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Exploring Culturally Competent Mental Health Outreach to Black Churches

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This is to certify that the doctoral study by

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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.

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Walden University
2021

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MS and MA, Clarks Summit University, 2016

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Doctoral Study Submitted in Partial Fulfillment

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Doctor of Psychology in Behavioral Health Leadership

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Abstract

Black individuals and communities have held distrust toward mental health services and experience barriers in seeking services. Although the church is a significant support system in the Black community, it can also pose a barrier to congregation members seeking mental health services, as the Black church community has often stigmatized those seeking mental health services as weak. Ways to reach the Black community with trauma-informed, culturally competent, and spiritually sensitive mental health services through establishing connections with Black churches and church leaders were explored in this study. Previous research indicated that the COVID-19 pandemic increased depression and anxiety in the Black community because of disproportionate illnesses and deaths. This study explored ways Black churches can provide access to trustworthy, culturally competent and spiritually sensitive mental health services. The Baldrige Framework of Excellence was the conceptual framework. Data were collected through six semistructured interviews with the senior leaders of the behavioral health organization who agreed to participate in the study. Secondary data were also collected and included meeting minutes, strategic plans, the organizational website, and information from the organization's library of resources. Findings showed that Black women were able to seek counseling comfortably because of increases in teletherapy and preparedness to handle increased demand during the coronavirus pandemic. This study's findings contribute to positive social change by providing behavioral health leaders with insights on how to establishtrust and normalization of mental health services through effective outreach to local Black churches.

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Section 1a: Organizational Profile and Leadership

Introduction

HBH, the reference name for this study's partner site, is a for-profit behavioral health organization (BHO) in the midwestern United States. According to the corporate website, HBH has seven locations and offers online counseling. The organization offers trauma-informed, culturally competent, and spiritually sensitive services. Services include individual, couple, and family counseling; grief recovery; and spiritual care. HBH provides offices in area school systems offering mental health and behavioral health support services tailored to students. Service providers are licensed mental health professionals who are independent contractors and work at the office of their choosing. All the service providers use the same electronic health record (EHR) database and report to the clinical director. The clinical director reports to the chief executive officer/owner (CEO) through monthly reports.

An office lead manages each of the seven HBH locations. The main office has a staff of billing specialists and a spiritual care team. Secretarial support is offered at the main location and other locations as needed. HBH has a training center where staff can obtain training for continuing education units (CEUs) that are approved by the state counselor and social worker licensure board. Each licensed mental health professional is required to complete 32 CEUs every 2 years for licensure renewal.

HBH provides mental health education to first responders, churches, parents, and others in the community. In 2020, two training programs were offered that addressed

racial battle fatigue of Black men and perceptions of Black women to educate mental health professionals on the issues faced by Black individuals in the United States.

HBH's CEO founded the organization in 2015. The CEO has worked in mental health care for approximately 30 years and is well-established in the mental health community having served as a director of other area agencies. HBH grew rapidly because of area needs and the CEO's reputation. Licensed mental health professionals sought out working under the CEO as independent contractors. This model offers these independent contractors the standard industry percentage of earnings, control over their own schedules, and team support while maintaining their private practices. By being part of the HBH team as independent contractors, licensed mental health professionals receive free office space, billing support, clinical case collaboration, and support from other professionals to help avoid isolation. HBH does have a fee-for-service model, but there is no pressure for a minimum case load per week. Because of the supportive and flexible design, HBH grew from a small office in 2015 to a multiple location BHO with over 50 therapists, interns, and office staff to support the community's mental health needs.

Per the executive board members' strategic planning meeting minutes, HBH annually reviews and addresses the organizational mission and vision to ensure alignment with action steps. The CEO and the directors (clinical director, spiritual director, and financial director) meet monthly to determine quality of care and areas needing improvement. According to meeting minutes, the strategic planning committee is developing a nonprofit arm of the organization to help serve underserved populations, specifically in grief support services. HBH has identified grief support as a growing need

in minority communities and on college campuses. The organization has also identified a significant need for increased services to the Black community and recognizes barriers to providing services.

Tracking positive emotions, resilience, and realization of potential, the conditions of patient well-being, is essential to public policy (Centers for Disease Control and Prevention [CDC], 2017). Standard of quality measures center on patient care and consider patient input in assessment and diagnosis (Díaz-Castro et al., 2017). Ensuring the quality of patient care based on patient needs and data tracking is HBH's main priority. Data are assessed to develop short- and long-term goals. Short-term goals are determined by community testing and training requests. Long-term goals are determined by short-term goal assessment and growth data, client feedback (via word of mouth or online reviews), and issues/ideas presented by individual therapists (clinical director, personal communication, December 21, 2020). HBH's governance reflects a participative style that engages therapists and staff in decision-making based on data outcomes. The governance style encourages individual ownership in each short- or long-term goal.

In addition to addressing client needs, HBH supports the therapeutic team's emotional and spiritual care needs, offering support through prayer and a confidential place to talk to help avoid burnout. *Burnout* is when a position becomes overwhelming through emotional exhaustion, feelings of skepticism, and perceptions of reduced personal effectiveness (Koutsimani et al., 2019). Summers et al. (2020) identified burnout as a growing problem in mental health care and directly linked to demographic and

practice characteristics. Mental health workers risked increased burnout due to chronic work-related stress during the COVID-19 pandemic (Rokach & Boulazreg, 2020).

HBH makes a concerted effort to support clients and providers (therapists) by offering spiritual care and counseling through the practice's chaplain and the organization's grief recovery team. During the COVID-19 pandemic, therapists experienced the same increases in psychological stressors as their client base (Rokach & Boulazreg, 2020). The pandemic increased civil unrest and forced the helping profession to adjust. The helping profession necessitates an emotional investment for connecting through empathy that requires caregivers to maintain self-care to help avoid burnout (Sullivan & Miller, 2015). Overworking to meet client needs can result in emotional exhaustion and loneliness for therapists (Luther et al., 2017). How health care providers interact with clients directly affects motivation to adhere to treatment (Oussedik et al., 2017).

Practice Problem

The general organizational problem that warranted further investigation is how BHOs can reach out to local pastors of Black churches to increase trust in mental health services, decrease stigma of underutilized mental health services, and increase mental health education. Salwen et al. (2017) identified a gap in literature regarding the frequency with which pastors seek mental health and how a pastor's mental health affects the congregation. According to HBH's CEO, the Black community attaches stigmas to seeking mental health services. The CEO identified a mistrust of mental health services in the Black community. HBH's approach is to help normalize mental health services by

providing private, culturally competent, and spiritually sensitive mental health services that are accessible to the Black community. Normalization and trust would establish mental health services as part of overall wellness in the Black community (CEO, personal communication, April 5, 2021). The following research questions were used for this qualitative study:

RQ1: How often are minorities' mental health needs discussed at work?

RQ2: How safe do you feel when discussing racial issues at work?

RQ3: What has been your experience in attending a Black church?

RQ4: How does your church discuss mental health?

RQ5: How has COVID-19 and social unrest affected mental health, especially in the Black community?

RQ6: How can BHOs actively engage with making connections and services accessible and trusted outside of the church?

RQ7: How can we help pastors be more supported in their own mental health needs and the mental health needs of their congregations?

Mental health stressors increased in the Black community because of the COVID-19 pandemic (Mental Health America [MHA], 2020). Race-related stressors can affect the mental health of the Black community as a result of institutional racism (D. R. Williams, 2018). Racism is not diagnostically considered a cause of trauma; however, Malcoun et al. (2015) stated that Black people with race-based traumatic stress, racial fatigue, anxiety, and trauma have difficulty carrying out daily activities. Black churches play an overarching role in congregational life. Providers of culturally competent and

spiritually sensitive mental health services need to connect with pastors of local Black churches to meet community mental health needs (Hayes, 2018).

The CDC's 2017 summary health statistics showed that 58.2% of Black or African American young adults ages 18–25 years and 50.1% of Black or African American adults ages 26–49 years with severe mental illness (SMI) did not receive treatment. Hunter and Stanford (2014) found that youth and college pastors can play a positive role in adolescent mental health and outreach to mental health professionals. However, tensions and conflicts between pastors and mental health professionals hindered these unique gatekeepers' usefulness (Hunter & Stanford, 2014). Building trust with pastors could trickle down to the youth workers who are more open to change (Hunter & Stanford, 2014). To further build on the lack of mental health outreach, the Agency for Healthcare Research and Quality (2018) stated that in 2016, 12.3% of Black adults who had a doctor's office or clinic visit over the past year had difficulty obtaining needed care, tests, or treatment compared to 6.8% of White adults.

While service disparities could reflect health care coverage issues, the 2010 implementation of the Affordable Care Act helped to close the gap in uninsured individuals (Artiga et al., 2021). As such, coverage may not be the most significant hindrance in seeking services. Instead, lack of trust in medical and mental health services, stigma, and lacking awareness of culturally competent mental health resources may be the main issues.

Purpose

The purpose of the qualitative case study explored the enablers and barriers to providing mental health services to people in the Black communities served by HBH. Black churches play an overarching role in congregational life. The Baldrige Framework of Excellence was used as the overall criteria for purpose of this study (National Institute of Standards and Technology [NIST], 2017). In 2021, the 2019–2021 Baldrige Framework of Excellence was revised in the areas of equity and inclusion (NIST, 2021). Equity and inclusion were the focal areas of this study in the context of mental health. The Baldrige Excellence Framework and its Criteria for Performance Excellence is a proven framework for organizational improvement and innovation. It is an integrated, systems-based approach used to explore social justice, equity, and mental health care. The Baldridge Framework is a nationally recognized model for organizational best practices in health care systems in the areas of leadership; strategy, customers, measurement, analysis, and knowledge management; workforce; operations; and results. Leadership, costumers, and knowledge management were the particular focal points of this study as a criterion for performance excellence.

This study's recommendations were used to strengthen the internal cultural competency for outreach to the Black demographic. This was achieved through clinician assessments, increased trainings, increased education outreach to Black churches and the community. The leaders at HBH understand the societal responsibility for equity and inclusion, the value of people, and the need for customer-focused excellence (clinical director, personal communication, June 8, 2021). Culturally competent and spiritually

sensitive mental health service providers need to connect with pastors of local Black churches to meet community mental health needs (Hayes, 2018). The specific sample in this study were six senior leaders at HBH.

The research process required cooperation from HBH's CEO, clinical director, and chaplain. Access to HBH documentation of meeting minutes, data analysis of population served, employee handbooks, independent contractor handbooks, and organizational library, along with attending director meetings and quarterly meetings, were used to gather information for analysis. Input from HBH's leadership team was important for the development of the practice problem and for determining HBH's further strategic development. The organization has experienced rapid growth since 2015. Reaching the Black population through their churches is part of HBH's future vision for improving mental health services access and use in this population.

Significance

HBH is a diverse and experienced organization with culturally competent therapists and staff who understand the Black community's mental health needs. Evidence of these statements can be seen by viewing HBH's website, which shows that more than half of the service providers are Black, and their biographies explain their competencies. Through information at HBH's website and interviews with its leadership, I affirmed the organization's sensitivity to the spiritual aspect of faith support; specifically, that HBH identifies as a Christian-based, fully licensed mental health provider. HBH welcomes all belief systems and understands the necessity of being

spiritually sensitive to all faith walks (clinical director, personal communication, June 8, 2021).

According to the American Psychological Association, in 2015 86% of the psychologists working in the United States were White, 5% were Asian, 5% were Hispanic, 4% were Black/African American, and 1% were multiracial or from other racial/ethnic groups (Lin et al., 2018). These statistics create concerns that mental health care practitioners may not be culturally competent enough to treat specific issues in Black patients (American Psychological Association, 2017). Black psychologists (or therapists) represent a small percentage of the behavioral health care provider workforce (MHA, 2020). Self-identifying with a mental health professional is a vital component of the trust essential to building a therapeutic alliance with the feeling of acceptance (Martin et al., 2000).

Stigmas of weakness and lack of faith can be enforced or broken down by pastors of Black churches when their congregation seeks mental health services. HBH's CEO stated, "When systems become ineffective or detrimental, the church is still there for support as the only institution that the Black community has historically relied" (CEO, personal communication, January 12, 2021). Campbell and Littleton (2018) suggested that the Black church has a role and responsibility in addressing Blacks' mental health needs in and outside the church and can also use religiosity as a facilitator rather than a barrier to mental health services. Creating strong partnerships with Black churches can help alleviate some of the fears and misunderstandings of mental health care in the Black community (Hayes, 2018). This in turn, benefits the organization with client-based

growth in reaching a demographic with mental health services that leadership at HBH designated in the strategic plan.

A webinar at HBH was titled *Breaking the Stigma of Mental Health Among African American Males and Racial Battle Fatigue* (personal communication, clinical director, June 1, 2020). This training was for the organization's direct therapeutic staff and area mental health providers. The webinar addressed the unique challenges Black men face that have contributed to growing psychological stress among them. The webinar addressed statistical trends and risks of Black males not receiving treatment, the key barriers that have contributed to not seeking mental health treatment, racial battle fatigue, especially during times of social unrest, and practical steps to outreach. Webinar content encouraged Black men to engage in an educational dialogue about mental health issues.

Self-identifying with a mental health professional or feeling accepted and understood by a mental health care provider are crucial components of trust (Steinfeldt et al., 2020). Trust through culturally competent care is essential in building a therapeutic alliance and establishing feelings of acceptance, which are predictors of positive outcomes (Asnaani & Hofmann, 2012; Steinfeldt et al., 2020). Consideration to culture in mental health services, especially among the Black community, can reduce perceived barriers (Alang, 2019).

Potential Contribution to Positive Social Change

The potential for positive social change is a driving factor in HBH's strategic planning. The HBH strategic planning team evaluates the mission and the vision annually to be sure it aligns with positive social change goals based upon empirical evidence

(clinical director, personal communication, February 11, 2021). According to the Substance Abuse and Mental Health Service Administration (SAMHSA) *2018 National Survey on Drug Use and Health*, 16% (*n* = 4,800,000) adult Blacks reported having a mental illness, and 22.4% (*n* = 1,100,000) reported an SMI during the previous year (SAMHSA, 2018). The CDC reported in 2019 that adult Blacks are more likely to have feelings of sadness, hopelessness, and worthlessness than adult Whites. Culturally competent outreach increases individual worth, dignity, and respect and creates equity (SAMHSA, 2015). Acknowledging the church's and pastors' roles can increase the Black community's trust in mental health services (Dempsey et al., 2016).

In 2019, the CDC reported that Black teenagers were more likely to attempt suicide than White teenagers. This is highly concerning as mental health barriers may keep Black teenagers from seeking mental health support. The present study was of value to BHO practice as I addressed the need for increased mental health outreach through improving the social perspectives of mental health care; increasing cultural competencies in non-Black counselors, therapists, and psychologists; and building trust with local pastors. HBH's CEO affirmed SAMHSA's 2015 findings that culturally competent outreach increases individual worth, dignity, and respect. Acknowledging the church's and pastors' roles can increase the Black community's trust in mental trust of mental health services in the Black community. Reaching Black pastors is an issue that needed further exploration and the reason this practice problem was chosen.

The president of the National Association for Mental Illness (NAMI) addressed the increase in mental health risks due to the COVID-19 pandemic in 2020 and stated that

the number of lives lost during the pandemic was disproportionately greater in minority communities (NAMI, 2020; SAMHSA, n.d.). Along with COVID-19-related issues, the Black community faced the loss of loved ones due to racism and injustice in 2020 (NAMI, 2020). The social climate, the COVID-19 pandemic, and societal strains through racial issues made trauma processing even more difficult for the Black community (MHA, 2020). Racial fatigue issues caused by race-related microaggressions and blatant discrimination exist (Smith et al., 2011). Chou et al. (2012) studied racial discrimination and pathology and found that Blacks had significantly more discrimination experiences than Asian or Hispanic Americans. In 2011, Cokley et al. reported that 81% of Black people experienced discrimination.

C'de Baca et al. (2012) posited that when experiencing consistent microaggressions or racism experiences in life areas, determining intent can be mentally exhaustive and create perceived paranoia. Hypervigilance through systematic racism and concerns can cause anxiety and depression and leave Black people suffering from symptoms similar to PTSD (Kleinman & Russ, 2020). Microaggressions and stress produced from racial fatigue can increase physical health issues (Mariotti, 2015). Society has a responsibility to rebuild trust where trust was broken with Black communities.

Summary

HBH provides culturally competent and spiritually sensitive mental health care to many demographics including the Black individual and community. A strategic plan for HBH is to reach the Black individual and community. This study will focus on exploring connections with pastors of Black churches to help expand understanding and trust in

mental health services. Addressing the multifaceted mental and behavioral health needs of racial/ethnic minority populations in the United States is a complex issue that warrants attention from clinicians, researchers, scientists, public health professionals, and policymakers (Ankintobi et al., 2020). Black communities and individuals need access to quality care that is culturally competent and spiritually sensitive. Barriers to this care, many of them due to perceived stigmas about accessing mental health services and lack of access, must be addressed. Research has shown that pastors can play an essential role in addressing barriers and stigmas in the Black community, especially important now because of COVID-19-related mental and behavioral health problems, systemic mental health concerns, and lower quality of care among racial/ethnic minority communities. HBH is uniquely aligned and positioned to offer quality care that meets the needs of the Black community.

Section 1b is a discussion of HBH's organizational profile and includes a comprehensive overview of the organization; specifically focusing on HBH's background, key factors of strategic importance to the practice problem, organizational processes, and implementations. Details on the organization will add to operational knowledge of HBH.

Section 1b: Organizational Profile

Introduction

The general organizational problem was how BHOs can reach out to local pastors of Black churches to increase trust in mental health services, decrease stigma of underutilized mental health services, and increase mental health education. This section is a discussion of the organizational profile and key factors as well as organizational background and context. I explored the enablers and barriers to providing mental health services to persons in the Black communities served by HBH in the present qualitative study. The questions used for the case study are as follows:

RQ1: How often are minorities' mental health needs discussed at work?

RQ2: How safe do you feel when discussing racial issues at work?

RQ3: What has been your experience in attending a Black church?

RQ4: How does your church discuss mental health?

RQ5: How has COVID-19 and social unrest affected mental health, especially in the Black community?

RQ6: How can BHOs actively engage with making connections and services accessible and trusted outside of the church?

RQ7: How can we help pastors be more supported in their own mental health needs and the mental health needs of their congregations?

This study was an exploration of how BHOs can reach out to local pastors of Black churches to increase trust in mental health services, decrease stigma of underutilized mental health services, and increase mental health education. The research

questions addressed how mental health concerns for the Black individual and community are discussed along with feelings of safety at HBH. Another area of exploration were how Black churches are approaching mental health concerns through outreach to pastors of Black churches. Black churches play an overarching role in congregational life and competent and spiritually sensitive mental health services need to connect with pastors of local Black churches to meet community mental health needs (Hayes, 2018).

The general organizational problem that warranted further investigation was how BHOs can reach out to local pastors of Black churches to increase trust in mental health services, decrease stigma of underutilized mental health services, and increase mental health education. The church plays a vital role in the Black community (Dempsey et al., 2016), serving as a place of comfort and refuge for generations in this community (Campbell & Littleton, 2018). HBH has identified the Black community's growing mental health needs (MHA, 2020; NAMI, 2021) and the need to connect the community to culturally competent and spiritually sensitive mental health care as significant issues.

The present study was timely as it will support HBH's goals of addressing the growth in mental health stressors due to COVID-19 for everyone, but especially the Black community. HBH is equipped for strategic connections with area pastors of Black churches as the organization is diverse and trains its therapeutic team in cultural competencies to meet the needs of the community it serves. The clinical director stated that the two recent training sessions for the therapeutic staff addressed the issues of racial battle fatigue in Black males and the mythopoeia of the Black female (clinical director, personal communication, February 11, 2021). HBH understands the current and

generational stressors of the Black individual's experience and perception of self in society. These understandings help inform the therapists about the unique challenges of the Black demographic.

Organizational Profile and Key Factors

According to the HBH website and communication with the clinical director, HBH addresses growing mental health needs through multiple locations in a midwestern U.S. state (clinical director, personal communication, February 11, 2021). Many locations are private office facilities; some are school-based outreach facilities. HBH also rents spaces in three churches to provide outreach services. The organization's meeting minutes state that due to the COVID-19 pandemic; pastors need help to meet increased counseling needs in their congregations and possibly their own counseling needs. As stated in meeting minutes, HBH's leadership has seen barriers to mental health outreach such as pastors distrusting psychology in general and not knowing resources to refer their congregants needing mental health services to that would also support their faith. As documented in meeting minutes, HBH's chaplain stated that connections need to be created with local churches based on mutual understanding, respect, and goals for mental health care and spiritual needs. The hope is that pastors would feel empowered and equipped with the necessary knowledge for knowing when and how to refer congregants for mental health issues. HBH offers services to all demographics regardless of ethnicity, religious beliefs, and socioeconomic status. HBH has always prioritized outreach to the Black community in order to provide quality services to this underserved population. (clinical director, personal communication, February 11, 2021).

Regulatory Environment

Counselor, Social Work, and Marriage and Family Licensing Board

All HBH therapists must be licensed by the state Counselor, Social Work, and Marriage and Family Licensing Board (CSWMFT). This board was created by legislation in 1984. The board's primary responsibility is to protect the state's citizens through licensing counselors and social workers. This protection is accomplished by establishing licensure and practice standards for the professional practice of counseling and social work. The CSWMFT board also approves and regulates CEUs with the National Board for Certified Counselors for biannual license renewal. The National Board for Certified Counselors is an internationally certifying organization for professional counselors in the United States. It is an independent, not-for-profit credentialing organization. According to the CSWMFT, all HBH therapists must go through national mental health testing to meet state requirements.

Current Issues and Rapid Policy Changes Due to COVID-19

Behavioral health providers have adopted EHRs more slowly than physical health providers as they have traditionally not had the necessary resources to implement the technology (Starkey, 2018). The U.S. Congress amended Title XI of the Social Security Act to promote testing incentive payments for behavioral health providers to adopt and use certified EHR technology (Starkey, 2018). However, according to meeting minutes, HBH already had these systems in place and was ready to address the area's mental needs through virtual sessions (telehealth). Clients were able to continue sessions with a smooth transition from in-office to online treatment. HBH's clinical director stated that to help

the community know the organization was prepared for mental health services during the pandemic, the HBH website was reformatted for a better interactive experience. An online patient portal that facilitated a more straightforward forms process for intake information was one of the systems put in place (clinical director personal communication, January 28, 2021). HBH's CEO issued personal public messages through the organization's website, which humanized the organization by stressing that these were unparalleled times and that everyone has the potential to struggle with their mental health. He also told the public that HBH was there to come alongside them and help with any mental health or emotional needs that may arise. The CEO's message stressed the organization's emphasis on cultural competence and being spiritually sensitive to each person. In his personal messages to the community through the organization's website, the CEO also talked about the technologies used to connect via Health Insurance Portability and Accountability Act (HIPPA)-protected teletherapy/telehealth.

Services Offered

Individual therapy is offered at HBH; the therapists primarily use cognitive behavioral therapy, which is evidence based (Beck Institute, 2021). According to the clinical director, clients and therapists together evaluate unhealthy emotions and behaviors and what triggers them. They then explore and challenge faulty thinking and reframe these thoughts by replacing self-defeating limiting beliefs with new hopeful beliefs so clients can effectively cope with life stressors and walk in freedom and emotional restoration (clinical director, personal communication, January 28, 2021). The

therapists also use trauma-focused cognitive behavioral therapy (TF-CBT), which is uniquely tailored for treating children and adolescents who have suffered from acute, complex, or chronic trauma (Goldbeck et al., 2016). The Black community also benefits from this approach as a framework for addressing cultural trauma (Phipps & Thorne, 2019).

HBH addresses family therapy needs through a systems approach. According to the organization's website, family therapy helps improve the family's overall health when facing crises or major transitions. For marriage or premarital counseling, issues related to communication, intimacy, infidelity, emotional affairs, money management, and parenting approaches are discussed and worked on as needed. Blended family issues through marriage, adoption, or divorce are also explored, especially when working with children. Family safety and boundary plans are established through family therapy,

HBH also offers group therapy, a therapeutic intervention that draws on the encouragement and support of every group member. Group members are able to offer support and encouragement to others as a result of having been in similar situations. Group members have the freedom to share their stories and emotions in a safe and nonjudgmental atmosphere while receiving encouragement from others. The therapist's role in group therapy is to guide the group members through a therapeutic process that offers insights, feedback, emotional healing, and recovery.

HBH also addresses substance abuse on its website, stating that the organization provides treatment for those suffering from various addictions. Therapists use the spiritually based Twelve Step approach to meet spiritual needs, combined with traditional

psychotherapy methods to maximize recovery gains. Each treatment approach is individually tailored for the client, and outpatient services are provided. Faith-based counseling's offered, if therapeutically indicated, always with sensitivity and respect of the client's faith tradition. In meeting minutes, HBH's spiritual director indicated that faith and prayer could be potent tools to aid in the therapeutic process. HBH has a team of therapists who use scriptural truths and prayer in therapy only with the client's consent when appropriate. SAMHSA has actively engaged and supported community faith-based initiatives since 1992 (SAMHSA, 2020a).

Organizational Background and Context

HBH's CEO strives to maintain a culture of consistency of quality services through rapid growth. The organization was established in 2015, starting in a two-room office, and quickly grew to a multisite organization with a training center. In a Zoom interview, the clinical director stated that the CEO knows that HBH should revisit its mission every year to ensure that it aligns with the current vision. Part of the vision is reaching the Black community with trusted, trauma informed, culturally competent, and spiritually sensitive mental health services (clinical director, personal communication, November 12, 2021). Mental health needs and issues have increased because of the COVID-19 pandemic, especially in the Black population (SAMHSA, n.d.). Individuals in the Black community are less likely to seek services from mental health care professionals and more likely to turn to the church for support (Dempsey et al., 2016). A high percentage of HBH's therapeutic team is Black, giving them the ability to identify with the stressors and responses associated with adversities in the Black population.

Historical Context

Mental illness has been stigmatized in the Black community and seeking help from mental health professionals has been viewed as a weakness. The Black community has used other coping mechanisms such as faith and church to manage issues in their lives (Ward et al., 2013). In Ward et al. (2013), 90.4% of Blacks used religious coping in dealing with mental health issues, and 64% thought it was a sign of personal weakness to seek mental health services. In 2020, NAMI stated that Black communities seek support from their faith communities, not from physicians. The church has historically played a significant role in Black communities at the institutional level (Lincoln & Mamiya, 1990). Nguyen (2018) noted that the church is a social, civic, political, educational, and economic pillar in many Black communities. However, the church alone may not be enough to meet the Black community's mental health needs (SAMHSA, 2018). SAMHSA (2018) reported that SMI rose among Black people of all ages between 2008 and 2018.

Black people in the United States face difficult stressors because of individual racism experiences, systematic racism, direct trauma stressors, and vicarious traumatic stressors (Carter et al., 2017). MHA (2020) stated that vicarious trauma stressors could have the same harmful impact mentally as direct trauma stressors. The COVID-19 pandemic has increased stressors and impacted SMI increases through social isolation, substance abuse, domestic violence, and child abuse (SAMHSA, 2020b). Finding ways to effectively provide culturally competent, spiritually sensitive, and trauma-informed mental health services is vital to the health of the Black community (SAMHSA, 2014).

Churches can be enriching as a source of strength and support for the Black community through shared cultural experiences such as values, family connections, expression through spirituality or music, and reliance on community networks (NAMI, 2021). In 2020, NAMI's CEO stated,

> The effect of racism and racial trauma on mental health cannot be ignored. The disparity in access to mental health care in communities of color cannot be ignored. The inequality and lack of cultural competency in mental health treatment cannot be ignored (para. 2).

Mission, Vision, and Values

According to HBH's strategic planning meeting minutes, which outline the organization's mission, values, and vision, HBH's mission is to offer culturally competent, spiritually sensitive, and trauma-informed services that provide hope, emotional healing, and positive change that improves lives and strengthens families. The vision is to provide a supportive professional culture that encourages the licensed therapists, professional staff, and interns to use their gifts, talents, creativity, and professional knowledge to minister hope, mental and emotional health, and positive transformation to all they serve.

HBH's mission statement and core values include the phrase "culturally competent, spiritually sensitive, and trauma-informed," as indicated on its website. The terms cultural competency, spiritual sensitivity, and trauma-informed are explained in HBH's contractor handbook and employee handbook. Cultural competency at HBH refers to having the knowledge and ability to understand and people in their cultural

contexts. Cultural context refers to the beliefs, attitudes, families, and ethnic traditions in the environments where clients function in their daily lives.

Spiritual sensitivity at HBH refers to being respectful and sensitive to clients' faiths and their particular faith traditions as well as the faith communities they are associated with. This also includes those who do not identify with any particular faith tradition. Spiritual sensitivity is a vital part of the practice problem as many Black individuals and families seek mental health guidance from their pastors. Faith is a large part of who they are as a community.

Trauma-informed means that HBH realizes the widespread impact of trauma and understands recovery's potential paths. HBH recognizes the signs and symptoms of trauma in its clients, the clients' families, and the staff providing services. The organization responds by fully integrating knowledge about trauma into its policies, procedures, and practices. HBH seeks to actively avoid retraumatization in efforts to promote treatment to whom it serves and avoiding vicarious trauma in those providing service delivery.

Strategy and Performance Improvement Systems

Through looking at HBH's organizational information flow, there is integration from leadership to results in the HBH system through a strategy that directly affects clients. This flow gives leadership the ability to know client needs and create a system that meets these needs. Results are integrated through preparing the workforce and constructing operations through a clear strategic plan where both sides of the organizational profile are vested. HBH's clinical director indicated in an interview that

therapists having ownership in the organization creates trust and workforce retention through a team approach for accomplishing mutually beneficial goals.

HBH has quarterly strategic planning meetings to review performance and growth. There are also monthly director's meetings to review processes and improve systems using data metrics. There are biannual strategic development meetings in addition to the monthly director's meetings. In attendance at these meetings are a select group of leaders, the CEO, and a select portion of the workforce. The meetings are viewed through the lens of a growth mindset that is socially responsible in maintaining the quality of services. Self-auditing is another area of performance improvement. HBH audits client files quarterly to ensure quality care delivery and billing.

HBH embeds certifications and training into its systems and offers free training. Trainings ensure that the operations are working through cutting-edge empirical evidence for accurate client diagnosis and treatment (Hollis et al., 2015). HBH must have a vital research and development component to be ahead of the curve on emerging new behavioral health interventions (cognitive, neurological, and biological), to grow the workforce, and to benefit clients, as presented in strategic planning minutes. This commitment to research is evident in how HBH used technology and set up systems to ensure a smooth transition to on-line therapy. HBH's progressive approaches created few stressors for the workforce and clients and facilitated a continuous stream of services during a time of increased client needs.

HBH's leadership stated in their meeting minutes that they understand that the gap between medical interventions and mental health interventions is shrinking. Health

care coverage plans from private to managed care coverage (Medicaid/Medicare) are looking at mental health delivery systems through a general medical care lens (Horgan et al., 2016). HBH uses assessments to inform diagnoses as standard practice. Evidence-based assessments such as the Beck's Depression Inventory and Beck's Anxiety Inventory are procedural for a diagnosing and developing a treatment plan. These self-report assessments help to provide evidence for diagnoses and inform treatment plans. The information from these assessments can also start conversations about clients' needs. Assessments set benchmarks to gauge improvements that can be used during progress reviews (Ozcan, 2014).

Providing clients performance-based and care-oriented services is essential to HBH's growth, as expressed by the CEO in meeting minutes at a quarterly meeting in 2018. According to correspondence with the clinical director, it is also essential to the HBH model that therapists develop good self-care so that they can sustain their help of others. HBH offers aspects of self-care to their workforce through a chaplain service they can call to decompress or emotional support through personal issues.

Fiscal Management

Key factors of HBH's annual financial strategic plan had adaptations during COVID due to grant funding and relief for BHOs and small businesses. The strategic planning included financial management systems to ensure that the funds were used appropriately, adequate documentation of transactions were maintained, and assets were safeguarded (SAMHSA, 2020c). Meeting notes showed that audits are conducted internally every quarter to ensure reported revenue and expenditures, accounts are charted

properly, and disbursements are accurate. Actual and budgeted expenditures are analyzed monthly. External audits are conducted by insurance companies to ensure the diagnostics in relations to the scope of services.

Behavioral Health Policy

While fiscal responsibility and compliance with state regulations and insurance requirements is vital, HBH remains committed to whole person, client centered care. HBH is a fee for service model driven by client care adapting to challenges while preparing for changes to best help and support client needs (clinical director, personal communication, December 21, 2020). While HBH adheres to the ethical and legal standards set forth by the state licensure board and insurance company requirements, HBH also adheres to the standards for Medicare and Medicaid. Accepting Medicare and Medicaid for a private BHO was an important step for HBH as Medicaid is more likely than many private insurance plans to cover additional services, such as case management, individual and group therapy, detoxification, and medication management (Zur et al., 2017). The ability to accept Medicaid and Medicare increases the client base for HBH and helps reach all communities.

Summary and Transition

The Black community has been underserved through lack of access to quality services and underrepresented in the mental health profession. With the increased demand for counseling services due to COVID-19 and racial/social issues, connection with area pastors of Black churches is vital to address growing mental health concerns in the Black community. HBH is the focus of the proposed study, and the organization's

mission is to reach the Black community with mental health services. The organization is a for-profit BHO with multiple locations in the midwestern United States. The present study will fill gaps in exploring ways to reach the Black community and individuals with mental health services.

Section 2 establishes the supporting literature and evidence addressing the practice problem. Organizational leadership, strategies, clients, and population served are described along with analytic assessment utilization. HBH is addressed in more depth with sources of study evidence, structure, and the analytic strategy that was used in this study.

Section 2: Background and Approach—Leadership, Strategy, and Assessment

Introduction

The general organizational problem that warranted further investigation was how BHOs can reach out to local pastors of Black churches to increase trust in mental health services, decrease stigma of underutilized mental health services, and increase mental health education. The purpose of this qualitative study was to explore the enablers and barriers to providing mental health services to people in Black communities served by HBH through the Black church. Barriers such as lack of trust in systems, inequality of care, feelings of weakness that their faith is not strong enough to overcome their mental health issues, and stigma can impede access to mental health services for Black people needing this assistance (Alang, 2019; Dempsey et al., 2016; NAMI, 2021). Reaching out to pastors of local Black churches may help to overcome these barriers. In Section 2, I survey the current literature addressing perceptions and experiences of the Black community on health care and mental health care services. I also reviewed the organization's leadership strategy assessment, clients/population served, and analytic strategy.

Supporting Literature

The existing literature relevant to this study's practice problem relates to perspectives on mental health in the Black church, how the church is viewed, and the Black community's perceptions of mental health services. Preparing this literature review required extensive searches in multiple databases for current, peer-reviewed journal articles. I also searched government databases, and mental health organization websites.

The mental health databases and websites that produced literature to review are the American Psychological Association, the American Psychiatric Association, SAMHSA, the National Institute of Mental Health (NIMH), NAMI, the CDC, MHA, Pew Research, and Google Scholar. These sources were used for scholarly and peer-reviewed information to inform the practice problem.

Key search terms used in seeking literature were Black, African American, mental health, perceptions of mental health in Black communities, the Black church and mental health, stigma, and bias in mental health. I took a broad approach to locating literature supporting the practice problem. I encountered dated peer-reviewed research and a lack of peer-reviewed research in general SAMHSA, NIMH, NAMI, and MHA websites provided the links with the most useful information to inform the practice problem.

Literature found on the practice problem was limited, showing a gap of research available addressing the barriers Blacks face in seeking mental health services and providing solutions to the Black community. Much of the literature dated to the 2000s and the 2010s and even earlier. In 2002, Blank et al. found few formal connections between Black churches and organizations that offered mental health services. Nearly 20 years have passed since Blank et al., with slight improvement in mental health connections to the Black community. The American Psychiatric Association addresses disparities in mental health equity for Black Americans and offers guidelines and tools in working with diverse populations. The organization provides online tools for addressing increased stress and trauma for Blacks due to changing current political and social climate (American Psychiatric Association, 2020). While this site was a valuable

resource for best practices, it does not provide strategies for connecting the Black population with available mental health services. The American Psychological Association (2021) stated that Black Americans have limited access to mental and behavioral health care, listing poverty and social structures as the barriers.

In the present study, I identified the factors associated with causes of unmet needs, investigated how to connect Blacks to mental health services, and identified new ways to construct service use. Barriers to mental health care may include insurance status and plans, geographic location, and mental health literacy (Alang, 2019). Black people have experienced significant historical trauma while being deprived of access to resources. Disparities in access have created a mistrust of mental health care systems (Alang, 2019). As an example, Black women have experienced disparate and compromised reproductive health care due to the underpinnings of institutional racism (Prather et al., 2018). Powell et al. (2019) studied medical mistrust among Black males delaying preventative care and concluded that medical mistrust and racism in health care need to be addressed.

The lack of resources and trust has made the church the epicenter for meeting mental health needs in Black communities. Counseling has been at the pastoral level in place of licensed professional help. According to the Pew Research Center (2020), 91% of Black Americans say religion is significant in their lives, and 79% identify as Christian. Montgomery (2020) noted that “Historically, mental health issues were deemed ‘a vice of the Devil,’ and the solution was prayer and stronger faith.

Unfortunately, remnants of this rhetoric are still echoed throughout churches today" (para 4).

In 2018, Hankerson et al. researched the need for partnering with Black churches to access mental health care. They identified the need for continued development in outreach to the Black community through the church to understand the cultural nuances that shape Black lives. NAMI (2021) stated that the church can be a valuable resource for reaching the Black community if conversations about mental health change in the church. The present study filled a gap in research one how to connect with Black churches and create trust in mental health services by changing the conversations.

A review of HBH's strategic organizational initiatives and strategic planning revealed its deep commitment to reaching the Black community through its churches. HBH's strategic priority is to explore community needs and project first steps to take with area pastors of Black churches. Nguyen (2018) explored ways in which the Black community relies on the church for many aspects of their lives. Dempsey et al. (2016) proposed that members of the Black community are less likely to seek help from mental health care professionals and more likely to turn to the church for support. Hayes (2018) stated that reaching the Black community requires a church-based approach. HBH understands the need and effectiveness of implementing the local Black church in connecting the Black community to mental health resources that are trauma informed, culturally competent, and spiritually sensitive (clinical director, personal communication, November 11, 2020). HBH's website is public and clearly presents its mission as being culturally competent and spiritually sensitive. The website displays personal testimonies

of faith by many therapists. The website also shows alignment in beliefs with area Black churches and provides assurances that services are faith-based. Equity and equality can be seen as the website shows that HBH's CEO is Black, the chaplain is Black, and there is great diversity among the therapeutic team. HBH's visible diversity reduces perceptions of provider bias and inequality of care that the Black community has historically faced.

Sources of Evidence

Multiple sources were accessed as part of the initial pieces of evidence for this study. Public access to HBH's website provided a clear representation of its trauma-informed and faith-based approach, mission, and vision. Further information was provided by attending the organization's strategic development meetings, director's meetings, and quarterly meetings; through semi structured interviews with the clinical director and leaders and emails with the clinical director and leaders; through governance documents, policy documents, procedural documents, the employee handbook, and the independent contractor handbook; and by having access to the organizational meeting minutes and non-HIPAA-secure documentation. HBH was highly transparent and forthcoming with all information for this study.

This qualitative case study consisted of six semistructured interviews with HBH key leaders, including the CEO and the chaplain. The leaders at HBH have 15 to 30 years in behavioral health services or served as pastors of local churches. Other sources of information included board meeting attendance and minutes, HBH's current strategic plan, leadership meeting attendance and minutes, demographical information on office

locations, outreach services, consumer satisfaction surveys, philanthropic assessment, trauma-informed organizational assessment, spiritually sensitive organizational assessment, organizational policies, and procedures, employee portal, emails, website, and social media. Collecting and analyzing this evidence resulted in a more thorough understanding of HBH's organizational approach when addressing Black individuals' and communities' needs. This approach also offered more profound insights into HBH leadership's experiences in responding to these needs.

Leadership Strategy and Assessment

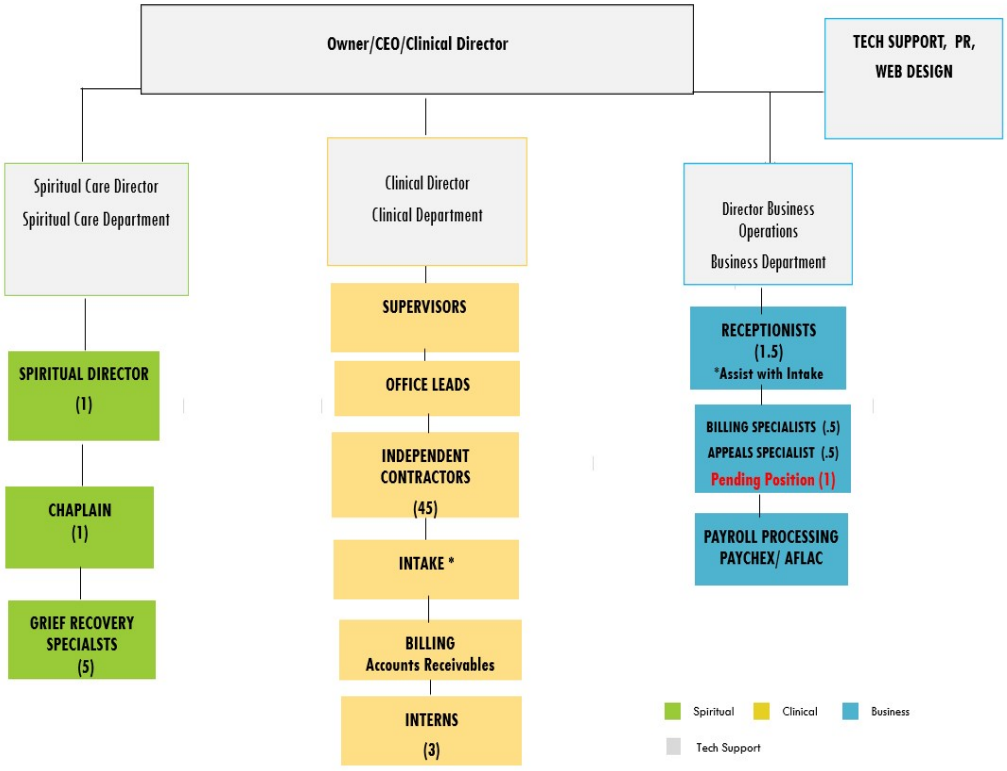
HBH is governed by a CEO who meets with the directors monthly. The current organizational chart, shown in Figure 2, indicates that the CEO is the organization's leader, followed by a clinical director, a director of spiritual care, and the CFO. The clinical director also oversees nonclinical operations, and there is no department for marketing and outreach. Forty-seven contracted individual therapists report to the clinical director, who reports to the CEO. HBH's seven locations are overseen by the clinical director, who entrusts the contracted individual therapists to oversee daily operations. The contracted individual therapists contact the clinical director regarding any concerns or issues. Quarterly meetings are held to share information, voice nonurgent concerns, and give clinical updates. Weekly case study reviews are offered for clinical support and supervision hours, as necessary. Bimonthly CEU classes are offered for licensure requirements and added information for therapists and staff members.

The organizational chart (see Figure 1) is revised annually to represent new positions created to support growing needs in HBH's various offices. According to

meeting minutes from December 2020, the position of educational director will be added to the 2021 organizational chart. This position would entail coordinating CEU training for mental health professionals and community education for area pastors, first responders, and parenting.

Figure 1

HBH Organizational Chart



The executive leadership team meets biannually to update the strategic plan and organizational goals. The organizational mission, vision, and values will be reviewed and affirmed during the 2020 annual meeting. The review of the strategic issues will be as follows:

- How can HBH connect/relate to the community in more significant ways?

- As HBH grows and needs more space/offices, how can the organization maintain the positive HBH culture's essential strengths of working as a "functional family"?
- How does the organization plan to advance tech-savvy growth in ways accessible to our clients? What are plans for growth in online/teletherapy?
- How does the organization integrate spiritual care more fully into HBH for both clients and the staff?
- Groups: kinds of groups offered, their expansion, and structure.

The areas identified for organizational expansion and growth will be as follows:

- group sessions
- first responder targeted-initiatives
- grief recovery services
- additional school-based services
- additional marketing strategies for identified offices
- additional psychological testing services
- expansion of the intake processes

Action plans from leadership meetings are delegated to the individual leaders/directors to execute and report back during monthly meetings. Delegation is determined by which department the goals most closely align with strategic action plans executed in the same manner. They are compiled and overseen by the clinical director, using a team of selected individuals to provide feedback (clinical director, personal communication, December 21, 2020). These areas were identified as strategic weakness:

- timing of implementation of strategic plans
- outreach and marketing of CEU offerings and training outside of HBH
- coordination and management of organizational expansion and growth—possible hire
- need for key performance indicators to track the success of action plans

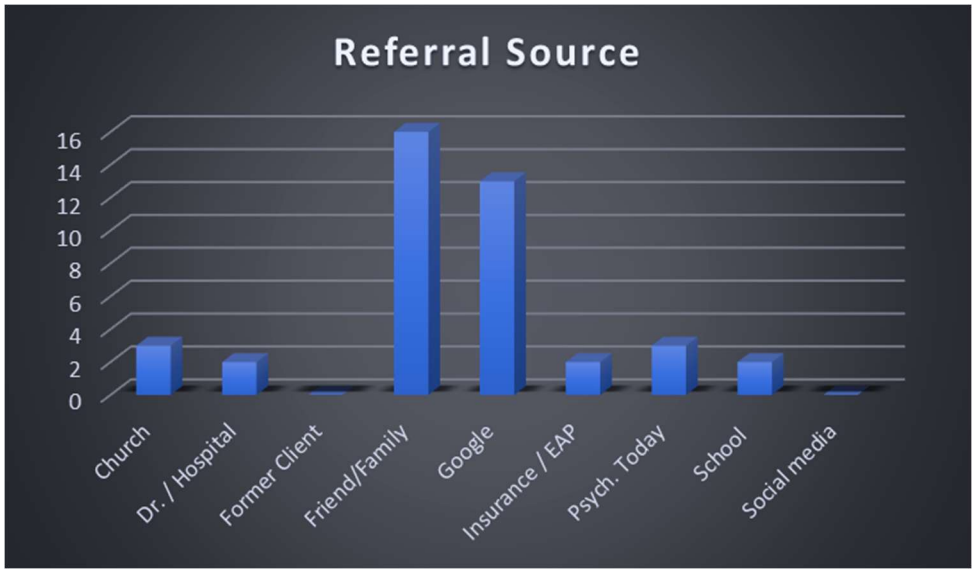
Implementation of strategic plans regarding group sessions, additional school-based services, training, and other areas were suspended during the COVID-19 pandemic. However, innovative solutions were developed by creating online CEU offerings and training that were prerecorded and marketed for passive income. The COVID-19 pandemic necessitated flexibility when executing action plans. Pandemic circumstances necessitated implementing new methods of meeting client needs and creating new action plans to address emergent issues. Modified action plans were implemented by HBH's owner and the respective directors of the areas affected by the identified emergent concerns. Typically, change management is discussed by the leadership team (clinical director, personal communication, December 21, 2020).

HBH's leadership has been developing a strategic plan to implement outreach to area Black churches and build relationships with the local pastors. The long-term goal is to build trust between pastors and mental health providers who are culturally competent and spiritually sensitive. Connecting with pastors, empowering them, and training them to identify when appropriate to recommend seeking professional mental health help to congregation members when appropriate may reduce the perceived stigma of seeking mental health services (L. Williams et al., 2014).

Figure 2 shows HBH's referral sources, which reflect a small number of church referrals. The church demographic reflects all ethnicities and faith traditions. HBH will explore establishing a metric on Black churches to help develop outreach plans.

Figure 2

Referral Sources



Note. Dr. = physician; EAP = employee assistance program; Psych. Today = Psychology Today website.

Clients/Population Served

HBH serves a large population that covers most of the northeastern area of the state. The organization is considering expansion to the southern part of the state to support a large state university in its mental health needs. HBH serves a diverse demographic and a diverse need base through its seven locations. According to a recent report provided by HBH's clinical director, HBH has served 5,300 clients in the 5 years it has been in operation. All information about the population served was obtained through

HBH's website, interviews with leadership, meeting participation notes, and meeting minutes.

Populations served are children through the older adults, covering the lifespan with trauma-informed, culturally competent, and spiritually sensitive individual counseling sessions by mental health professionals. The organization has certified marriage counselors contracted to provide services to married couples and certified addiction counselors to treat addiction through supportive outpatient treatment. Grief services and spiritual care are listed on HBH's website as support services to help meet client needs. Because of COVID-19 quarantines and social isolation, group sessions and mental health training sessions decreased. However, the county connection for school counseling increased as student need for mental health services grew due to remote learning and student isolation. Individual counseling increased as mental health issues grew due to the public health actions of social distancing, isolation, fear, stress, financial loss, depression, and anxiety (CDC, 2021).

Teletherapy was used to meet the growing demand for individual therapy due to increased mental health issues. Insurance companies in the organization's state accepted and covered all teletherapy claims to help maintain services for existing clients and provide services to new clients who were suffering emotionally through the pandemic. Client engagement is facilitated through a HIPPA-secure patient portal. Clients can see their and manage their information and manage their appointments. They can manage their care by scheduling sessions with their therapists, canceling sessions within 24 hr, and paying their bills. Clients can email their therapists directly at any time to

communicate needs or concerns. The patient portal also has an area for communicating with the clinical director over any concerns or needs. Client information is stored through EHR in the Therapy Notes database. The Therapy Notes system has the capacity to send notes to insurance providers and houses many other files necessary to HBH's client information structure.

Transparency, openness, and appropriate support services help to build trust with clients by meeting their emotional needs. A healthy client–provider relationship is based on trust and respect (Crits-Christoph et al., 2019). Client satisfaction is assessed through optional patient satisfaction surveys. These surveys are confidential and used to ensure quality and consistency of care for the organization and to identify areas for improvement.

HBH's clinical director provided the chart shown in Figure 3, which shows the number of clients monthly during 2020. Seeing an increase near and over the holiday season is typical. People with mental illness report that their conditions worsen over the holidays (NAMI, 2014). This increase may explain the increase of active clients for November and December.

Figure 3

HBH Active Clients

Analytic Strategy

Qualitative methods for research in program evaluation can be effective in identifying perceptions and experiences using data collection approaches in the form interviews, transcripts, field notes, and excerpts from documents potentially impacting outcomes and improving services (Murphy et al., 2017). Analysis of the data through a qualitative approach was through extracting word to identify patterns and themes through coding, categories, and case examples (Office of Data, Analysis, Research & Evaluation Administration on Children, Youth, and Families, 2016; Pearse, 2019).

The case studies were done through focused interviews with six key leaders chosen through purposive sampling. These participants were purposefully chosen for specific reasons that stem from core construct and contexts that relate to the research

questions (Ravitch & Carl, 2016). The participants have experience and knowledge over the phenomenon being explored. A cross case analysis of the focused interviews with participants generated coding tables and matrices looking for theme words and patterns. The data analysis process will include compilation, multiple coding, and data triangulation (Murphy et al., 2017).

Data was collected from organizational documentation, organizational governance information through licensure boards, HBH's strategic plan, meeting participation notes, director's meeting minutes, quarterly meeting minutes, the employee handbook, the independent contractor handbook, HBH's public website, HBH's private library accessed through the employee portal, projected goals, and outcomes analysis from the organization's monthly assessments, satisfaction surveys, email from the clinical director, meetings with the clinical director, and communication via Zoom with the clinical director and other organizational leaders. The data included semistructured individual interviews with five senior leaders. Semistructured interviews with questions addressing the practice problem engaged the organization's leaders. A review of the data informed the study in determining the governance, policy, organizational structure, strategy, and outreach plans to underserved populations.

Prior church affiliations and projected affiliations with Black churches informed the analytics. Key leaders identified to participate in the study were sent consent forms via HIPAA-secure emails. Qualitative researchers implement interpretive approaches to make sense of phenomena (Denzin & Lincoln, 2018). Researchers must be involved and reflective in every step of the research process (Merriam & Tisdell, 2016; Ravitch &

Carl, 2016). Research bias is commonly understood to be any influence that distorts study results (Galdas, 2017; Polit & Beck, 2014).

I chose HBH as the organization to study as I have worked there since it first opened in 2015. Ethics are vitally important to consider so that study results are not skewed (Sanjari et al., 2014). I used a researcher identity memo (see Appendix A) to bracket my personal views and experiences with the organization to increase credibility for trustworthiness of the study. The memo is a way to highlight biases I might bring to the study focusing on my prior experiences with HBH possibly shaping the interpretation and approach to the study (Ravitch & Carl, 2016). Acknowledging and monitoring my subjectivities is necessary in understanding how this could influence the outcome of this research study.

Reflexivity was applied through a systematic assessment of my identity, positionality, and subjectiveness as a researcher as part of research vigor. A key part of achieving validity is through reflecting on research bias (Ravitch & Carl, 2016). Steps were taken to challenge and ensure that research bias does not skew results through triangulation of data, and participant validation checks through the collaborative dialogic engagement of HBH (Ravitch & Carl, 2016). Systematic or culturally based errors in the evaluative process should be avoided, which will help to produce reliable outcomes (Brown et al., 2018). Having a reliable framework will help mitigate potential unconscious bias errors (Pandya-Wood et al., 2017). The information gathered was solely for this study's purpose. Some key information was unavailable such as director

meetings, analytics of surveys, financial data, or information shared in the director meeting in my current role in the organization.

Prior to IRB submission, I consulted HBH's CEO and clinical director to determine the practice problem. The practice problem was formed by HBH's needs in conjunction with the organization's strategic plan. Walden University institutional review board approval was obtained for this study (approval #09-22-20-0954380). Institutional review board approval confirmed that I would collect and analyze data from senior leader interviews, public data/literature, and internal site documents/data as per the terms of the site agreement and preapproved consent form.

The consent form described the study and the participants' rights. Consent forms were returned via HIPAA-secure email, and meeting times were via HIPAA-secure connections. All participants were required to electronically sign the informed consent forms and return them via HIPAA-secure email prior to being scheduled for their interviews. The interviews were not in person due to COVID-19 restrictions and HBH's policies per the state's social distancing guidelines. The questions were sent to the HBH leadership team, and they were approved through leadership's prior commitment to the study. An anticipated secondary benefit may be that information will help inform further strategic development in the organization. To assess the rigor of a study through the qualitative research process to ensure credibility, trustworthiness and validity were addressed (Ravitch & Carl, 2016). To mitigate these threats to validity and enhance reliability, transcriptions of the interviews were verbatim, and the participants had the opportunity to review the transcripts (Ravitch & Carl, 2016). NVivo software was used to

analyze the qualitative data. I collected data beginning in September 2020, and the interviews were conducted in April 2021.

Participants

The research data's key components included semistructured interviews with HBH's CEO, the organization's chaplain, grief recovery specialist, senior leader, and therapist who is also a pastor of a local Black church. The interviews comprised specific open-ended questions, which allowed participants the freedom to express their perspectives and explore the practice problem. The participants were selected based on their involvement in the organization and commitment to the organization's strategic development. Three of the six participants have been on the strategic development board for 4 years or more. The participants offered credibility to the study as they are knowledgeable of the concerns addressed in this study and the practice problem through personal experience and formal education.

The participants have shared experiences through working at HBH and being Black community members for over 50 years each. A social constructionist approach was taken in this study considering shared assumptions about reality that participants may have about the practice problem and challenges those assumptions (Gergen, 2015). Language and terms are the construct used in understanding perceptions that create a person's reality (Gergen, 2015). This approach also helps research across cultural barriers by listening to participant's shared experience with the practice problem. Using social constructionist approach in this study will help in understanding experiences not personally encountered. The phenomenological differences among Black and White

experiences in the United States is why the approach needed to be taken within the lens of social constructionist theory during the interview process.

Interviews were scheduled during days and times convenient for the participants. The interviews were conducted securely through point-to-point video access for medical professionals using a HIPAA-secure ZOOM platform. As a licensed mental health professional, I have been trained in Socratic questioning. I will listen for information and built on information shared by participants to form an unbiased assessment. Building rapport at the start of the interview to promote comfort for the participant is vital for information sharing in a responsive interview (Rubin & Rubin, 2012).

Sampling

Sample selection methods depend on the organization (Aamodt, 2016). HBH is a privately owned BHO with fewer than 100 employees and independent contractors combined. The sample size was small at six interviews but purposive to this qualitative study's needs. A standard sample size is not required in qualitative research (Merriam & Tisdell, 2016). The rationale for selecting the six participants from senior leadership was as follows:

- Each has been part of the organization for over 4 years or has known the CEO for an extended time period.
- Each attends a church and are from an ethnically diverse background
- The participants did not report to me.
- The participant's leadership roles and strategic development role in the organization.

Ethical Research

I adhered to Walden University's ethical research standards. Political stressors can influence the research process (Marshall & Rossman, 2015). Universal stressors were acknowledged through this study due to the political and racial climate while I was conducting this study. Events such as the global COVID-19 pandemic, the 2020 election dispute, the death of George Floyd resulting in a racial justice movement, and the breach of the capitol building by U.S. citizens contributed to shared life experiences between the participants and myself at the time of this study. Researchers recognize that personal experience and perspective can affect perception as there are many ways to interpret information (Miles et al., 2014). The nature of this study addressed an area of inequity regarding an underserved population. Interviews with participants have the potential to diverge from the intended purpose of a mental health outreach issue to a cultural issue. Topical and cultural interviews sometimes overlap when there are both research components (Rubin & Rubin, 2012). Paradigmatic value differences need to be considered through qualitative research (Ravitch & Carl, 2016). Researchers need to understand the participants' perspectives to describe best their experiences or point of views regarding the practice problem being explored (Miles et al., 2014). I maintained a critical perspective due to the nature of discovery and remediation of social implications that the practice problem may present. I acknowledged the potential for confirmation bias in data analysis based on my views or desired outcomes. Researcher bias can be mitigated through meticulous data collection and a solid review of the analyzed outcomes' reliability and validity. However, confirmability considers that qualitative

research will have bias but seeks to confirm that the data are objective. Qualitative researchers do not seek objectivity, they seek confirmation (Miles et al., 2014; Ravitch & Carl, 2016).

To avoid conflict of interest, participants received no incentive to participate in this study. There was no discussion of the study among the participants until the study was completed to avoid altered responses. Participants had the option to withdraw from the study at any time. Participant responses were held in confidentiality and their information and communication protected through HIPAA-secure systems such as Therapy Notes, Roundcube data-secured email, and Secure Video. I adhered to the ethical standards required by Walden University and the Hippocratic Oath, which I took to gain licensure in the mental health profession.

Data Collection

Data was collected via interviews and full access to information on HBH from the time it started in 2015 to the present. The CEO and the chaplain (also a co-owner) gave their full consent for information sharing for this study. The clinical director is highly responsive and forthcoming and was my principal liaison at HBH. A data library is in place to access all files available secured in a password-protected software system. The data library allowed for sharing accessible information between HBH and me. The credibility of data collection reflects how carefully the researcher conducts the research process and analysis (Rubin & Rubin, 2012). Data was gathered and placed in a data file program for access and retrieval concerning patterned words or phrases from the interviews representing meaning to the study. A record of the data collection process

through interview notes, memos, and recordings was kept on file in a secure location with a log of how the transcripts were made to verify outcomes. In addition to the semistructured interviews, data was collected from the following sources:

- HBH's website
- social media
- email
- monthly analytic reports
- employee handbook
- contractor handbook
- monthly director's meetings—agenda and minutes
- attending director's meetings
- strategic development meetings—agenda and minutes
- attending quarterly organizational meetings
- HBH's organization's online library and archives
- assessments given to the client base
- spiritual assessments available to therapists and staff
- client satisfaction information from public reviews

Analytic Procedures

Researchers choose a framework to help define the practice problem and guide the study (Ravitch & Carl, 2016). For this study's purpose, the Baldrige Framework helped me understand how the study related to the practice problem and contributed to the body of knowledge on the topic. The Baldrige Framework of Excellence was used to

help guide the data collection in recognition of its comprehensive approach to organizational assessment.

Interview themes were identified and coded while I will derived concepts from existing literature. Key concepts were coded from emergent themes from the individual interviews (Pearce, 2019). Themes were reviewed and matched for patterns (Pearse, 2019); pattern matching connected themes and confirmed or refuted propositions in the interview process (Pearse, 2019). I upheld validity by documenting my analysis process. In qualitative research, the meaning comes from hearing the data and extracting significance based upon patterns that emerge (Rubin & Rubin, 2012). I applied the evidence and remained consistent with the process required to ensure reliable and valid outcomes from exploring the practice problem to create trustworthiness. To avoid procedural bias in this study, I gave the participants time to respond and review their answers and conduct clarification checks to ensure effective communication with the participants (Rubin & Rubin, 2012). I used triangulation from multiple sources to facilitate validation of data to avoid research bias.

Data must show stability and consistency over time as a mark of reliability and validity (Miles et al., 2014). External validity needs to be juxtaposed with transferability while avoiding generalizations. By being bound contextually, qualitative research develops context-relevant and descriptive data for a broader context (Rubin & Rubin, 2012). Data review informed the practice problem. I employed triangulation to enhance trustworthiness and validity of my data review and confirm my interpretation of the data.

Summary

Data collection helped to inform the practice problem in an objective, socially responsible, and practical approach. Racial justice and equity inspire social activism and outreach. Researchers need to remain vigilant to ensure that study results are not influenced by emotionalism or bias over the topic being explored. Human error is understood in qualitative research, and human emotion is inherent to unconscious bias, which can create an error. The phenomenon of racial injustice and inequity to the Black community is not new. I sought to explore how to build trust with the Black community about seeking mental health services that are accessible, culturally competent, and spiritually sensitive to their needs. In seeing a gap in research and a gap in solutions for the growing mental health needs of the Black community, I hoped to offer something new to help fill the gap of information.

In Section 3, I explore how HBH builds an effective and supportive workforce environment through workforce engagement and leadership. I review work processes to elicit understanding of operational effectiveness through day-to-day activities. These activities include the client's initial experience and outreach, scheduling appointments, intake procedures, managing client records, submitting claims to insurance companies, planning treatments, analyzing treatment outcomes, training center courses for continuing mental health education, and community outreach. I review these processes as they relate to the practice problem.

Section 3: Workforce, Operations, Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

The general organizational problem that warranted further investigation was how BHOs can reach out to local pastors of Black churches to increase trust in mental health services, decrease stigma of underutilized mental health services, and increase mental health education. The purpose of this qualitative study was to explore the enablers and barriers to providing mental health services to people in Black communities served by HBH through the Black church. Exploring enablers and barriers over providing mental health services to the Black community requires a BHO equipped with trauma informed, culturally competent, and spiritually sensitive approaches. The research questions that were used for this study addressed how mental health concerns for the Black individual and community are discussed along with feelings of safety at HBH. The specific questions are as follows:

RQ1: How often are minorities' mental health needs discussed at work?

RQ2: How safe do you feel when discussion racial issues at work?

RQ3: What has been your experience in attending a Black church?

RQ4: How does your church discuss mental health?

RQ5: How has COVID-19 and social unrest affected mental health, especially in the Black community?

RQ6: How can BHOs actively engage with making connections and services accessible and trusted outside of the church?

RQ7: How can we help pastors be more supported in their own mental health needs and the mental health needs of their congregations?

Another area of exploration through the research questions addressed how Black churches are approaching mental health concerns through outreach to pastors of Black churches. The Baldrige Excellence Framework was the standard used to evaluate HBH, a large for-profit BHO in the midwestern United States. HBH was established in 2015 and rapidly grew to become a successful presence in the communities it serves. The organization has seven locations; two are in major cities, the others are in rural settings. Since its beginning in 2015, HBH has served over 5,300 clients, representing diverse demographics. The organization has over 50 independent contractors comprising the therapeutic team of trauma-trained clinical counselors, social workers, addiction specialists, grief recovery specialists, and 15 administrative staff members who run the offices.

I acquired information from interviews with leadership via Zoom, review of policies and procedures, meeting notes from meetings I attended, organizational metrics, meeting minutes from meetings not attended, and resources in HBH's employee library resources. Analyzing the information helped to inform the practice problem regarding strategic outreach to Black churches. I discuss employee and independent contractor engagement at HBH as effective outreach needs buy-in from the independent contractors on HBH's mission and vision. I also discuss the level at which HBH engages staff and contractors in Section 3.

Analysis of the Organization

Workforce Environment

A review of HBH documentation showed a supportive workforce, even with multiple practice sites and the therapeutic team comprising independent contractors. The organization has built a supportive workforce by providing free CEU training, offering spiritual care to staff and therapists, and providing 24-hr clinical support. HBH provides case management opportunities two times a week to offer support over cases that a therapist may need to address. There are seven offices with an office lead, who is an independent contractor. If there are issues in an office, they go through the office lead and then to the main office. If there is a clinical issue with a client, the clinical director is contacted directly. Through consistent contact with the metric feedback, the systems help to create an effective support system for the therapists.

According to meeting notes and communication with the clinical director, once a month, HBH's four directors and the CEO meet to evaluate the staff, senior leaders, and the governance board's performance. This meeting includes the clinical director, billing director, spiritual care director, and insurance director. Reports are given for each respective area and are only approved through a unanimous vote, thereby providing checks and balances for the practice. The reports include website traffic, intakes, certification requirements, revenue, and cash flow. The CEO engages a mentor for additional accountability. The CEO also attends a group for small practice owners to ensure integrity, legalities, and ethical compliance (clinical director, personal communication, November 11, 2020).

Accountability of clinicians to the clients and clients to therapy was expressed as a priority at HBH. While it is preferable, accountability does not necessarily require direct human contact. Accountability continues during social isolation through technological outreaches such as Zoom and TEAMS meetings. The lack of a direct contact requirement means that accountability-based adherence interventions can be implemented and maintained (Oussedik et al., 2017). This commitment has continued through client care via teletherapy, helping to keep clients connected.

HBH's leadership promotes and ensures ethical behavior in all interactions by auditing files monthly and holding CEU classes for the therapeutic staff and office staff. CEU training covers ethics, ethical standards, and current techniques or issues in mental health. This approach bridges gaps between organizational, legal, regulatory, community concerns, and health care services and operations. HBH keeps information current by subscribing to notifications from required licensure, regulatory, and counseling boards to ensure compliance with the state. Risk management is considered with each decision HBH leaders make decisions based on data envelopment analysis in their monthly meetings. Azami-Aghdash et al. (2015) stated that assessing clinical governance in risk management domains for improving service quality while also evaluating leadership performance can be effective. It is important to note that each independent contractor carries his or her own liability insurance and needs to submit proof of this coverage to the clinical director annually.

Workplace Environment

The workplace climate at HBH is highly collaborative. Collaboration elicits ownership over each next step. There is also autonomy through two-way trust. The organization trusts the independent contractors to uphold the ethics of their licenses. Workforce culture and climate are crucial to an organization's success and is mainly achieved through accountability (Conners & Smith, 2011). Organizational culture is the beliefs learned and shared among a group, expressed through their work behavior (Aamodt, 2016). Individual and organizational accountability creates results that can be measured and accomplished through embracing the culture. Honest communication of needs and issues creates a healthy work culture (Patterson et al., 2012). HBH has accountability, and open communication as the quarterly meetings give an open floor to all contractors and staff to their needs and concerns. Outside of the quarterly meetings, the clinical director makes herself available with a response time of fewer than 24 hr for nonemergencies. Emergencies are immediately handled by the clinical director or CEO.

HBH's effectiveness is due to the staff and contractors knowing and supporting the organization's mission, vision, and values, according to strategic meeting notes. The mission and vision are revisited annually through a strategic planning meeting to ensure that the organization's growth has not changed. If there appears to be a change in mission or vision, it is brought before the whole organization for discussion in an organization-wide meeting (clinical director, personal communication, February 18, 2021). Assessment of independent contractors for capability and capacity is through their licensure status and certification. The state board directs these assessments of therapeutic

capacity. The state requires 30 CEUs every 2 years. Having access to training and education helps with being current in the field and building skills. Further assessment by the organization is a 6-month probation period when a therapist first becomes part of the team. The clinical supervisor signs off on notes for each licensed professional clinical counselor (LPCC) until after the 6-month probation period has ended and the organization is assured of the counselor's clinical note skills and billing//insurance knowledge. Licensed professional counselors (LPCs) need continual supervision by the clinical counselor, or licensed leader, who had been paneled for insurance review to sign off on the counselors' clinical notes. This supervision provides a constant review of productivity and quality.

Some independent contractors at HBH have a supervisor designation from the state and can offer supervision hours to LPCs to gain their clinical designation. As far as a formal review process, especially in longer-term LPCCs, the organization identified the need to improve in this area and look at ways to assess annually (clinical director, personal communication, February 18, 2021). HBH has a qualified therapeutic team that holds itself accountable with a positive workforce climate. This accountability then creates an environment that would be optimal for outreach.

According to the clinical director, HBH recruits only in specializations in which the organization has a need. A need would be recognized when there are not enough therapists to cover intake needs internally. The hiring process is through Indeed.com, and it is a standardized procedure. Benefits are not offered to independent contractors. However, HBH offers Aflac as an option, which can be paid through Paychex when

counselors receive their percentages of therapeutic sessions. Percentages are based on the industry percentage norm of 50/50 LPC and 60/40 LPCC (clinical director, personal communication, February 18, 2021).

The benefits of retaining talented therapeutic staff are that there is no minimum caseload. Therapists can work as much or as little as they want. They can also make their schedule between 7 a.m. and 9 p.m. If their sessions are not virtual, they need to coordinate room space in the office location. According to the clinical director, the organization is large and ever-expanding, with plans to develop a 501c3 arm to provide services to the community. These services would include specialized grief recovery. HBH's leadership stated that they need to improve their on-boarding process, especially in locations where the office is farther from the central office location and small (fewer therapists in that office).

The workforce environment is supportive in providing free CEU training for HBH's independent contractors. Information on workforce environment was obtained through emails sent to the organization and meeting minutes. This information showed that working with HBH as an independent contractor requires no minimum number of work hours, they can choose their location, and they have spiritual care staff available for staff support. During the week, the clinical directors scheduled support sessions are for case management, and the chaplain sends notes to the staff and independent contractors at special times and difficult times of their lives. The chaplain is available every day for prayer requests or support in emergencies. When there is no emergency, the chaplain will schedule a meeting with the therapist.

Independent contractors at HBH are encouraged to grow and develop their skills while being given opportunities to implement them. As meeting notes and minutes indicate, the contractors and staff requested to work with the CEO based on his reputation representing 30+ years in the mental health field. Integrity is the best indicator for workplace productivity (Aamodt, 2016). The CEO's reputation has transferred to the organization, which makes HBH well received in the mental health community and the overall community. This aspect of HBH will be beneficial if the organization decides to implement outreach to the Black community. Trust in medical providers is a significant barrier in the Black community (Alang, 2019). Integrity, trust, and racial identity with spiritual approaches may be the structural pieces needed to build strong bridges to this underserved population.

A monthly review of customer service ensures positive experiences for each client. Quality control review covers the time clients initially contact the office to the moment they are connected to their therapists. HBH strives to make this a fluid and comfortable process. Potential clients can also contact any therapist through email or phone call that they feel connected to by reading their biographies on the HBH website or at the Psychology Today therapist search site. Customer satisfaction surveys are available through the patient portal and reviewed monthly. The clinical director directly handles any issues clients communicate through a direct call, email, or the patient portal.

Key processes are reviewed quarterly to ensure that client needs, and best practices are met. According to the clinical director, HBH is restructuring its intake process to provide improved experiences for its clients, according to the clinical director.

HBH wants clients to have good experiences when entering any office at any location for congruency and quality control. A warm atmosphere and a kind interaction to alleviate any anxiety clients may feel are critical to the intentional approach to client care (clinical director, personal communication, February 18, 2021).

Knowledge Management

According to the clinical director, HBH measures, analyzes, and improves organizational performance through a monthly tracking of attrition rates specific to their performance. Attrition rates include intake delivery services and trends in follow-up services. By keeping monthly metrics for measuring and analyzing systems, HBH can improve on strategies for enhancing customer satisfaction and care. Metrics are reviewed in monthly director's meetings and include general intake calls/emails from new clients, intake appointments made from the calls/emails, number of therapeutic notes submitted by all locations combined, referral sources, and number of active clients. Reviewing these metrics monthly helps to inform organizational performance, indicating areas that may need improvement.

As shown in Figure 2, word of mouth is HBH's primary referral source, with the internet and website traffic the second-highest referral source. Church referrals represent a small portion of HBH's referrals, with the Black church representing an even smaller portion. Exploration of how this compares to similar organizations is an area of future study in BHOs that have a spiritual component to their services. Most of the intake calls to HBH from the Black community are from word of mouth. Word of mouth is effective with this demographic due to the trust barrier. Friends and family referral has the most

significant marketing representation in the metrics, followed by Google searches. HBH's information technology department reviews the Google searches and monitors website traffic monthly. HBH works with county school districts and has a network with area hospitals that are a source for referrals. Through all the established connections and technology, word of mouth from friends and family is the most effective marketing tool noted by the referral source matrix HBH provided. Friends and family and Google have proven to be the best marketing resources.

Metrics also help indicate where services need expansion. HBH's metrics showed psychological testing services as an area of increased need. Psychological testing services use tests and other assessment tools to arrive at a diagnosis and guide treatment by measuring and observing client behavior (American Psychological Association, 2013). Increased intake services and insurance requirements create a need to establish empirically based diagnoses that psychological testing can provide. HBH established psychological testing services to provide this service to clients. According to the clinical director, psychological testing also provides a benchmark for assessing client improvement during and at the conclusion of psychotherapy services. Psychological testing, especially self-reports, can provide results that clients feel are accurate and personal and can alleviate concerns of misdiagnosis can be alleviated, especially in trauma areas (Liang et al., 2016).

According to HBH's contractor manual, all independent contractors are required to use Therapy Notes, a HIPAA-secure EHR behavioral health management system. Therapy Notes provides access to schedules, therapeutic notes, insurance billing, HBH's

patient portal, and HBH's library and informational archives. When COVID-19 caused 95% of the practice to transition to virtual sessions, HBH advised the therapists to use Secure Video for their on-line sessions. Secure Video provides HIPAA-secure point-to-point contact between therapists and clients.

Assuring clients that their information is secure and ensuring they have access to their information via the patient portal will help build trust and transparency. Trust building through feeling empowered over their information is part of the therapeutic process. The technology information system HBH uses facilitates scheduling, as clients can schedule themselves, and communication flow. Phone calls and emails are HIPAA secure through Roundcube email systems and the Freedom Voice messaging system. HBH pays for all systems along with facilities as part its contractual commitments with its therapists. Therapists submit billing directly to the insurance companies. If there is an issue with billing, it is overseen by HBH's director of business operations. Initial proof of insurance with deductible and co-pay information is handled before the business office's intake.

Secure Informational Systems

Trust is essential to client care, especially when handling personal information or talking about personal information. HBH keeps EHRs in Therapy Notes, a HIPAA-secure system. The organization pays a monthly fee for this service to store clinical notes, submit billing, and hold client information. With most therapy needing to be done virtually due to COVID-19, the independent contractors chose their teletherapy services and pay for them on their own. According to the clinical director, Doxy was a popular

choice, but Secure Video was preferred as it was a secure system and HIPAA protected using a Zoom platform that provides a point-to-point information link that cannot be stored.

Summary

Section 3 was a discussion of HBH's operations. HBH workforce engagement, billing, and information management were addressed. The CEO stated in meeting minutes that clients know what dysfunction feels like, and when they come to HBH, it is vital they feel something different. A large part of that feeling comes from satisfied therapists with their position and feeling supported by workplace engagement and satisfaction. To keep their independent contractors informed and supported, HBH conducts all-staff meetings every quarter and sends email updates on all current state notifications to keep their therapeutic team updated on current information.

Knowledge management was addressed as HBH ensures that all client information is stored securely through its EHR system. The Baldrige Framework of Excellence was used to analyze HBH. I focused on exploring practical ways to reach the Black individual and community through their local church. The latest version of NVivo, released in 2020, was used for coding. Reports, including multiple coding reports in word with representative quotes of the various themes; a spreadsheet of frequency counts (number of documents coded to each category) from which charts was produced as needed. This information was used to inform the practice problem.

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

Introduction

The purpose of this qualitative inquiry was to explore the enablers and barriers to providing mental health services to people in the Black communities served by HBH. The applied outcomes of this research may be used to provide BHOs with strategies for building trust and reducing stigma about mental services in the Black community by connecting with local churches. HBH is a for-profit BHO in the midwestern United States that is seeking to create a 501c3 organization to expand grief outreach and spiritual support of therapy. The study focus was on how the organization functions, how the practice problem influences the organization, and how the organization can implement outreach to the Black community. How leadership views the practice problem and strategizes to align organizational goals with the mission for outreach to the Black community was also explored through the interview process.

Sources of evidence for this study included the organization's website, used to access the organization's mission statement and other information, notes from strategic meetings, used to inform discussions on organizational strategies, and quarterly meeting notes, used to inform discussions on the organization's faith-based initiatives. Information defining empirical approaches to these initiatives was obtained from the organization's library. HBH's chaplain and spiritual care director provided internal documents titled *Spiritual Care Consent Form* and *Spiritual Assessment Tool* and various grief recovery information in the HBH library. Quarterly meeting minutes from March 2021 outlined major initiatives and goals for changes in outreach through online therapy

and the increased need for postpandemic mental health services. These initiatives included exploring ways to reach pastors through mental health conferences, developing ways to reach denominational organizations with information on mental health services, and evaluating and improving the organization's pastoral support services, grief support services, and spiritual care services.

The Baldrige Excellence Framework (NIST, 2017) was used to assess the organization. The framework consists of seven key factors of an effective organization: leadership, strategy, customers, measurement/knowledge management, workforce, operations, and results. These seven factors are used to systematically assess an organization for effectiveness and efficiency.

Analysis, Results, and Implications

Client Programs and Services

Through interviewing HBH's leadership, it became apparent that the COVID-19 pandemic has and continues to offer opportunities to overcome certain barriers through online counseling. Barriers identified in addition to trust and lack of church support (stigma in seeking services) were lack of transportation and childcare-related concerns. Expanding online counseling and access through insurance or managed care coverage created new ways for the Black community to use mental health services. Previous concerns of limited access to mental health and behavioral health care in the Black community (American Psychological Association, 2021) were reduced through the online option. HBH saw the following phenomena as a result of increased access to behavioral health care during the pandemic:

1. Confidentiality in seeking counseling. Clients could see counselors from the comfort of their homes. They did not have to sit in a waiting room with others and walk up to the receptionist to provide their insurance cards. The stigma of being seen seeking mental health services was removed.
2. No transportation needed. Transportation is not required for online counseling, which provided clients the opportunity to see private practice counselors of their choosing regardless of distance or public transportation availability.
3. Fewer childcare concerns. HBH saw an increase of Black women/mothers coming to counseling because the stressor of needing to find childcare or packing up and bringing their children to counseling to wait for an hour was removed through the online option.

Client-Focused Results

Results realized by HBH clients reflect empirically based therapeutic approaches. Among the many mental health assessments, the therapeutic team can access through HBH's online library are various versions of the Beck Inventories, used to measure depression and anxiety at baseline and later for benchmarking improvements during therapy, and Holmes-Rahe Stress Inventory, used to assess life stressors that can produce anxiety and depression. These inventories are used for diagnosis and to create therapeutic goals and strategies. The Yale-Brown Obsessive Compulsive Scale is used in obsessive compulsive disorder assessments. These are self-report assessments with Likert scales allowing precise symptom calculations by therapists and clients. Clients and therapists

review the questions in these assessments together to mitigate confusion over what the questions ask and to ensure accurate scores. HBH recently hired a certified psychological assessment specialist for specialized testing on ADHD, autism spectrum, intelligence, and mood/personality disorders. Insurance companies appreciate using empirically based instruments for diagnoses as these companies are requiring providers to use more evidence-based diagnostic and therapeutic approaches.

Research on faith-based therapeutic approaches has been especially helpful to HBH as this research has provided empirical evidence for these approaches. As stated on the organization's public website,

> Faith-based cognitive behavioral therapy (often referred to as Christian counseling or biblical counseling) begins in our mission statement: "transforming lives through culturally competent, spiritually sensitive, and trauma-informed counseling services. The key word is *sensitive*.

However, although the organization's tenets reflect the restorative power of faith, its leaders understand that not everyone has the same beliefs. Staff are skilled in integrating faith-based principles, biblical counseling, and prayer with standard therapeutic processes when therapeutically indicated and always with sensitivity and respect to the individual's cultural and spiritual beliefs. There is respect for self-determination and how faith-based interventions are expressed in the therapeutic relationship. Faith-based interventions yield to the client's consent and comfort level as does whether to incorporate and use resources from the client's faith tradition and/or faith community during the course of treatment. HBH's public website states that the goal is to

be “respectful and sensitive to your personal faith and faith tradition, as well as your faith community which you are associated with be it liberal, conservative, orthodox and all points in between.”

Efficacy of Faith-Based Therapeutic Approaches

Research conducted by the Center for Spirituality, Theology and Health at Duke University has shown that faith can assist recovery and improve health and that faith/spirituality can plays a large role in improved recovery, physically, emotionally, and mentally. This research has helped to inform client care at HBH, specifically the integration of faith-based and conventional treatment. A list of relevant research from the Center for Spirituality, Theology and Health at Duke University research is provided through a link to Duke University on the HBH website.

As an example of the cognitive benefits of spiritual care, Koenig, Boucher, et al. (2016) compared the effectiveness of religiously integrated CBT with conventional CBT to treat major depressive disorder. As part of their study, the researchers examined the biophysical effects of treatment on neurochemicals in depression and chronic health. They found that religiously integrated CBT was as effective as standard CBT in treating major depression, especially among highly religious clients. Another example of the cognitive benefits of spiritual care is a study at the center on spiritually oriented cognitive processing therapy for moral injury in veterans with PTSD and physical injury, an ongoing study at the time the present study was conducted.

Convergence With Literature

The practice problem in the current study addressed barriers to mental health services in the Black community and ways to reach out to the community through local Black churches. The key finding for positive social change is that churches and faith communities can be valuable support systems and help to create improvement in mental health issues when mental health support, specifically, CBT, is sought in conjunction with faith, spirituality, or religion. This finding reflects similar findings in extant literature. Religiously integrated CBT was more effective than standard CBT in reducing depression in people who practiced their faith religiously (Daher et al., 2016; Koenig, Boucher, et al., 2016; Koenig, Pearce, et al., 2016; Pearce et al., 2015). Pearce (2015) stated that

> A religious identity and worldview are integral aspects of how religious clients think about, experience, respond to, and take action upon their world. This means there is a good chance their religious faith is a lens through which they view their experience of mental health problems and recovery. If we don't discuss our clients' religious beliefs and worldview, we may be missing vital information and a significant way of improving their psychological well-being. (Para. 2)

An understanding of faith from the client's perspective in conjunction with CBT for depression, anxiety, or other mental health concerns needs to be established through trust in seeking mental health services. Relationship building between mental health services and the Black community may create trust.

Client Ratings

HBH does not survey client satisfaction. However, evidence of client satisfaction can be found through reviews of the organization on Google and Facebook. At the time of this study, there were six reviews on Google with a 4.3-star average rating. HBH responds to each comment posted. Of the six reviews, five were 5-star ratings; the sixth was a 1-star rating, with explanation. HBH staff responded to the 1-star rating, expressed concern, and provided contact information for help. The Facebook rating was 5 out of 5, with information given for the 5-star response. These ratings are voluntary; clients are not asked to provide reviews.

Workforce-Focused Results

Based on the evidence collected, the interviewees perceive diversity and equity in the workplace but expressed the need to increase conversations on racial issues. The CEO felt the safety level at work for talking about racial issues and the number of times racial issues were discussed at work were high. However, most of the other leaders interviewed felt racial issues were not often discussed at work and there was a lack of emotional safety for doing so. While they felt HBH overall was the best organization of its kind that they had worked for, there are still issues such as concern over how others may hear what they are saying based upon not having the same racial experiences (cultural concerns), having received a minimizing response when they have talked about how social unrest has affected minorities in the year preceding this study, or just not remembering talking about racial issues in larger group meetings.

The Society for Human Resource Management found that in 2020, 49% of Black HR professionals thought race- or ethnicity-based discrimination existed in their workplaces compared with only 13% of White HR professionals (Gurchiek, 2020). It would be interesting to see what the White leaders and therapists would say to the issue of ethnicity-based perceptions at work. Suffocated grief was a term used repeatedly by a few leaders. It speaks to how they have been treated over their feelings of social unrest. The participants grief over George Floyd was suffocated by public responses that minimized Floyd as a victim. All leaders interviewed for the present study were over 50 or 60 years of age, Black Americans, and mental health professionals. They said not much has changed since the civil rights marches of the 1960s and that institutionalized racism arises in cycles. Racism-related events happen occasionally, putting racism at the forefront of public attention. A bandage is put on the wounds of racism, but nothing is really healed.

Another area of workforce climate reflects engagement and development. HBH offers free continuing education in many areas for the CEU credits required for licensure renewal. These education courses are offered in house and cover various topics, including ethics, racial understanding, cultural competency, and first responder healing, among others. However, therapists can take their training anywhere and do not need to attend courses at HBH. The cultural competency and racial understanding trainings were not highly attended, primarily due to time constraints as they were on Friday nights.
All therapists must be prepared and trained to understand the experiences and realities of any client. Addressing therapists' perceptions would help to address unconscious bias.

Project Implicit, an international collaboration between researchers interested in implicit social cognition (n.d.), offers a free unconscious bias test at its website, https://implicit.harvard.edu/implicit/takeatest.html, which could be used for this purpose.

Leadership and Governance Results

HBH leadership consists of a CEO, a clinical director, a chaplain, and a grief recovery leader. Input from the organization's strategic planning board is factored in decision-making. HBH could expand the organization's growth in Black outreach by mandating cultural competency training and unconscious bias assessments for independent contractors per their annual contracts. The organization may be missing opportunities to effectively engage therapists in culturally competent understanding of the generational Black experience in America and to address necessary internal changes to achieve sustainable growth.

HBH has a diverse therapeutic staff with mainly Black leadership. Leadership talks about racism and Black issues, but these issues are not discussed across the organization. Conducting a survey of cultural competency and developing an approach to further inform experiences is suggested. Overall, HBH does not appear to have racial issues in leadership or the therapeutic staff. However, there may be unconscious biases or a lack of understanding of the Black experience among White team members. The leaders interviewed suggested that Black clients may not feel comfortable enough to fully share their issues unless they see Black therapists as there is an assumed understanding of shared cultural perceptions between clients and therapists of the same race. Open conversations between leadership and the therapeutic team may help to increase

understanding and address subpopulation-specific barriers to accessing mental health services. A practical approach to ensuring organizational leadership is to increase understanding of racial experiences among all therapists to guide the workforce and therapeutic direction in navigating cross-racial therapies.

Governance is directed by state licensure board regulations and insurance company compliance. HBH leadership and therapists also further their qualifications and knowledge of professional standards by sitting on the boards of profession-related groups and organizations. The CEO and several therapists participate in groups and organizations that keep them apprised of issues pertaining to the practice problem identified in the present study, including the Professional Black Christian Therapists Network and other organizations.

HBH's leaders try to keep a finger on the pulse of the community regarding its needs. Diversity in hiring is part of the organization's commitment to meet these needs. Organization leaders recognize that wanting to be seen by a Black male therapist is a barrier to therapy for some Black male patients. HBH has worked diligently to have a staff that can service all clients, offering representation by men and women from different ethnicities and backgrounds. If a therapist of a requested ethnicity is not available, HBH works with clients to decrease the barriers and beliefs that only someone who looks like them can help (clinical director, personal communication, April 19, 2021).

According to HBH meeting minutes and its clinical director, HBH's organizational advantages include knowledgeable and experienced leadership with a high understanding of diversity, spirituality, and mental health. Experience with churches,

especially the Black church, gives organizational leadership an understanding of the barriers in seeking mental health services for the Black demographic. During their interviews, organization leaders noted their understanding that Black clients have unspoken levels of comfort with Black therapists that they do not have with therapists of other ethnicities.

Research on this topic suggests automatic connections with Black therapists in the context of Black clients' lives and experiences (Goode-Cross & Grim, 2014). In a 2019 study, Alang focused on mistrust of health care systems because of fear of discrimination by comparing racial inequities in mental health status, access to services, utilization, and quality of care creating unmet needs. Alang found that it is beneficial for mental health system leaders to confront racism and engage the historical and contemporary racial contexts that Black people experience and that can create mental health problems. HBH has an authentic and inclusive leadership style that embraces conversations on the needs of underserved population, according to leadership interviews. The improvement in this area would be to increase the scope of these conversations to the entire organization and have a clear understanding of cross-cultural experiences in all multiracial conversations. Having these crucial conversations in an organization-wide setting may help reduce barriers and increase the quality of client care.

Financial Performance Results

Fiscal resource planning at HBH is through regular meetings with the organization's accountant regarding costs and the business's budgeting needs. Regarding management, the directors meet monthly to review all new fiscal endeavors and discuss

their costs, benefits, and risks. All decisions require the CEO's approval (clinical director, personal communication, April 19, 2021). Compliance with behavioral health policies and laws is kept current through the clinical director monitoring updates and changes in health care policies at the national, state, and local levels that directly affect the practice. Insurance companies are required to send out updates to their providers on changes that can directly impact financial performance results.

The process for analyzing sources of evidence on the organization's financial and market results includes talking with the clinical director and viewing annual metrics charts. HBH accepts all major private insurance plans, Medicaid/Medicare plans, and managed plans through Medicaid/Medicare, as indicated on their public website. Each private plan and managed plan has a different pay rate. HBH needs to work in the contracted agreement for that pay rate per therapeutic session, using any deductible or copay that clients may have through their insurers. After receiving payment, the therapist, who is an independent contractor, receives a 50/50 split (LPC, LSW) or a 60/40 split (LPCC/LISW), per the industry standard.

As noted, each insurance plan has a different pay rate, but most fall between $80–$100. The rate is $120 per session for private pay. HBH does have a sliding fee based on need. The lowest sliding fee amount is $60. Approximations of monthly income for the organization are based on taking the notes therapists submit and multiplying the total by an average of $90 per session. This results in totals before taxes and payment splits with the therapists. The therapists are responsible for paying their own taxes based on the income they receive from HBH. HBH's overhead includes leased office space, salaries

for administration staff, HIPAA-secure therapy notes, HIPAA-secure organization email systems, and other office overhead costs.

The 2008 Mental Health Parity and Addiction Equity Act and the 2010 Affordable Care Act expanded access to behavioral health services. Before the 2008 act, there were more than 48,000,000 uninsured people, and people with mental illness or poverty were less likely to have insurance coverage (Commonwealth Fund, 2020). There were concerns that health care marketplace plans might discourage enrollment by individuals with behavioral health conditions, who tend to be higher cost (Stewart et al., 2018). However, the Affordable Care Act successfully ensured robust behavioral health coverage in marketplace plans. As the marketplace plans evolve or are replaced, data on these plans provide an important baseline for comparing future systems.

Implications Resulting From the Findings

The organization's strategic plan and the interview data from Participants HBH1, HBH2, HBH 3, HBH4, and HBH5 indicated that the organization could benefit from 10 suggested alignment strategies:

1. Redesigning independent contractor contracts to make cultural competency training mandatory.
2. Adapting mental health terminology to more approachable terms.
3. Redesigning contracts to include implicit bias testing as an employment requirement.
4. Conducting personal assessments on unconscious bias such as the one provided through Project Implicit.

5. Surveying employees anonymously on their comfort regarding racially related discussions in the workplace.
6. Addressing current events reflecting social unrest with therapeutic staff during organization-wide meetings.
7. Redefining terms describing mental health to grief support and other more approachable vernacular in mental health services outreach efforts.
8. Creating services that target all age groups in the Black church.
9. Increasing grief recovery support and training.
10. Building relationships with Black pastors through multiple avenues such as reaching out with education opportunities. Through increased mental health education to pastors, comfort levels with BHOs regarding cultural and spiritual competencies can be established. The goal is to increase pastors' understanding of when to refer congregants for mental health services.

Implications resulting from the findings on individuals, organizations, communities, and HBH systems showed a high level of understanding cultural competencies and grief aspects of trauma by the Black therapists. This information can help improve the organization internally through cross-cultural communication between therapists and the faith community, specifically the Black church. Normalizing the terms used in mental health by referring to mental health services as grief services may help to increase patient comfort levels regarding accessing services and reduce related stigmas. Such efforts could make emotional health care seem more "normal," for lack of a better term, by equating it to physical health care. When people hurt their arms, they go to

doctors. When their teeth hurt, they go to dentists. Normalization of mental health would impart a similar understanding: that is, when people are in emotional crises, they go to therapists.

Creating a place of education where pastors and the community can come and learn about mental health services that reflect their cultural and spiritual needs could also be considered. For HBH to strengthen these services, therapists should explore their biases, both for personal growth and to help them better recognize when bias might be present. Recommendations for these approaches are presented in Section 5.

The transcribed interviews were uploaded into NVivo coding software. This software is used to create nodes or themes and identify themes using pattern matching. The word cloud shown in Figure 4 represents the word frequency and themes most used in the transcribed interviews. The more frequently used words are larger; words used less frequently but still worth noting are smaller. The interviews were manually transcribed and coded to identify emergent themes not recognized through software analysis. Triangulation of the themes using notes taken during the interviews maximized the value of the responses and themes in terms of context, interest, and application. As shown in Figure 4, the words used most frequently included grief, normalization, civic unrest, suffocated grief, support, trust, role of the pastor, technology, access to mental health, and trauma while cultural respect, spirituality, vulnerability, faith, and hope were used slightly less often during the interviews.

Figure 4

Word Frequency Word Cloud

Emerging Theme 1: Grief

Grief was the first theme to emerge. Participant responses identified grief through the issues of social injustice and political unrest in response to generational trauma as a concern. Terms including civil unrest, social injustice, inequity, and suffocation were connected to this theme.

Of note was the participants' expression of what they described as suffocated grief, which reflected what they see as a minimization of their experiences and inability to express their feelings about social unrest and racism. This term also reflects the

collective grief felt due to the George Floyd murder and other historical racial murders, along with their personal experiences. Participant "Julia" described her experience in mental health services: "In regard to the whole George Floyd incident, Black Lives Matter, and the devaluation of being Black in America. I cannot think of too many sessions I have had with adults that were struggling with anxiety, depression, and trauma." The collective grief has been suffocated by victim blaming, especially in the case of George Floyd. "Julia" also expressed her thoughts on negative responses and not feeling heard.

> When you experience loss, you get a negative response or punished for your response to your suffering. When experiencing something like the George Floyd murder, and we experience suffocated grief when crying out about its injustice (again, collective grief) we do not feel heard. The response to the outcry is negative.

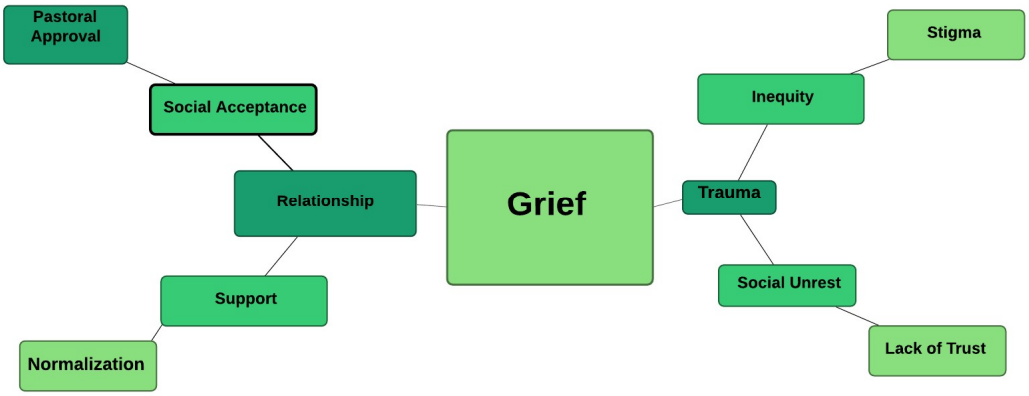
Many of this study's participants voiced concerns for their sons and grandsons if social constructs regarding first responders do not change. Participant "Judy," a woman who lived during the civil rights march and has seen social injustice as cyclical, shared her concerns over her son's safety: "That reality the police pulling them over and hurting them for nothing. Hurting them for nothing other than driving while Black." These shared experiences along with the need to identify with a mental health professional of the same ethnicity may be vital in overcoming barriers such as lack of trust and perceived understanding and in building initial bridges between HBH providers and clients of color. Using terms such as grief services instead of mental health services and grief recovery

instead of behavioral health may be a better way to approach Black churches during initial contact. Black leaders of BHOs addressing inequities in mental health services by normalizing terminology to common experiences may help to create greater trust in mental health services among members of the Black community.

Greater trust in mental health services can be built by offering support to pastors of Black churches along with suggestions for collaborating on ways to increase exposure and education to these services in the Black community. Fifty percent of the study participants indicated that fear and prejudice need to be overcome when engaging Black pastors and building their trust. One third of the participants identified a need for increasing the number of Black male therapists in mental health services. One third of the participants also identified the need for pastoral validation of seeking mental health services. Figure 5 is a mind map of the grief theme, showing the words and phrases associated with this theme.

Figure 5

Mind Map of Grief Theme



Emerging Theme 2: Technology Removing Barriers

The study participants discussed technology as an important element in removing barriers to service. Participant "Judy" shared her experience with the increased number of Black women seeking mental health services:

> If they had to see me in person, they would have to pack up their kids or find a babysitter or find transportation to get to my office and then get back and it would be a three or four hour ordeal just to see me.

Issues related to confidentiality were the first barrier identified. The COVID-19 pandemic opened the door to expanded telehealth coverage by insurance companies, giving many people the opportunity to seek services from the privacy of their homes. Being able to access service from home also helped to mitigate barriers reflecting lack of transportation and childcare and resulted in increasing the number of Black clients who sought mental health services. Participants "Judy" and "Ellen" stated that more Black women contacted them for services than they have ever seen in their years of practice. "Judy" said,

> All they I have to do is find a place in their homes and then they can do therapy with me. It has been phenomenal as a result of that for me, and it's been a blessing. Now I got these huge numbers where I didn't have very many before.

According to the participants, Black clients were going back to their churches and telling their friends how they were helped to reduce fears and stigma about seeking services. Trust was a large component in reaching out for services, as "Judy" expressed: "There isn't any way around it if you trust someone then you will tell your friends and

they're more likely to come.” Reaching congregation members from inside the church through individual experiences with counseling may be the approach taken due to telehealth, according to the participants. By congregation members sharing their positive experience with other congregation members, fear and stigma over seeking mental health services may be decreased.

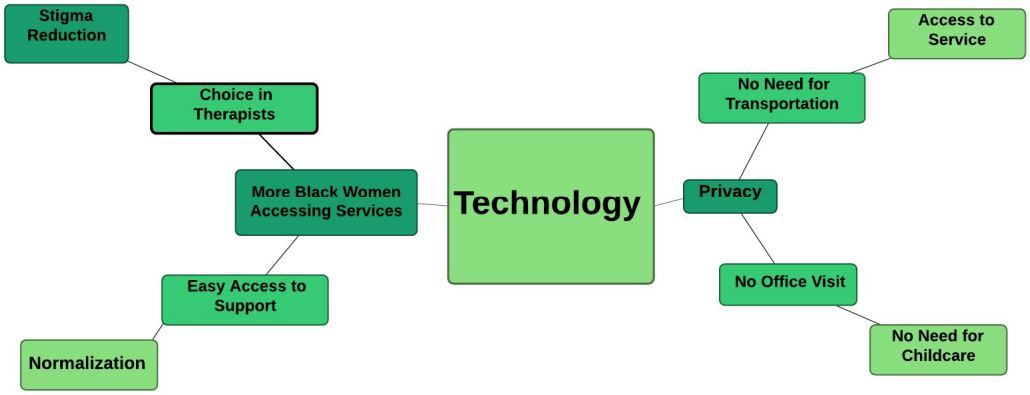
Increasing access to online therapy is one way to decrease disparities in mental health services. Even though the Affordable Care Act and increased Medicaid/Medicare services have improved mental health care, gaps in this care remain, specifically reflected in disparities in mental health care service provision to racial and ethnic minorities. Access to care and services is key in reducing the disparities in mental health care. Findings in a 2020 Commonwealth Fund study showed gaps in mental health care reflected in rising suicide rates, showing a lack in treatment even though coverage had improved. HBH accepts all insurance plans and provides private services under managed plans, making access to private mental health services available to individuals in all socioeconomic demographics. Increased mental health coverage and services along with the approval of online therapy can improve access to mental health services with specializations in grief recovery and suicidal ideation for all individuals.

A 2018 report by the National Alliance on Mental Illness and Parity showed that federal changes as part of the Affordable Care Act mandating parity between mental and physical health care benefits did not have the intended results for the vast majority of Americans who are insured (Palanker et al., 2018). Even though there is increased coverage, many private practices may not accept the insurance. Not accepting the

insurance funnels access to mental health services back to the system and government services or community services. At HBH, technology has addressed parity issues by making access to quality services more readily available. Figure 6 is a mind map of the technology theme, showing the words and phrases associated with this theme.

Figure 6

Mind Map of Technology Theme



Societal Responsibility

Supporting societal well-being and social change by looking at the needs of the populations served is a large part of HBH's strategies and daily operations. McVeigh et al. (2016) stated that adjusting to a demographic's needs requires flexibility. Policy recommendations, rather than a strict formula, along with acknowledging contextual diversity and complexity, are most effective (McVeigh et al., 2016). Meeting the needs of the Black community and reaching all client bases requires HBH to locate offices central to its clientele. Increased use of telehealth during times of social isolation gave rise to the broader use of the term office. These virtual offices have allowed therapists to meet

society's needs in a changing environment. The ability to see a therapist privately from one's home reduces stigma, according to HBH's CEO. Black individuals are coming to counseling due to increased stressors and the ability to access services privately. Not entering an office, sitting in a waiting room, and walking up to the receptionist to hand over an insurance card gives anonymity to the process. As realize the benefits of treatment for their mental health concerns and to address life crises, they are starting to tell others in the church.

Community Crises

HBH uses trauma-informed approaches, including mindfulness-based cognitive therapy, to address mental health concerns in at-risk populations. Of specific interest to the present study are rising suicide rates among the Black population and first offenders. HBH addresses the concern of increased suicide rates among the Black population through awareness of the issue and providing services to address issues that can lead to suicide, including grief. According to the National Institute of Mental Health, suicide has become the second leading cause of death in Black children ages 10 to 14 years and the third leading cause of death in Black adolescents ages 15–19 years. Combined data on suicides among children ages 12 years or younger from 2001 to 2015 showed that Black children were more likely to die by suicide than their White peers. Spiritually based CBT can improve depression (Koenig et al., 2016). Crisis situations can require interactions with first responders. Systemic trust issues in the Black community regarding emergency services have also resulted in barriers to them.

Another potential area for improving the Black community's well-being is to address the mental health of first responders and the need to build trust supports between the Black community and first responders with mental health services. First responders (policemen and firefighters) are more likely to die by suicide than in the line of duty (Heyman et al., 2018). Heyman et al. (2018) found that there were at least 103 firefighter suicides and 140 police officer suicides in 2017.

Suicide is a result of mental illness, including depression and PTSD, which can stem from constant exposure to death and destruction (Heyman et al., 2018). Factors that lead to increased suicide risk among first responders include exposure (direct or indirect) to death, suffering, grief, injury, pain, or loss. Direct exposure to threats, feeling of harm to personal safety, longer work hours, lack of sleep, and other negative experiences also contribute to the risks previously mentioned (Patterson et al., 2012; Quevillon et al., 2016).

In a 2020 interview, Brian Smedley, the American Psychological Association's chief of psychology in the public interest and acting chief of diversity, stated:

> The combination of physical distancing, economic anxiety, and for people of color, the very real stress from the racism pandemic means that we will have a lot of unmet mental health needs unless we can dramatically shore up the mental health infrastructure and address workforce shortages. (Madani, 2020, para. 18)

Addressing potential racism during interactions between the Black community and first responders has also become a focus at HBH. Shared stress during the pandemic between these two at-risk populations is an area of concern in outreach efforts with pastors of

Black churches. One strategy is to help correct the Black community's negative perceptions of first responders and vice versa, first responders' negative perceptions of the Black community. Both demographics need mental health services for their social stressors, which increased during the COVID-19 pandemic. HBH effects social change between these two demographics by strategically meeting the mental health needs of the Black community and first responders through understanding and addressing the barriers to seeking mental health services for both. To help implement and fund these initiatives, HBH is creating a 501c3 nonprofit arm of the organization for grant access and corporate donations.

HBH actively supports and strengthens its community partners and various stakeholders through offering ancillary services. These ancillary services are supplemented by having a spiritual care specialist, grief specialists, and trauma treatment specialists available to clients in addition to their therapeutic sessions. As society's collective stress increased during the COVID-19 pandemic, through mandated mask wearing and social distancing, many people became isolated and lonely, increasing their stress and anxiety (CDC, 2021). There was also the raised climate of social stressors through unemployment and civil unrest (Galea & Abdalla, 2020), issues continuing at the time of the present study.

The American Psychiatric Association (2020) addresses disparities in mental health equity for Black Americans and offers guidelines and tools in working with diverse populations. At its website, https://www.psychiatry.org/, the American Psychiatric Association provides tools for assessing increased stress and trauma in Blacks

caused by changing current political and social climates. While the site is a valuable resource for best practices, it does not provide strategies for connecting the Black population with available mental health services. Black Americans are known to have limited access to mental and behavioral health care. With poverty and social structures as barriers, it is vital that increase to access through BHOs (American Psychological Association, 2021).

Strengths and Limitations of the Study

Strengths

A study strength was consistent adherence to qualitative research standards in exploring the perceptions and experiences of the participants for organizational impact, as per Murphy et al. (2017). The Baldridge Framework (NIST, 2017) provided the nationally recognized model for organizational best practices in health care systems in the areas leadership, strategy, customers, measurement, analysis, knowledge management, workforce, operations, and results. Maximizing credibility, transferability, dependability, and confirmability is a key element in qualitative research (Korstjens & Moser, 2018). This was accomplished in the present study through triangulation of meeting minutes, interviews, organizational documents, interviews, and emails.

Internal interviews with the clinical director were systematically compiled through the course of this study. A focused case study was conducted that included interviews with six key leaders of the organization. A strength was that each participant had over 20 years of experience in mental health, have attended a Black church, and are part of the Black community. The interviews were analyzed using NVivo software.

Automated and manual coding methods were both used to identify emerging themes. Manually review of the transcripts and interviewer notes along with confirmation of the transcripts by the participants helped to insure credibility of information. Reflexivity was used to identify researcher biases during the study. Software transcription and manual transcription were used to cross-reference results from the case interviews.

Limitations

Small sample sizes can limit study generalization (Murphy et al., 2017) as was the case in the present study. The participants were all from one specific organization, creating a limited scope that may not apply to other leaders and therapists in other organizations. Additionally, the study focus was on processes, not outcomes. For this study's purpose, the focus on processes was appropriate but may not have resulted in findings generalizable to other organizations. However, being able to generalize is important to address for the effectiveness of an intervention through assessing the similarity between the participants and the specific population (Tipton et al., 2017).

Another possible limitation relates to my being White and all participants being Black. Four of the six participants expressed trust in me and a willingness to be very open due to relationships built. Further, I am employed by the organization, which could have caused researcher bias due to familiarity. Practicing reflexivity to identify potential conflicts and influence of the participants during the interview process, as I did in this study, can help to reduce bias (Karagiozis & Uottawa, 2018; Williams et al., 2019). Triangulation with other data sources can maximize accountability and accuracy of the

findings (Murphy et al., 2017) and was also employed in the present study. Researcher identity memos were created for indications of bias that could emerge in the research.

Section 5: Recommendations and Conclusions

Recommendations

Client Outreach and Service Recommendations

HBH is an organization with a strong and dedicated Black leadership possessing a heart for outreach, especially to the local church, first responders, and the Black community. The services HBH provides to its client base are culturally competent and spiritually sensitive. Most of the therapeutic team is Black, and most of the leadership is Black. This diversity offers an identifiable face to counseling for Black clients, helping to reduce anxiety, increase trust, and create a feeling of solidarity (Goode-Cross & Grim, 2014).

HBH has a spiritual team and an organization chaplain to assist clients' and therapists' spiritual needs. Having a spiritually sensitive aspect to services that also reflects racial sensitivity and familiarity can help break down barriers in outreach efforts to Black churches and initial communications with Black pastors. Data analyzed for this study showed that more Black women were able to seek counseling comfortably because of increases in teletherapy and HBH's preparedness to handle increased demand during the coronavirus pandemic. However, some service areas showed a need for improvement based on this analysis. Therefore, the following specific actions are recommended:

1. Change terminology (where appropriate) on the organization's website to destigmatize the services offered. For example, instead of referring to mental health services and behavioral health services for stigma reduction, refer to services for grief recovery, life issues, and health/wellness, when appropriate.

2. Reach out to pastors regarding their own emotional/mental health, emphasizing confidential services via telehealth for themselves to create strength in helping their congregation.
3. Offer training to pastors on the need for their mental health supports, mental health education, and how both can strengthen their congregation.
4. Metrics could be improved by quantifying the therapeutic team's certifications and cultural competencies, indicating specializations.
5. Increasing outreach to the Black community that teletherapy is an option for mental health services as it reduces travel and childcare needs and increases confidentiality.

Workforce and Training

HBH has a large percentage of independent contractors who are culturally competent and diverse. However, improvements in internal communications could reflect concerns related to unconscious bias or lack of understanding of how to communicate in racial contexts. Study findings showed some level of cautious communication when HBH has meetings with racially diverse members. Trust building can create higher comfort levels in these conversations. The findings showed that Black participants in these meetings may not fully believe that White participants will understand their experiences or the experiences of Black clients. While there was no indication of racism, there did seem to be a lack of shared experience of suffocated grief when expressing concern about current events. HBH can strengthen internal organizational communication and

understanding, which may better facilitate organizational outreach to the community, the church, and other organizations through better-informed multicultural approaches.

Data analysis revealed a level of microcommunications in large group settings at HBH and that minorities may not always feel emotionally safe to share their truth in these settings. The microcommunications did not seem rooted in intention but rather in discomfort over how to respond. Microcommunications are verbal, nonverbal, and environmental slights, whether intentional or unintentional, that communicate a negative message to another person (Dalton & Villagran, 2018). The concern related to the practice problem is that if a nonminority clinician sees a minority client, the clinician may not be aware of his or her microcommunications. Racial bias in medical care is a significant public health issue (Kanter et al., 2020). Microcommunications on the provider's part can affect the quality of patient–provider interactions. Training can decrease microcommunications and improve provider communication and rapport with patients of color during medical encounters (Kanter et al., 2020).

Leadership and Governance

HBH uniquely addresses racial and ethnic disparities in private mental health care services in the Midwest. Identifying these disparities in health care during the COVID-19 pandemic offered opportunities to improve service provision to underserved populations. Opportunities to address these needs continue to exist. Data gathered and analyzed for this study suggested initiatives.

Case study data indicated that improvements in direct and open communication on racial concerns are needed. HBH leadership can openly assess their own internal

biases or feelings regarding overall communication of racial issues by assessing through Project Implicit. This assessment may help the organization's outreach efforts to Black churches on mental health services. HBH can be a leader in addressing the practice problem as the data showed that HBH has been more open than other places of employment.

The COVID-19 pandemic revealed deep-seated inequities in health care for communities of color and brought to light social and economic factors contributing to poor health outcomes (SAMHSA, n.d.). The pandemic also highlighted racial and ethnic disparities in access to behavioral health care. For example, although rates of behavioral health disorders in the Black population may not significantly differ from the general population, the Black population has substantially lower access to mental health and substance use treatment services (SAMHSA, 2021). Therefore, I make the following specific recommendations:

1. Have leadership investigate internal and external perceptions of the organization's cultural competencies and accessibility to services.
2. Have leadership create a diversity team to develop strategies to market the teletherapy option to the Black community.
3. Have leaders and independent contractors with deep experiences, perhaps including participating in the civil rights movement and the George Floyd protests, share their experience and perspectives with HBH employees, leadership, and contractors to help create more open communications among these groups.

4. Create a strategic outreach plan to Black churches and individuals in the Black community and prepare the therapeutic team for an influx of diverse clients.
5. Promote the therapeutic team's diversity and insurances accepted to increase exposure to minority communities.

Recommended Implementation

The recommendation for HBH is to address the topic of suffocated grief strategically in large group meetings by addressing these concerns raised with open communication. Once the leadership team develops a plan to address microcommunications, the team can address these concerns with the entire organization. Data also showed that individuals who felt suffocated in their grief, concerns, or experiences did not feel it was from a place of intentionality but instead from a lack of understanding. The leadership team can implement brainstorming or mind mapping on starting organization-wide conversations about suffocated grief in the Black community. Brainstorming can lead to identifying words to use when someone feels as if a microcommunication has occurred, giving power to the moment in addressing the concern. By increasing microcommunications, the impact and outreach to Black churches can be enhanced, regardless of the point of contact at HBH.

Implementing self-assessment for unconscious bias, cultural competency, and outreach should be done in phases to ensure an effective approach. This is an opportunity for organizational learning, personal/professional growth of therapists, innovative outreach, and execution of positive value and results. Table 1 shows recommended phases and timeline for implementing self-assessments over 1 year.

Table 1

Phases and Timeline of Self-Assessment Implementation

Phase	Description	Timeline
Phase 1	Identify the team/leader for diversity awareness/competency training and outreach to the Black community and Black pastors	Month 1
Phase 2	Assess the cultural competency of the therapeutic staff	Month 2
Phase 3	Create space for opening communication over suffocated grief and racially charged social issues	Months 3–4
Phase 4	Develop a plan for outreach to the pastors of Black churches	Month 5
Phase 5	Develop a strategic plan for outreach to the Black community	Months 6–7
Phase 6	Implementation	Month 8
Phase 7	3 months assessment/evaluation	Month 11
Phase 8	Make changes to accommodate limitations or weaknesses	Month 12
Phase 9	Reevaluate quarterly strategic meetings to adjust for social needs	Quarterly, after 1 year

In Phase 1, the HBH leadership will identify a team from the organization that would be the developers, implementors, and evaluators for the diversity awareness/competency training and outreach to the Black demographic. The team would report directly to HBH's CEO and clinical director at the monthly leadership meetings. The diversity of resources, education, and experiences in the HBH therapists and staff would make it possible to create an effective team.

In Phase 2, developing an assessment or implementing an assessment for each therapist to understand his or her own unconscious bias as the basis of strengthening

cultural competencies would be explored. In Phase 3, trainings would be developed to address social issues, diversity, and cultural competencies. Suffocated grief could be addressed through creating a safe place for open dialogue in the trainings. The goal is to help strengthen all therapists' internal understanding of diversity issues and challenges, which will better equip therapists to counsel different ethnicities through greater understanding, especially in the area of microcommunications.

In Phase 4, a strategic plan will be developed for reaching out to area Black pastors with mental health and grief recovery education. Options for pastors' personal needs could be explored, with online counseling being an option. Being able to seek counseling for their own needs from the privacy of their offices would create safe and confidential places for pastors to explore their personal struggles. Creating a personal relationship and collaborative approach with a BHO can reassure pastors regarding the BHO's cultural competency and spiritual sensitivity when congregants need referrals for counseling outside of the church.

In Phase 5, a strategic plan for outreach to the Black community and Black individuals would be developed. An area to address is technology and easy access to services through online therapy. Reductions in travel and childcare needs and high confidentiality from not needing to sitting in an office waiting room would be benefits to market and promote. As in Phase 4, terminology will be changed from mental health services to grief recovery, life issues, personal struggles, and other terms that are not intimidating but rather address potential clients' concerns. Once HBH leaders give their approval, the diversity team will begin Phase 6, outreach implementation.

In Phase 6, the diversity team would reach out to area pastors using approaches outlined in the strategic plan. Area pastors would be the initial contacts for reaching the greater Black demographic. After reaching out to pastors and offering personal BHO supports and collaboration in supporting their congregations' emotional/life needs, implementing individual outreach through the church can be addressed. The hope is that internal communications among congregants, with pastoral approval, will help reach Black individuals in need of services.

In Phase 7, the diversity team will assess the effectiveness of the outreach to pastors and individuals by looking at the monthly metrics produced through new referral calls. In Phase 8, the diversity team will make accommodations for limitations and weaknesses in the outreach plan and adjust accordingly. Finally, in Phase 9, the program team will conduct a 6-month, 9-month, and then quarterly evaluation of the outreach initiatives and outcomes for area pastors and congregants. Adjustments after each evaluation will accommodate changes needed for success of the outreach program.

Social Impact

Given its diversity, HBH is poised to have a high social impact on its client base and community. By strengthening the organization's internal comfort with vulnerability, personal grief, ethnic issues, and cultural dynamics, therapists in the organization will have the opportunity to improve their cultural competence. In addition, mental health can be made spirituality relevant in the traditional Black church through good connections with BHOs. Educating pastors on mental health may increase pastoral support and validation for congregants seeking mental health services. Buchanan and Allen (2018)

and Fornes et al. (2019) found that seminary students received little to no mental health training or counseling training outside of marriage counseling or financial counseling. HBH can help inform and train area pastors to better meet the needs of their congregations while also helping the pastors with their own mental health needs.

Normalizing mental health terminology and targeting all age groups in the Black church may help to reduce stigma and increase cultural and spiritual respect. Reducing shame in seeking services could create a paradigm shift in how mental health services are viewed. Increased utilization of mental health services can better address grief, anxiety, depression, and fear while increasing hope, self-respect, and cultural respect.

Reducing anxiety related to interactions with first responders is another area where HBH is poised to create education and understanding for increased social impact. Anxiety reduction can be achieved through individual counseling in private sessions and group education. In addition, microaggressions and macroaggressions between the public and first responders can be addressed through increased communication and education through these mental health services.

Future Research

An appreciative inquiry (AI) design could be used in future research on the practice problem. This approach could help further the knowledge on how online counseling access can increase Black men and women's abilities to access mental health services. Applying AI to the interview process and structuring the interview questions using the 4-D cycle (Cooperrider, 2012) will bring out social constructs related to understanding the Black experience. AI takes a social constructionist theory that engages

participants' collective strengths as a precursor to identifying how to achieve strategic goals (Cooperrider & Srivastva, 1987).

All participants were 50 years of age or older, with two being between 60 to 70 years of age. All were Black mental health professionals who grew up in the Black church, lived through the civil rights protests of the 1960s, and had a wealth of insights on current social issues such as the George Floyd murder and ensuing protests. The interviews reflected a cyclical structure to these events and that social justice issues may not have improved much from the 1960s. Many felt continued minimization of their experiences in response to social injustice concerns. Future research using AI on how suffocated grief impacts mental health and how the experiences of Black individuals and community can further the understanding of current exchanges and responses, especially during social unrest and in first responders.

Another suggestion for further exploration is on how HBH compares to similar BHO organizations with spiritual components to their services. For example, other BHOs in the Midwest offer mental health services that reflect a Christian perspective. Data on how these HBOs compare to HBH and how they differ would provide metrics on the impact of spiritual or Christian mental health services.

Rising suicide rates among first responders and Black males with correlations drawn between both factors is an area warranting further research. Both first responders and Black males have stigma and face barriers in seeking mental health support but also have stressors that can impact their mental health. This research has the potential to elicit positive social change for the Black community and society through BHOs.

Future research should also investigate if access to teletherapy/online counseling increases usage by Black church members. Teletherapy/online counseling may be a way to increase the Black community's engagement with mental health services. Future research could also include pastors of Black churches and if they have an increase of seeking services for themselves.

Conclusion

The purpose of this qualitative case study was to explore the enablers and barriers to providing mental health services to people in the Black communities served by HBH. The literature reviewed for this study identified disparities in access to mental health care and stigma and barriers for the Black community. The study goal was to understand how BHOs can increase outreach to the Black community through the local Black church and create connections with pastoral leaders. Semistructured interviews with leadership provided information on approaching the practice problem and strengthening HBH's internal systems/communications to prepare the organization for increased outreach to the Black community. Triangulating interview responses with documentation created a narrative across multiple perspectives.

Studying HBH's environment, from its outreach to Black churches to internal workings, created recommendations for strengthening client services, community services, and internal organizational growth and led to developing recommendations in the mentioned areas. This study's results contributed to the literature on Black individual and community outreach efforts regarding mental health services. Findings from this study showed that technology had increased access to teletherapy among Black

individuals, suggesting that expanding access through technology may increase educational outreach, support, and training on mental health to Black individuals, local Black churches, and their pastors.

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Appendix A

Research Identity Memo

"The hearts of social scientists exercise a cogent influence on research questions, findings, concepts, generalizations, and theories." – J.A. Banks

"The grain of truth in the traditional view is that your personal (and often unexamined) motives as researcher have important consequences for the validity of your conclusions" – Joseph Maxwell

Purpose: The purpose of this memo is to examine my goals, experiences, assumptions, feelings, and values as they relate to HBH and the practice problem. The memo will help me to explore how my identity may serve as a resource or potential source of concern throughout the research process.

Initial Questions to Explore:

What are the research topics, setting, and populations that interest me?

Topics

I am highly interested in the post-phenomenology and the study of how technology affects human development. This is especially concentrated in the area of Human-Robot Integration (H+) and Human-Robot Interaction (HRI). The area of bioethics is also an area of high interest to me with the perception and adaption of technological progressions. I also view this as a social justice issue.

Settings

Settings of technological integration and hospital/University research the Electrix lab and Bionics Lab at the University of Pittsburg are areas of high interest as technology and biology are being integrated. I have networking partners who lead these labs.

Populations

I do not have a set population although veterans are a population of importance to me. For implementation of technology, I have researched the areas of the elderly for use of robotic aids and children with autism for the use of robotic in a group setting.

What drives your passion for my interests?

The morality (or amorality) of technology and its usage as it is developed and integrated into society. Also, how technology can be used to increase the quality of life for many reducing the stigmas and fears that may be present for new progressions. On the other side of the coin, looking at policy and procedures for the implementation of these new technologies with long term ramifications.

I also have a drive for social justice, equity, and advocating for the underserved/disenfranchised. Foster and adoption issues have been a large part of my adult life.

What prior connections (social, intellectual, and/or professional) do you have to the topics, people, or settings I am studying?

I work with the organization that was the focus of my study. A majority of the leadership are minorities, and I was given clients as minorities. The college where I work has a high minority population. This is my connection to the people that are the topic of this study. The research topic was selected by my organization. I was expecting to go more into the area of technology usage. I am not Black and have limited understanding of the Black experience. I was concerned that I was not the right person for the study due to this difference. However, the organization and the university approving the study felt it was appropriate. Appropriation and other issue were my concerns at the beginning of the study.

How do I think and feel about these topics, people, or settings?

The Topic and Setting

In being a mental health provider, the topic of reaching populations (all people) with mental health access and understandings is of high importance. Reducing stigma over seeking mental health services is of high importance.

The People

I have great respect for the strength of Black people as overcomers in the face of adversity.

Do you feel that I want to "prove" something, balance perspectives in the eyes of others, or change something? If so, what and how?

Good question. This is an exploratory study and I think exploring the topic, whatever the outcomes, was something open ended to me when I started the study.

What assumptions I am making, consciously or unconsciously, about your topic of interest or setting as a result of my experiences and connections?

I did and do feel that Black Americans have been generationally oppressed and that there have been systemic institutions put into place to reduce their ability to move forward. I do feel there is racism in America.

Whose voice or perspective resonates with me most and why?

The leader of the organization and a client I have who is a 70 year old Black female who lived in the south. The reason is because they have lived through Jim-Crow laws, the Civil rights march, and life since then leading up to George Floyd.

What are the potential advantages and disadvantages of your beliefs and experiences for conducting research in my topic area?

Disadvantages: I am sure there are unconscious biases present as a human being. I did have a very good experience working with the organization being researched that could skew my bias towards not hearing the negative issue or areas of needed improvement. I do not feel this is the case and am aware of the possibility.

Advantages: I am not entrenched in the Black community with the trauma that they have experienced. I do not attend a Black church so much bias or emotionalism over these issues are not present. This would make me unbiased over the practice problem.

Identify these as my beliefs. How could these influence the way I am approaching my work as a researcher?

My beliefs are that the church can be a barrier due to lack of concern over evidence and placing more on faith. While faith is a valuable and helpful part of hope, it can also be a detriment in working with mental illness and emotion trauma.