Negative impacts of COVID-19 lockdown on mental health service access and follow-up adherence for immigrants and individuals in socio-economic difficulties. *Public Health*, *186*, 52–56. <https://doi.org/10.1016/j.puhe.2020.06.055>
- Auerbach, J., & Miller, B. F. (2020). COVID-19 exposes the cracks in our already fragile mental health system. *American Journal of Public Health*, *110*(7), 969–970. <https://doi.org/10.2105/ajph.2020.305699>

- Bachiller, P. R., Vinson, A. E., & Veyckemans, F. (2021). It's the culture!—How systemic and societal constructs impact well-being. *Pediatric Anesthesia, 31*(1), 16–23. <https://doi.org/10.1111/pan.14045>
- Barrenger, S. L., Bromage, B., Clayton, A., Rowe, M., Williamson, B., Benedict, P., & Kriegel, L. S. (2019). Facilitating community connections among people with mental illnesses: Perspectives from grassroots community leaders. *Journal of Community Psychology, 47*(3), 663–678. <https://doi.org/10.1002/jcop.22146>
- Barrera, T. L., Cummings, J. P., Armento, M., Cully, J. A., Bush Amspoker, A., Wilson, N. L., Mallen, M. J., Shrestha, S., Kunik, M. E., & Stanley, M. A. (2017). Telephone-delivered cognitive-behavioral therapy for older, rural veterans with depression and anxiety in home-based primary care. *Clinical Gerontologist, 40*(2), 114–123. <https://doi.org/10.1080/07317115.2016.1254133>
- Bauder, B. (2014, June 21). Hiring of city budget director brings talent-finding effort to close. *The Pittsburgh Tribune-Review*. <https://link.gale.com/apps/doc/A372211647/OVIC?u=minn4020&sid=OVIC&xid=515f859c>
- Bibi, P., Ahmad, A., & Majid, A. H. (2018). The impact of training and development and supervisors support on employees' retention in academic institutions: The moderating role of work environment. *Gadjah Mada International Journal of Business, 20*(1), 113–131. <https://doi.org/10.22146/gamaijb.24020>
- Bidwell, L. C., Hagerty, S. L., Ellingson, J. M., Helmuth, T. B., Hutchison, K. E., & Bryan, A. D. (2019). An overview and proposed research framework for studying co-occurring mental- and physical-health dysfunction. *Perspectives on*

Psychological Science: A Journal of the Association for Psychological Science,
14(4), 633–645. <https://doi.org/10.1177/1745691619827010>

Bocquet, R., Cotterlaz-Rannard, G., & Ferrary, M. (2020). How do NPOs get funding? A business model perspective based on the conversion of symbolic capital.

Nonprofit & Voluntary Sector Quarterly, 49(6), 1233–1258.

<https://doi.org/10.1177/0899764020925912>

Boughner, E., Klest, B., & Tamaian, A. (2019). A model exploring the relationship between betrayal trauma and health: The roles of mental health, attachment, trust in healthcare systems, and nonadherence to treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(6), 656–662.

Psychological Trauma: Theory, Research, Practice, and Policy, 11(6), 656–662.

<https://doi.org/10.1037/tra0000453>

Brown, J. R. (2020). *Business funding strategies for women-owned small businesses* [Doctoral dissertation, Walden University].

<https://scholarworks.waldenu.edu/dissertations/8516>

Browne, G. R., Davern, M., & Giles-Corti, B. (2017). What evidence is being used to inform municipal strategic planning for health and wellbeing? Victoria, Australia, a case study. *Evidence & Policy: A Journal of Research, Debate and Practice*,

13(3), 401–416. <https://doi.org/10.1332/174426416x14655655062000>

Browning, S., Meyer, C., Appannah, A., McMillan, C., & Ogrin, R. (2018). “One size does not fit all”: Perspectives on diversity in community aged care. *Australasian Journal on Ageing*,

37(4), 268–274. <https://doi.org/10.1111/ajag.12534>

Centers for Disease Control and Prevention. (2020a). *Cases are rising. ACT NOW!*

<https://www.cdc.gov>

Centers for Disease Control and Prevention. (2020b). *Common barriers to participation experienced by people with disabilities*. <https://www.cdc.gov>

Choi, T., Rupasingha, A., Robertson, J. C., & Green Leigh, N. (2017). The effects of high growth on new business survival. *Review of Regional Studies*, 47(1), 1–23.

<https://doi.org/10.52324/001c.8025>

Collie-Akers, V. L., Fawcett, S. B., & Schultz, J. A. (2013). Measuring progress of collaborative action in a community health effort. *Pan American Journal of Public Health*, 34(6), 422–428.

Corley, T. (2020). Creating accountability for inclusive, responsive leadership: To make inclusion a cultural reality, organizations must examine how diversity and leadership can and should work together. *People & Strategy*, 43(1), 28–32.

Corporate Philanthropy Report. (2015). Allstate targets nonprofit leadership development with greater good initiative. *Corporate Philanthropy Report*, 30(5), 1–12.

<https://doi.org/10.1002/cprt.30021>

Cosgun Ögeyik, M. (2017). The effectiveness of PowerPoint presentation and conventional lecture on pedagogical content knowledge attainment. *Innovations in Education & Teaching International*, 54(5), 503–510.

<https://doi.org/10.1080/14703297.2016.1250663>

- Creswell, C., Radez, J., Reardon, T., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry, 30*(2), 183–211. <https://doi.org/10.1007/s00787-019-01469-4>
- Crocker, H., Kelly, L., Harlock, J., Fitzpatrick, R., & Peters, M. (2020). Measuring the benefits of the integration of health and social care: Qualitative interviews with professional stakeholders and patient representatives. *BMC Health Services Research, 20*(1), 515. <https://doi.org/10.1186/s12913-020-05374-4>
- Cui, Y. (2021). The role of emotional intelligence in workplace transparency and open communication. *Aggression and Violent Behavior: A Review Journal*. <https://doi.org/10.1016/j.avb.2021.101602>
- Curry, A., & Hersinger, A. (2020). When spaces collide: Exploring the dual responsibilities of operations managers. *Qualitative Research in Accounting & Management, 17*(4), 619–647. <https://doi.org/10.1108/QRAM-02-2019-0031>
- David, F. R., Creek, S. A., & David, F. R. (2019). What is the key to effective SWOT analysis, including AQCD factors? *SAM Advanced Management Journal, 84*(1), 25–35.
- Davidson, J. (2018). Can you roll with punches: Delegating effectively reduces your burdens. *Practical Lawyer, 64*(4), 12.
- Davis, B., & Pullen, V. (2020). How strong is your company? *Supervision, 81*(6), 15–17.

- Deshpande, S. (2019). Social marketing's strengths, weaknesses, opportunities, and threats (SWOT): A commentary. *Social Marketing Quarterly*, 25(4), 231–242.
<https://doi.org/10.1177/1524500419881770>
- Dobransky, K. M. (2020). Reassessing mental illness stigma in mental health care: Competing stigmas and risk containment. *Social Science & Medicine*, 249, Article 112861.
- Dow, C., & Siniscarco, M. (2021). Culture, mental health, and stigma. *Journal of Psychosocial Nursing & Mental Health Services*, 59(2), 5.
- Egenius, S., Triatmanto, B., & Natsir, M. (2020). The effect of job satisfaction on employee performance through loyalty at Credit Union (CU) Corporation of East Kutai District, East Kalimantan. *International Journal of Multicultural and Multireligious Understanding*, 7(10), 480–489.
<https://doi.org/10.18415/ijmmu.v7i10.1891>
- Email communications measurement platform. (2020, December 11). *Mena Report*.
- Farquhar, J., Michels, N., & Robson, J. (2020). Triangulation in industrial qualitative case study research: Widening the scope. *Industrial Marketing Management*, 87, 160–170.
- Fazel, M., Rocks, S., Glogowska, M., Stepney, M., & Tsiachristas, A., (2020). Introducing a single point of access (SPA) to child and adolescent mental health services in England: A mixed-methods observational study. *BMC Health Services Research*, 20(1), 623.

- Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child & Adolescent Psychiatry & Mental Health, 14*(1), 1–11. <https://doi.org/10.1186/s13034-020-00329-3>
- Fitzhugh-Craig, M. (2020). How to make visual marketing work for you. *Information Today, 37*(8), 35–36.
- Gajarawala, S. N., & Pelkowski, J. N. (2021). Telehealth benefits and barriers. *Journal for Nurse Practitioners, 17*(2), 218–221.
<https://doi.org/10.1016/j.nurpra.2020.09.013>
- Gólcher-Barguil, L. A., Nadeem, S. P., & Garza-Reyes, J. A. (2019). Measuring operational excellence: An operational excellence profitability (OEP) approach. *Production Planning & Control, 30*(8), 682–698.
- González, M. J. (2005). Access to mental health services: The struggle of poverty affected urban children of color. *Child & Adolescent Social Work Journal, 22*(3/4), 245–256.
- Graça, P., & Camarinha-Matos, L. M. (2017). Performance indicators for collaborative business ecosystems: Literature review and trends. *Technological Forecasting & Social Change, 116*, 237–255.
- Grants.gov. (2020) *Grants.gov website*. <https://www.grants.gov>
- Gratton, P. C. (2018). Organization development and strategic planning for non-profit organizations. *Organization Development Journal, 36*(2), 27–38.

- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLoS ONE*, *15*(5), 1–17.
<https://doi.org/10.1371/journal.pone.0232076>
- Haeder, S. F., Weimer, D. L., & Mukamel, D. B. (2019). A knotty problem: Consumer access and the regulation of provider networks. *Journal of Health Politics, Policy & Law*, *44*(6), 937–954.
- Hald, K. S., & Mouritsen, J. (2013). Enterprise resource planning, operations and management: Enabling and constraining ERP and the role of the production and operations manager. *International Journal of Operations & Production Management*, *33*(8), 1075–1104.
- Hall, T. L., Barrientos-Ortiz, C., Peña-Jackson, G., Fultineer, C., Werner, K., & Sunshine, J. (2021). Facilitators and barriers to patient-centered outcomes research partnership sustainability in the United States. *Journal of Patient-Centered Research and Reviews*, *8*(1), 8–19. <https://doi.org/10.17294/2330-0698.1770>
- Halm, M. (2019). The influence of appropriate staffing and healthy work environments on patient and nurse outcomes. *American Journal of Critical Care*, *28*(2), 152–156. <https://doi.org/10.4037/ajcc2019938>
- Hamzah. (2020). Civil law agreement and its implication on regulation for prevention of corruption within COVID-19 pandemic. *Journal of Social Studies Education Research*, *11*(3), 156–176.

Health Insurance Portability and Accountability Act. (2020).

<https://www.hhs.gov/hipaa/index.html>

Heengama, G. K. B. (2019). *Revenue diversification to improve and maintain service offerings of nonprofit organizations*. ScholarWorks.

Ho, F. N., & Huang, C. (2020). The interdependencies of marketing capabilities and operations efficiency in hospitals. *Journal of Business Research*, *113*, 337–347.
<https://doi.org/10.1016/j.jbusres.2019.09.037>

Holliday, B., & Holmes, A. (2003). A tale of challenge and change: A history and chronology of ethnic minorities in psychology in the United States. In G. Bernaij, E. Trimble, & A. K. Burlew (Eds.), *Handbook of racial & ethnic minority psychology* (pp. 15–64). SAGE.

Iannucci, T., & Hutchinson, L. (2020). Strategic planning and plan sustainability: Part one. *Plans & Trusts*, *38*(6), 14–21.

Jacobs, R., Chalkley, M., Aragón, M. J., Böhnke, J. R., Clark, M., & Moran, V. (2018). Funding approaches for mental health services: Is there still a role for clustering? *BJPsych Advances*, *24*(6), 412–421. <https://doi.org/10.1192/bja.2018.34>

Jean-François, E., Drew, S., & Lankas, P. (2015). *Financial sustainability for nonprofit organizations* (eBook). Springer.

John, C. (2004). SWOT (strength-weakness-opportunity-threat) analysis. In M. J. Stahl (Ed.), *Encyclopedia of health care management* (pp. 546–547). SAGE.

Jones, J. K. (2018). A phenomenological study of the office environments of clinical social workers. *Health Environments Research & Design Journal*, *11*(3), 38–48.

- Karagiozis, N. (2018). The complexities of the researcher's role in qualitative research: The power of reflexivity. *International Journal of Interdisciplinary Educational Studies*, 13(1), 19–31.
- Kassler, W. J. (2020). Turning barriers into benefits to facilitate public health and business partnership. *American Journal of Public Health*, 110(4), 443–445.
- Katz, A. S., Pronk, N. P., McLellan, D., Dennerlein, J., & Katz, J. N. (2019). Perceived workplace health and safety climates: Associations with worker outcomes and productivity. *American Journal of Preventive Medicine*, 57(4), 487–494.
- Kwobah, E., Jaguga, F., Robert, K., Ndolo, E., & Kariuki, J. (2021). Efforts and challenges to ensure continuity of mental healthcare service delivery in a low resource settings during COVID-19 pandemic: A case of a Kenyan referral hospital. *Frontiers in Psychiatry*, 11.
- Lakenauth, G., & Tang, S. (2014). *Benefits of telehealth across different socio-economic communities*. IEEE Long Island Systems, Applications and Technology Conference 2014, 1–6.
- Latham, B. (2015). American libraries and the US federal government: An overview of partnerships for enhanced resource access. *Reference Reviews*, 29(8), 2–6.
- Lazar, M., & Davenport, L. (2018). Barriers to health care access for low income families: A review of literature. *Journal of Community Health Nursing*, 35(1), 28–37.

- Lester, J. N., Cho, Y., & Lochmiller, C. R. (2020). Learning to do qualitative data analysis: A starting point. *Human Resource Development Review, 19*(1), 94–106. <https://doi.org/10.1177/1534484320903890>
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care, 4*(3), 324–327.
- Li, H., Parish, S. L., Magaña, S., & Morales, M. A. (2021). Racial and ethnic disparities in perceived barriers to health care among U.S. adults with intellectual and developmental disabilities. *Intellectual & Developmental Disabilities, 59*(1), 84–94.
- Mack, M. (2020, October 1). Employee cross-training: How small governments can improve efficiency and reduce their risk. *Government Finance Review, 36*(5), 52.
- Majstorovic, V., Majstorovic, A. (2020). Strategic and cultural dimension of the management by projects. *Annals of DAAAM & Proceedings, 7*(1), 49–55. <https://doi.org/10.2507/31st.daaam.proceedings.007>
- Meng, Z., & Hong, W. (2012). *Competitive advertising strategies with advertisement effect function* [Conference session]. 2012 Second International Conference on Business Computing and Global Informatization, Business Computing and Global Informatization, 68–70. <https://doi.org/10.1109/BCGIN.2012.24>
- Millar, M. M., Schmuhl, P., Page, K., Genovesi, A. L., Ely, M., Hemingway, C., & Olson, L. M. (2018). Improving response to an establishment survey through the use of web-push data collection methods. *Mathematical Population Studies, 25*(3), 168–179. <https://doi.org/10.1080/08898480.2018.1477386>

- Morris, K., Diverty, B., & Damiano, N. (2020). Shared priorities, data and reporting: Improving access to mental health, addictions and home care services. *International Journal of Population Data Science*, 5(5).
<https://doi.org/10.23889/ijpds.v5i5.1525>
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 13–22.
<https://doi.org/10.1177/160940690200100202>
- Mudd, A. E., Michael, Y. L., Diez-Roux, A. V., Maltenfort, M., Moore, K., Melly, S., Lê-Scherban, F., & Forrest, C. B. (2020). Primary care accessibility effects on health care utilization among urban children. *Academic Pediatrics*, 20(6), 871–878. <https://doi.org/10.1016/j.acap.2020.05.014>
- Mulder, M. (2017). Workplace learning and competence development. *Journal of Agricultural Education & Extension*, 23(4), 283–286.
<https://doi.org/10.1080/1389224X.2017.1348030>
- National Institute of Standards and Technology. (2017). *Baldrige excellence framework (health care): A systems approach to improving your organization's performance*. U.S. Department of Commerce. <https://www.nist.gov/baldrige>
- Office of Personnel Management. (2021). *OPM website*. <https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/how-to-compute-rates-of-pay/>

- Olin, S., Hemmelgarn, A., Madenwald, K., & Hoagwood, K. (2016). An ARC-informed family centered care intervention for children's community based mental health programs. *Journal of Child & Family Studies*, *25*(1), 275–289.
- Omura, T., & Forster, J. (2014). Competition for donations and the sustainability of not-for-profit organizations. *Humanomics*, *30*(3), 255–274. <https://doi.org/10.1108/H-12-2012-0026>
- Opdenakker, R. (2006). Advantages and disadvantages of four interview techniques in qualitative research. *Forum: Qualitative Social Research*, *7*(4), 8–10.
- Papadopoulos, A., & Maylea, C. (2020). Medicare funded mental health social work: Better access to what? *Australian Social Work*, *73*(2), 137–148.
- Pennerstorfer, A., & Trukeschitz, B. (2012). Voluntary contributions and wages in nonprofit organizations. *Nonprofit Management & Leadership*, *23*(2), 181–191.
- Piotrowski, J. (2004). Behavioral upswing: Psychiatric business sees expanding markets. *Modern Healthcare*, *34*(13), 8–9.
- Pizio, J. M. (2020). The importance of diversity and inclusion in health care compliance. *Journal of Health Care Compliance*, *22*(2), 21–26.
- Platell, M., Martin, K., Fisher, C., & Cook, A. (2020). Comparing adolescent and service provider perceptions on the barriers to mental health service use: A sequential mixed methods approach. *Children and Youth Services Review*, *115*, Article 105101. <https://doi.org/10.1016/j.chilyouth.2020.105101>
- Rabinovich, M., & Kacen, L. (2013). Qualitative coding methodology for interpersonal study. *Psychoanalytic Psychology*, *30*(2), 210–231.

- Rajbhoj, A., Nistala, P., Kulkarni, V., Ganesan, G. (2019). *A RFP system for generating response to a request for proposal* [Conference session]. Software Engineering Conference (formerly known as India Software Engineering Conference), 1–9.
- Rasouli, A., Ketabchi Khonsari, M. H., Ashja'ardalan, S., Saraee, F., & Ahmadi, F. Z. (2020). The importance of strategic planning and management in health: A systematic review. *Journal of Health Management & Informatics*, 7(1), 1–9.
- Reisinger Walker, E., Cummings, J. R., Hockenberry, J. M., & Druss, B. G. (2015). Insurance status, use of mental health services, and unmet need for mental health care in the United States. *Psychiatric Services*, 6, 578.
- Rieder, J., Cain, A., Carson, E., Benya, A., Meissner, P., Isasi, C. R., Wylie-Rosett, J., Hoffman, N., Kelly, C., Silver, E. J., & Bauman, L. J. (2018). Pilot project to integrate community and clinical level systems to address health disparities in the prevention and treatment of obesity among ethnic minority inner-city middle school students: Lessons learned. *Journal of Obesity*, 1–15, Article 6983936. <https://doi.org/10.1155/2018/6983936>
- Roelen, K., & Taylor, E. (2020). Assessing mental health in a context of extreme poverty: Validation of the Rosenberg Self-Esteem Scale in rural Haiti. *PLoS ONE*, 15(12), 1–14. <https://doi.org/10.1371/journal.pone.0243457>
- Sakai, C., Mackie, T. I., Shetgiri, R., Franzen, S., Partap, A., Flores, G., & Leslie, L. K. (2014). Mental health beliefs and barriers to accessing mental health services in youth aging out of foster care. *Academic Pediatrics*, 14(6), 565.

- Sayer, B. (1999). Writing organization and funder profiles for a grant proposal. *Nurse Author & Editor*, 9(2), 7–9.
- Schley, C., Pace, N., Mann, R., McKenzie, C., McRoberts, A., & Parker, A. (2019). The headspace brief interventions clinic: Increasing timely access to effective treatments for young people with early signs of mental health problems. *Early Intervention in Psychiatry*, 13(5), 1073–1082. <https://doi.org/10.1111/eip.12729>
- Schmid, H., & Almog-Bar, M. (2020). Predictors of success and failure in cross-sectoral partnerships in nonprofit human services: Reflections and challenges. *Journal of Health & Human Services Administration*, 43(3), 268–287.
- Simpson, J. (2004). Working with colleges [Cover story]. *Practical Accountant*, 37(6), 22–29.
- Small business CEOs are finding ways to keep remote employees engaged, according to Vistage Survey. (2016, October 6). *PR Newswire*. <https://www.multivu.com/players/English/7942351-vistage-q3-2016-ceo-confidence-index/>
- Snowden, L. R., Maslad, M. C., Wallace, N. T., & Evans-Cuellar, A. (2007). Effects on outpatient and emergency mental health care of strict Medicaid early periodic screening, diagnosis, and treatment enforcement. *American Journal of Public Health*, 97(11), 1951–1956. <https://doi.org/10.2105/AJPH.2006.094771>
- Solomon, R. T. (2019). *Strategies for human resources professionals using social networking websites for hiring decisions*. ScholarWorks.

- Spinelli, T. R., Riley, T. J., St. Jean, N. E., Ellis, J. D., Bogard, J. E., & Kisiel, C. L. (2019). Transition Age Youth (TAY) needs assessment: Feedback from TAY and providers regarding TAY services, resources, and training. *Child Welfare, 97*(5), 89–116.
- Spitzer, D. R. (2007). *Transforming performance measurement: Rethinking the way we measure and drive organizational success* [Electronic resource]. American Management Association.
- Standaert, W., Muylle, S., & Basu, A. (2016). An empirical study of the effectiveness of telepresence as a business meeting mode. *Information Technology & Management, 17*(4), 323–339.
- Stroup, K. M. (2006). Building tomorrow's nonprofit workforce: What does it take to insure a helping hand for the future? *Community College Journal, 77*(3), 40–43.
- Unisys client success program earns recognition for marketing excellence. (2019, December 12). *PR Newswire US*.
- University of Arkansas sees increased need for mental health services. (2021, February 1). *CNN Wire*. <https://link.gale.com/apps/doc/A650398383/EAIM?u=minn4020&sid=EAIM&xid=9e86dd76>
- U.S. Census Bureau. (2021). *Income, poverty, and healthcare insurance coverage in the United States*. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf>
- U.S. Substance Abuse and Mental Health Services Administration. (2019). *Quick statistics results*. <https://www.samhsa.gov>

- Varkey, P., & Bennet, K. E. (2010). Practical techniques for strategic planning in health care organizations. *Physician Executive*, 36(2), 46–48.
- Vasi, E. (2019). Advertising, their role in consumer societies, and the importance of language in audio-visual messages. *Visione*, 32, 57–63.
- Waddoups, C. J. (2014). Union membership and job-related training: Incidence, transferability, and efficacy. *British Journal of Industrial Relations*, 52(4), 753. <https://doi.org/10.1111/j.1467-8543.2012.00909.x>
- Webster, J. M., Dickson, M. F., Saman, D. M., Mateyoke-Scriver, A., Oser, C. B., & Leukefeld, C. (2010). Substance use, criminal activity, and mental health among violent and nonviolent rural probationers. *Journal of Addictions & Offender Counseling*, 30(2), 99–111.
- West, A., & Ries, R. (2018). Top challenges facing not-for-profit CFOs today: Revisiting the toughest challenges. *CPA Journal*, 88(4), 15–17.
- We used to withhold information from staff - now we tell them the truth: Why transparent communication means the charity's HR director can cross the car park without facing angry employees. (2017, May 1). *People Management*, 20–21.
- Wyld, D. C., & Jones, C. A. (1997). The importance of context: The ethical work climate construct and models of ethical decision making: An agenda for research. *Journal of Business Ethics*, 16(4), 465–472.
- Yamin, M. A. Y. (2020). Examining the role of transformational leadership and entrepreneurial orientation on employee retention with moderating role of competitive advantage. *Management Science Letters*, 10(2), 313–326.