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Identifying Interorganizational Leadership Barriers to Service Delivery Collaboration

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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,
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Abstract

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Mental healthcare is a primary focus for rural behavioral health nonprofit agencies. Often, multiple agencies have a similar purpose, client base, and sources of funding. In these situations, and especially in rural areas, interagency collaboration is critical for the organization's and stakeholders' success. This study examined the behavioral health leaders' barriers to interagency collaboration and the perceived benefits of such cooperation. The Baldrige excellence framework grounded this case study and focused on the organizations' structures and leadership dynamics. Nine leaders within three nonprofit agencies served as the participants in this study. Secondary data included organizational records, website information, and an academic literature review. Four themes emerged from the data: barriers to interagency collaboration, problematic outcomes without interagency collaboration, satisfaction with interagency collaboration, and identified solutions to enhance collaboration. Recommendations were created based on the results to improve collaboration with training and communication between senior leaders. The recommendations include interdepartmental training, interagency training, and closing the gap in interagency communication. If these recommendations are implemented, the clients can receive more specified care by seeing the most appropriate agency without being waitlisted, stakeholders can be more informed through agency sponsored community trainings, and licensed staff can ensure they follow their board requirements with communication between agencies. This study contributes to positive social change by helping rural behavioral health organizations support clients and maximize the use of limited resources.

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Section 1a: The Behavioral Health Organization

Rural areas account for over 20% of the United States, but less than 10% of mental health workers practice in rural areas (Hoeft et al., 2018). A lack of staff leads to shortages in care and providers across agencies sharing treatment tasks (Hoeft et al., 2018). This case study explored three organizations that work with mental health clients within a rural southern community in the United States. Each organization offers a range of programs based on the age and diagnosis of the individual. They each have licensed staff who answers to their licensing board and additional accreditations and oversight. They all have locations within one city with additional locations in other counties and offer counseling, but each organization also offers unique services. Each behavior health organization within the study is identified as BHOA, BHOB, and BHOC. Confidentiality is maintained by referring to participants by a pseudonym with the identifying letter from their organization. For example, each participant from BHOA starts with the letter “A” to identify they are from BHOA, then an additional letter to identify that participant.

Organizations

Behavioral Health Organization A

According to their website, BHOA is a nonprofit organization that serves 13 counties and focuses on the recovery and maintenance from mind-changing chemicals. Its mission is "to provide compassionate, professional services combating the effects of substance abuse and misuse utilizing prevention, intervention, counseling, and recovery support." They offer prevention services at health fairs, schools, retirement centers, and other community locations. They also offer parenting education, individual counseling,

screenings, and assessments. Team members meet with the patient at home, at the organization's offices, or within the community and focus on the entire family's well-being.

Behavioral Health Organization B

According to BHOB's 2017 annual report, BHOB operates a nonprofit that has 46 locations across 12 counties. Its mission is to "provide the highest-quality and most compassionate and comprehensive mental health and developmental disability services to individuals.". The BHOB website stated that they have programs that encompass clients from birth with early childhood intervention through adulthood. The agency offeres services at their office, schools, homes, and the community to all ages. These services included outpatient case management, counseling, medication education, and physician services to children and adult populations. The organization offers a respite program within their intellectual disabilities and developmental department and an emergency crisis unit to adults with a mental health diagnosis. They also participate in community education and have a crisis line available at all times. According to the BHOB annual reports of 2017 and 2020, it has grown from serving 7,700 individuals in 2012 to 12,895 individuals in 2020. The BHOB 2017 annual report stated that it receives state and federal funds and Medicare, Medicaid, and commercial insurance plan funding. BHOB also receives funds from county governments, hospitals, local donations, and in-kind sources. As stated in the 2017 BHOB annual report, in 2012, BHOB received 27 million dollars in funding and, according to BHOB financial statements in 2021, grew to 41 million in funding in 2021.

Behavioral Health Organization C

BHOCis a nonprofit that operates within nine counties. According to the BHOC website, its mission is to enhance safety by providing crisis intervention and advocacy to reduce and prevent family violence and sexual assault. They offer community education on domestic violence and sexual assault. The agency provides a safe house, 24-hour crisis line, legal advocacy, counseling, transitional housing, economic stability, and battering intervention and prevention programs. According to Participant C. B., BHOC receives more than 750,000 yearly in state and federal funding, with additional funding coming from grants and donations. The BHOC employee handbook explained that its supporters assist BHOC in supporting its mission, which is disbursed as intended.

BHO Organizations

Each of these organizations offer behavioral health-type services within its communities. They each represent a unique area of mental health but have overlapping service offerings. Collaboration models recognize that in a thriving collaborative climate, members should be problem-focused, compensate for each other, and listen to each other (Northouse, 2018). Herlihy (2016) identified that successful collaborative initiatives help clients access services, improve limited resources, and increase efficiency within the administration. The barriers that leadership encounter to collaboration are identified within this study. These results determine the obstacles that inhibit client care and access appropriate services. This study addresses the organization’s profiles, partnerships, and relationships with stakeholders. Table 1 shows a summary of the organizations’ core competencies and service offerings.

Table 1

Summary of Organization's Core Competencies and Service Offerings

Behavioral health organization	Core competencies	Service offerings
A	Prevent abuse Provide hope Restore families	Adult and youth prevention, community education, screening, assessment, and therapy.
B	Employs more providers than anyone else in the area. Award winning services Part of the community for 40 years Accredited by the Joint Commission	Operates over 40 locations for mental health, early childhood intervention and intellectual disabilities and developmental. Serves clients with case management, skills, counseling, medication management, respite, and crisis services.
C	Community partnerships Safety Service	24-Hotline, shelter, transportation, case management, support groups, therapy groups, individual and family counseling, job readiness training, community education, and emergency financial assistance.

There is an identified gap within the research between the knowledge that collaboration is needed and what barriers exist that prevent it. McBeath et al. (2017) found that successful collaboration led to clients accessing appropriate services and funding coordination. The sustained investment was the key to successful collaboration in another study where collaboration and flexibility were encouraged instead of rigidity (Aiello & Mellor, 2019). Bai et al. (2009) found that the number of collaborative relationships among providers can improve the clients' successful outcomes through joint planning, joint training, and other supportive efforts. Bunger et al. (2014) suggested that the competition between agencies can stifle collaboration and needs to be appropriately

managed. Collaboration is perceived as helpful by users, collaborative groups, and other professionals (Cooper et al., 2016). The cited literature addresses why collaboration is essential. This study addressed leadership's barriers to implementing that collaboration even with the identified benefits.

Although researchers have investigated collaboration and its success, there is very little literature or organizational practice knowledge on collaboration among organizations that target behavioral health needs and the leadership dynamics involved in successful interagency collaboration. More information was needed on identifying the barriers leadership encounters to successful interorganizational collaboration with other agencies with shared visions and clientele. In this research, I attempted to understand how leaders experience interagency coordination and cooperation and the barriers they face in obtaining interorganizational collaboration.

Practice Problem

Ranging from mild to severe, nearly one in five adults have a mental illness (MI), with only half seeking treatment, which consists of medication, counseling, or hospitalization (National Institute for Mental Health, n.d.). The National Institute for Mental Health (n.d.) stated that an estimated 14.2 million adults have a serious mental illness (SMI) in the United States, with only 9.1 million receiving treatment. Children between 13 and 18 years of age have a lifetime prevalence of 49.5% for having a MI (Centers for Disease Control and Prevention, 2021). Individuals can have a single diagnosis or cooccurring disorders: individuals with an MI and substance abuse (SA) diagnosis. People with cooccurring disorders are more likely to be hospitalized than

individuals with single occurring disorders (Substance Abuse and Mental Health Services Administration, n.d.). Mental health needs have increased over the last 2 years with the COVID-19 pandemic. From the summer of 2020 to the winter of 2021, adults with anxiety or depression increased from 36.4% to 41.5% (Centers for Disease Control and Prevention, 2021). The Centers for Disease Control and Prevention (2021) also found that unmet mental health needs rose from 9.2% to 11.7%.

Mental health needs are often managed through a medical model or shared decision-making. Treatment facilities and teams often face issues with the lack of consumer engagement, lack of knowledge, fear of services, and lack of trust (Treichler et al., 2020). Some programs offer assistance to those with an MI, those with SA, and programs that can address both. Treatment and recovery can be better served through integrated care. Integrated care assists with reduced SA, improvement in MI symptoms, reduced hospitalizations, fewer arrests, reduced medication interactions, and overall improvement in functioning (Substance Abuse and Mental Health Services Administration, n.d.). Texas Health and Human Services (n.d.) addressed the benefits of treatment, including symptom reduction, learning ways to manage emotions, improving social functions, and learning new communication skills. Even with the benefits, services that focus on mental health are costly for individuals, insurance companies, and government entities. In 2019, the United States spent over 225 billion dollars on mental health services, a 50% increase from 2009 (Open Minds, 2020). MI accounts for 32% of people on disability, and people with a SMI diagnosis die 8 to 25 years earlier than non-SMI (Kilbourne et al., 2018).

The need continues to rise for mental health services (Centers for Disease Control and Prevention, 2021). The same clients access resources at emergency rooms, primary care offices, private practice locations, and multiple nonprofits that use extra funding. According to Participant B. A., these clients and resources are discussed at quarterly health network meetings attended by 10 to 20 agencies depending on the county. These clients are also being divided between agencies with similar service offerings. Each organization has its confidentiality requirements and protective health information guidelines, making sharing information difficult. Participant B. A. explained that BHOC assigns a code word to its patients, so even with signed consent, other agencies also need the code to access data. Depending on the agency the client first enters, clients can be waitlisted or have the ability to access a multitude of services. Some clients cannot get seen for months, while others have timely access to services. Participant A. A. shared that BHOA assigns the case to a counselor after intake, while Participant B. A. expressed that BHOB has a waitlist at some locations for counseling. The frequency and mode of contact vary between agencies based on requirements, staffing, and concerns with the pandemic. The service array options can create complications between the organizations and the consumers. These complications are addressed through the leadership teams at each organization.

Many agencies are working in various areas of behavioral health. The organizations work with infants, children, adults, and seniors, and some work with a combination of ages. Each agency specializes in working with depression, anxiety, attention and behavioral disorders, trauma, neglect, and SA. These agencies offer similar

behavioral health services, which creates a duplication of effort across agencies. This duplication of effort hinders maximizing the benefits provided to clients and can cause licensure constraints among professionals who are not aware of other services being provided to the clients. To reduce this duplication, leaders of BHOs must communicate and collaborate to ensure appropriate services are being delivered. However, collaboration decreases due to leadership changes, competition, and varying cultures within each program.

The pandemic changed the mode of collaborative groups in the rural community. Participant B. A. shared that before Covid, meetings would be held in person at different meeting points within the community. According to Participant B. A., several predominant community meetings are still holding meetings via Zoom, making it challenging to have the personal connections the leaders are accustomed to.

Participant B. A, Participant A. B., and Participant C. C. all discussed that within each agency, the staff could not meet in person and had to utilize Zoom, email, and texts more often. According to Participant B. A., the collaboration declined within and between agencies due to a lack of contact. Both Participant C. C. and Participant B. B. shared that over the past 3 years, two of the three agencies changed their executive directors who were active within the community. There have been additional challenges that leadership faces with the organizational changes in interagency collaboration. The research questions that guided this study are as follows;

Research Question (RQ)1: What barriers to service delivery coordination do leaders identify?

RQ2: What are the benefits to collaboration that leaders identify?

Purpose

This qualitative study aimed to improve the understanding of the interorganizational barriers and how leaders of nonprofits can reduce such barriers to achieve collaboration between organizations. This study gathered data from a rural county where many economically disadvantaged individuals need MI and SA services. Multiple organizations served this population, and collaboration is necessary to reduce duplicated services, address funding needs, and limit the liability imposed on licensed staff helping the same individuals.

In addressing the barriers leadership encounters to collaboration, I used the Baldrige performance excellence program as a framework for guidance. The Baldrige framework uses a systems perspective to help identify strengths and opportunities with healthcare leadership (National Institute of Standards and Technology [NIST], 2021). The logical connections between the Baldrige framework and the nature of this study included the strategies needed to address the barriers leadership encounter in each organization and the additional stakeholders that organizations need for collaboration to exist. The framework guided the exploration through the organization's mission, strategies, and organizational structure. The Baldrige framework also identifies how leaders communicate and engage with key partners and other stakeholders (NIST, 2021). Leaders guide expectations, create values for stakeholders, and identify needs within their communities (NIST, 2021). Transparency is needed in the purpose of the mission, and

strong ethics are needed to protect stakeholders. There is a societal responsibility to serve the community, and collaboration can enrich this process.

The research process included several sources of evidence. Information was collected from senior management at each participating agency in addition to semistructured participant interviews. Audits, financial data, and organizational documentation was provided by the agency staff that was reviewed and included in the study. Additional secondary data from the agency's websites, public data, and scholarly journals were also included in this study. The information collected explains each organization and its leader's experiences with interagency collaboration.

Significance

This study is significant because it addressed the barriers behavioral leaders face across organizations in collaboration. By locating the barriers between entities, nonprofits and for-profits can work together to ensure appropriate community referrals, continuity of care for clients, and protection for their staff. This knowledge also allows organizations to identify duplicated services and make appropriate shifts in funding and staffing. By understanding the structure and dynamics of organizational leadership and their barriers to collaborating, the agencies can serve their community together. Once leaders can target the barriers, increase collaboration, and decrease service duplication, they could decrease referral time to appropriate services and thus improve client care.

Summary and Transition

This research is based on strong evidence from past literature that demonstrates that the success of programs can often be attributed to the collaboration of groups who

work with similar populations (Herlihy, 2016). There is research to show that collaboration can work, even with problematic dynamics. I needed access to leaders across the organizations involved with patients who use mental health resources for this study. The barriers are identified within this qualitative study that leaders face to interorganizational collaboration. This case study focused on leaders within one rural county and what barriers they identified to interorganization collaboration. We met based on interviewees' preferences, either virtually or within their agencies, to gather data to assess their experience with leadership barriers to interorganization collaboration. The participants were agency-identified leaders, managers, or directors supervising other individuals.

Section 1b: Organizational Profile

Introduction

This qualitative study aimed to improve the understanding of the interorganizational barriers and how leaders of nonprofits can reduce such barriers to achieve collaboration between organizations. There are three organizations in this study. They are referred to as BHO A, B, and C to protect their anonymity. The organizations' profiles and critical factors are addressed in the following section. The key elements are the services that each organization offers. Each organization was established in the 1970s, and the demographics of each organization are provided within this section. They each serve multiple counties, with the largest county having over 80,000 individuals (United States Census Bureau, 2019).

Organizational Profile and Key Factors

Past researchers have identified the positive effects of interagency collaboration. Bai et al. (2019) found that interagency collaboration is necessary to achieve optimal outcomes. Dworsky (2014) recommended collaboration between agencies to ensure appropriate services and support are provided to families. In this study, I examined collaboration's importance and explored the gaps in identifiable barriers between three organizations.

Understanding how an organization is designed, how they operate, and its purpose is critical to identifying and correcting problems. Each organization strategically plans how it want its operation to grow and how its services align with their values and mission. Each of the three organizations participating in this research had varying plans, but they had similarities and differences.

Behavioral Health Organization A

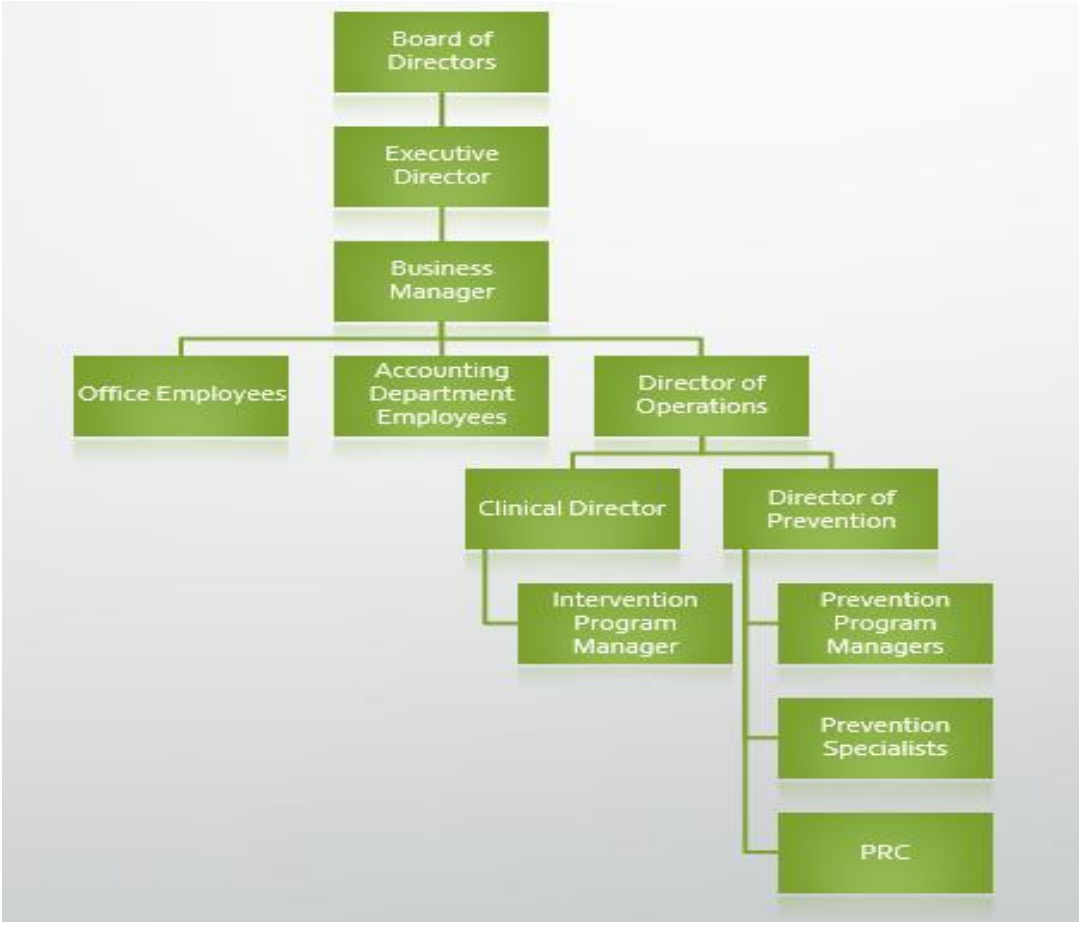
According to its website, BHOA began its operations in 1978. The website stated that its mission is "to provide compassionate, professional services combating the effects of substance abuse and misuse utilizing prevention, intervention, counseling, and recovery support." Their website shows the range of services offered, including counseling, community education, youth prevention programs, and screening services. They provide treatment services starting at age 13 but start prevention services to children beginning in daycare.

The BHOA website explained that the organization operates multiple locations across several counties. According to Participant A. A., BHOA does not own its

buildings as they are leased from a separate entity. Participant A. A. also shared that the organization conducts a yearly audit with a local agency but is audited frequently due to their grants and contracts. Furthermore, Participant A. A. expressed that in addition to those grants, they are also funded by donations and state and federal funding. The BHOA website stated that this nonprofit operates under a board of directors. BHOA offers additional resources to the Substance Abuse and Mental Health Services Administration, local mental health authorities, health district, DSHS, SAM, and Texas Standing Tall. Figure 1 shows BHOA's facility organizational chart.

Figure 1

BHOA's Facility Organizational Chart



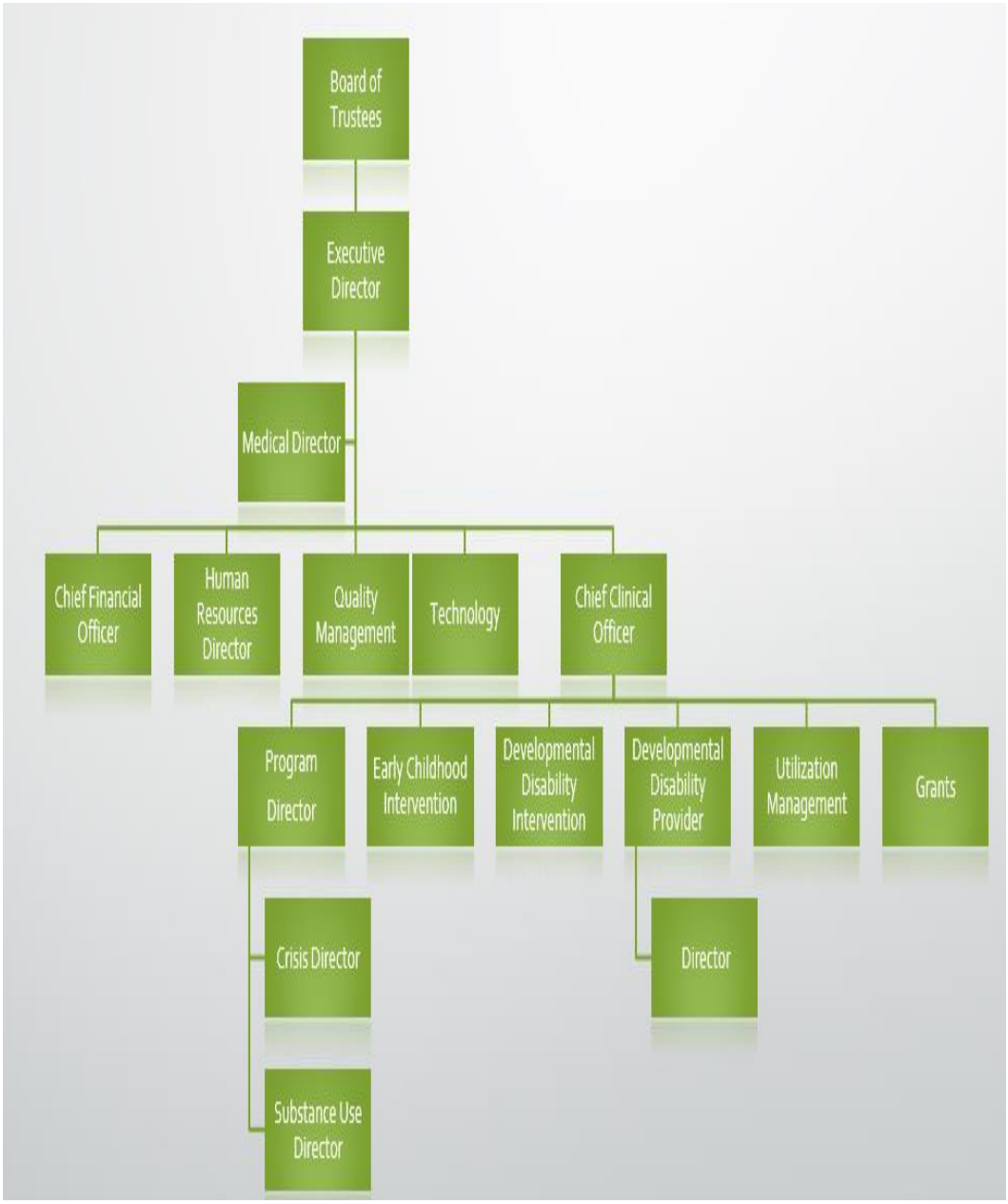
Behavioral Health Organization B

BHOB's website explained that it operates across multiple counties while beginning its services in 1974. The website stated that its mission is to "provide the highest-quality and most compassionate and comprehensive mental health and developmental disability services to individuals."Their website displays their services for infants to adults. They offer counseling, respite, case management, medication management, a crisis hotline, emergency care, SA services, and veteran services. Based on an *Indeed.com* search, they are the largest of the three organizations based on staffing size and have the most open staffing positions. The BHOB annual report from 2020 revealed that they had 451 full-time and 151 part-time employees in 2020.

According to the BHOB website, they are governed by a board of directors and have buildings and equipment throughout their service area. Participant B. A. claimed that they rent their building and vehicles from another organization and only own the equipment and furnishings. Participant B. A. also explained that BHOB primarily receives state and federal funds but does receive some grants and donations. Moreover, Participant B. A. shared that audits frequently occur from an array of entities and through their accreditation. Their Joint Commission standard focuses on important and safe patient care (The Joint Commission, n.d.). They offer additional resources on their website for veterans, the Alcohol and Drug Abuse Council, Mental Health Texas, and other resources provided by the state. Figure 2 illustrates BHOB's facility organizational chart.

Figure 2

BHOB's Facility Organizational Chart



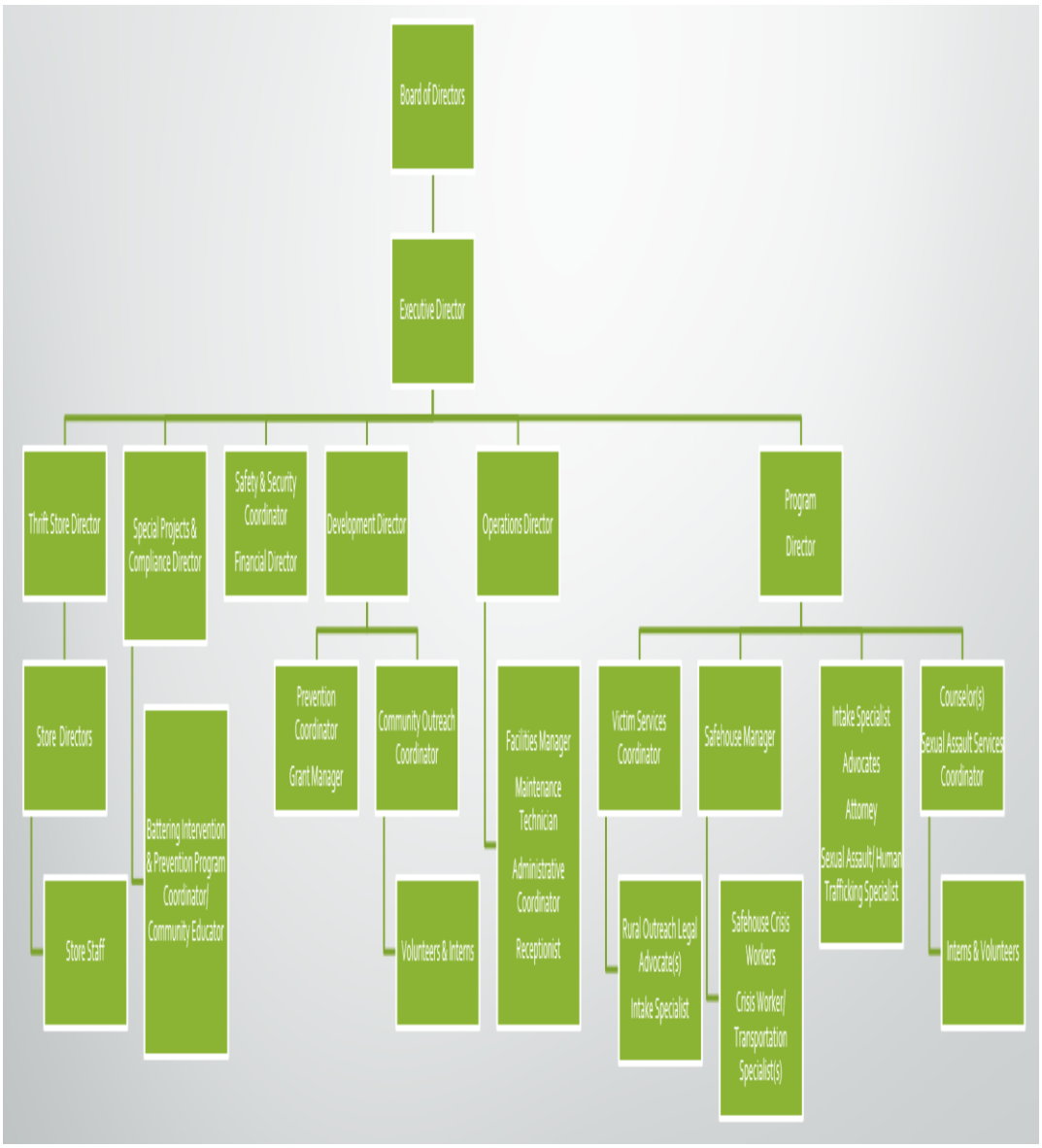
Behavioral Health Organization C

According to BHOC's website, it began in 1978 as a volunteer organization utilizing volunteers' time and resources to provide services. A few years later, in 1981, BHOC received a facility and has continued to grow and serve the community. The BHOC website stated that its mission is to enhance safety by providing crisis intervention and advocacy to reduce and prevent family violence and sexual assault. Their website shows various services, including education, crisis line, counseling, intervention programs, emergency shelter, and transitional housing. Participant C. B. explained that they offer services from infants to adults and are funded through grants, donations, and state and federal funding.

Participant C. B. expressed that BHOC operate multiple locations, with most of the buildings and vehicles owned by the establishment. Participant C. B. also stated that the agency will own its newest location without having to use grants or loans for the construction. In addition, according to Participant C. B., they conduct a yearly audit in which the results are used for funding and given to their board of directors. Participant C. B. asserted that BHOC provides accountability with funding to its governing body, which includes being transparent with their donors. Figure 3 shows BHOC's facility organizational chart.

Figure 3

BHOC's Facility Organizational Chart



BHO Organizations

Each of the organizations has services in common but different focuses. They each address the safety of their clients either from abuse, substance use, or mental health. They work independently and with partnerships within the community. These three participating organizations have similar community partnerships and overlapping service arrays. They network and utilize each other's resources. Each organization offers critical services to the community, and without adequate communication and collaboration, the clients in the community can suffer.

Organizational Background and Context

Each organization has a similar leadership structure. They each have an executive director who answers to a board of directors. The organization's size varies with the number of staff and clients served yearly. Still, they each have legal assistance, program directors, clinical staff, and administrative staff to cover the provided services.

Bunger et al. (2014) suggested that competition can stifle collaboration unless it is properly managed. These organizations are similar in the clients they serve, their services, and their efforts for community education. They each have staff who serve on boards and community coalitions. They attend their respective Community Resource Coordination Groups and participate in nonprofit meetings within the community. The Community Resource Coordination Groups (n.d.) are county-based groups that offer coordination of services between agencies that are overseen by the state. Each agency has memorandums of understanding with each other and other agencies within the community. They partner with similar organizations and use the services of other

nonprofits within the area. Their funding is through grants, donations, and government funds. Even with various revenue streams and cooperation, they compete with each for funds. Another similarity is the organization's performance indicators. Each organization identified funding as a key component in daily operations, but only BHOC is debt-free and has more flexibility with its funding. Threats for the organizations are towards the security of information rather than competition. Weaknesses of needing more space and training inexperienced staff are also issues they face.

In addition to these organizations, other nonprofits and for-profits in the area offer similar services. There are multiple psychiatrists, counseling agencies, inpatient and outpatient treatment, and autism centers within the same community. Each of these organizations can be used as a referral source and can compete for clients who have insurance or the ability to pay privately. One item that set these three organizations in the study apart is that they each accept indigent clients and do not require payment. Each organization has plans for their organization’s future, but one organization has emphasized the need for collaboration.

BHOA’s strategic plan is used as a marketing strategy. It addresses the importance of providing outreach services to all referring and community agencies. It wants to ensure engagement of local resources and is available to treat community members in need.

For 2019, BHOB’s strategic plan addressed community awareness of training, coordination of care within the mental health system, alternative payment methods, and improvement of software and security. BHOB’s 2020 strategic plan focused on

increasing technology, improving fiscal management, addressing employee turnover, self-promotion, and enhancing service provisions.

BHOC is the only agency that uses a traditional strategic plan that outlines its strengths, weaknesses, opportunities, and threats. BHOC's strategic plan indicates the purpose of this study as they highlight the need for creating partnerships, engaging outside organizations, improving communication, and building relationships throughout the community as opportunities. They are interested in addressing these opportunities so collaboration can become a strength.

Based on the client populations and the service overlap, this study focused on the barriers the leadership faces to interagency collaboration. Darlington et al. (2005) found that organizations felt that collaboration was needed, but barriers prevented it from working. Sundari et al. (2018) found that relationships improved with collaboration and improved lack of knowledge between agencies. Blunden et al. (2017) found that the issues could be addressed when the community works together. This study addressed the identified barriers that leadership face to interagency collaboration. Lack of collaboration can cause the leaders to focus on competition rather than collaboration, reduced care alignment, and competitive services. Bai et al. (2019) found that interagency collaboration is needed to improve outcomes. The Baldrige performance excellence framework guided the conversations to assess each organization's leadership, strategies, customers, workforce, and operations. I looked at the barriers senior leaders face with collaborating with partnering agencies. I addressed organizational relationships, barriers

to collaborative efforts, interagency support, and interruptions within the behavioral health supply chain.

Summary and Transition

Section 1 identified the three nonprofits that participated in this research. I presented its missions, values, and service offerings. The purpose of the study was highlighted, along with the significance this study can represent. Organizational financial structures along with leadership structure were also identified in Section 1. Section 2 covers the critical components of literature research, leadership strategies, and data collected from the interviews.

Section 2: Background and Approach–Leadership Strategy and Assessment

Introduction

The purpose of this study was to understand the barriers for leaders in achieving interagency collaboration between three rural organizations. Past research has shown how critical collaboration can be for organizations and clients. Three supervisors from each organization were interviewed for this study.

The barriers identified in this study can aid organizations in several ways. First, the information provided a better understanding of how organizations function within the community. Second, I identified the barriers leaders face to serving their clients. This information also gives insight into the importance of the interagency collaborative network. The results from this study can help organizations remove identified barriers and work together to serve their community better. Sundari et al. (2018) found that relationships improve with collaboration, and frustrations with the lack of information are reduced. In previous sections, the leadership structure between the organizations and their services was identified, while Section 2 reviews the past research and data collection from the participants.

Supporting Literature

The supportive literature originated from multiple database searches. The databases searched included *Sage Journals, ProQuest Central, APA Psych Info,* and *scholar.google.com.* The peer-reviewed searches were from 2016 through present. The existing literature described past research in identifying the usefulness of collaboration to organizations and their stakeholders. Collaborative leaders work together across

multiorganizational networks (Hsieh & Liou, 2018) as the leadership team is the most critical element for success (Nowell et al., 2016). Blunden et al. (2017) found that issues can be addressed when people work together, while Clarke and Cilenti (2018) revealed that relationships, time, and resources are essential. DiFranza (2019) claimed that a clear vision, focusing on relationships, and transparency between members help engage a collaborative team.

Bai et al. (2019) found that supervisors supporting the collaborative effect led workers to feel supported by bridging the communication gap within an organization. Sundari et al. (2018) also discovered that collaboration improved the lack of knowledge between agencies. Saraiva et al. (2020) explained that collaboration brought closer relationships between mental health providers and primary care providers, improving client treatment. This research shows the need for communication and what outcomes can result from the interagency collaboration.

Collaboration assists with staying focused, solving problems, understanding one another, and compensating for each other (Northouse, 2018). Collaboration involves meetings, voicing the collective's concerns, and educating those involved in the needs and missions of each entity. Collaboration is essential for aligning services to meet the client's needs and improving outcomes (Rumping et al., 2019). Collaboration can lower care costs during and immediately following the interventions (Yu et al., 2017). Increased communication and collaboration can reduce service duplication and provide more consistent and cost-effective care (O'Neil & Ratcliff-Black, 2017). Phillips (2016) found that supervisors who openly communicated and solved problems promptly were critical

to effective interagency collaboration. Aiello and Mellor (2019) explained that collaboration needs system-wide integration with a transformational approach.

Collaboration has been investigated between primary care and community mental health and juvenile justice programs and community mental health. Porras-Javier et al. (2018) found that lack of communication caused difficulties in each phase of the referral or care process between primary care and mental health care clinics. The patient's progress is unknown to each provider, creating undue tension and uncertainty in treatment (Porras-Javier et al., 2018). Johnson-Kwochka et al. (2020) found that commitment and follow-through are lacking even with voiced commitment from the partnerships. Both studies addressed the funding barriers and other red tape that also need to be addressed to improve collaboration, such as routinely exchanging information and having colocated services (Porras-Javier et al., 2018). Clients have to retell their stories to each provider, leading to frustration and missing information if collaboration is missing between providers. Client care declines and errors can increase if care providers do not adequately know the client and their history. Collaboration among agencies is critical regardless of how the collaboration is implemented.

Calancie et al. (2021) identified that cross-sector collaboration is needed across public health sectors through the review of 95 articles. They used a consolidated framework to address collaborations and how they function. Those articles can be used to address the barriers leaders identify for lack of collaboration and the redundancy and confusion that the barriers cause for stakeholders. Phillips (2016) found that workers who felt supported were more willing to collaborate with others. He also discovered that

workers who had access to other agencies' resources could better help their clients (Phillips, 2016). Furthermore, Phillips discovered that joint budgeting played a significant role in collaborative activities.

Kousgaard et al. (2017) stated that collaborative care is a “complex intervention that involves a systematic cross-sectional and inter-professional collaboration between primary and secondary care” (p. 1). Professionals and clients can identify the benefits of collaboration (Cooper et al., 2016). Kousgaard et al. found that most general practitioners appreciated the collaboration, but those resistant to it often missed supervision sessions. Sonia Augusta et al. (2020) revealed that support to organizations should be supported and encouraged as collaborative care improved health outcomes between mental health and primary care providers. Moreover, Richards et al. (2016) established that collaborative care was preferred by patients, offers health care at lower costs, and is most cost-effective that usual care. Collaboration has been shown to impact client care across systems significantly. This study’s aim was to better understand the barriers that leaders face for collaboration to exist.

Sources of Evidence

The sources of evidence for this study are from structured interviews with leaders from each organization. These interviews targeted the organization’s structure, past collaborative efforts, and the barriers identified to collaboration. Strategic plans, leadership structures, annual reports, financial audits, board documents, job descriptions, and organization information came from senior leadership staff. Additional information was attained through the companies’ websites.

Leadership Strategy and Assessment

Leaders are responsible for leading people and educating their colleagues (Looi & Keightley, 2019). The BHOB position description explained that leaders are responsible for overall implementation, management, and supervision of daily operations, interfacing with community networks, answering to their respective boards and donors, ensuring fiscal responsibility, and ensuring that clients' needs are addressed. According to the BHOB position description, leaders implement and monitor professional standards and are accountable to the stakeholders and make decisions that can change the course for their team and clients. A leader has the ability to accept stakeholder feedback without being threatened (Kumar, 2019). A good leader has an integrated vision and empowers partnerships and collaborative work (Kumar, 2019). The BHOB code of conduct addressed that leaders are entrusted to create a culture that promotes the highest standards of ethics and compliance that is not sacrificed for organizational gain. According to the BHOC employee handbook, leaders are responsible for maintaining order and ensuring employees work towards the organization's mission.

Leadership has been recognized as one of the most important elements for successful community collaboration (Nowell et al., 2016). Leaders can use a collaborative leadership approach that fosters transparency, focuses on relationships, creates a clear vision, and engages the team (DiFranza, 2019). Collaborative relationships need investments of time and resources (Clarke & Cilenti, 2018). A collaborative leadership approach allows leaders to maintain daily operations but uses the team to stay on target with their mission. Collaborative leadership theories emphasis working with

groups both inside and outside of the organizations to solve problems in multiorganizational networks (Hsieh & Liou, 2018).

Leadership teams use strategies to manage their teams and assess their workforce and capabilities. Each organization uses different approaches to meet its goals and manage its teams. The strategy of each organization and how the organization's leaders implement their strategies are discussed next.

Behavioral Health Organization A

According to Participant A. A., BHOA utilizes the longevity within its senior management for a top-down management. This approach uses senior leaders for decision making, passing information down through the lower levels of management to staff. Participant A. A. explained that BHOA's top two leaders have over 30 years of experience, with next-level leaders having 10 to 20 years of experience. Participant A.A., a program director, was proud of their success in building a small company into a multimillion dollar agency. Each supervisor reviewed how their organization developed strategies based on federal and state guidelines for most of their programs and the expectations of their grants. Participant A. A. shared that program guidelines from their revenue sources direct their strategy design and implementation. According to Participant A. C., senior managers have a quarterly quality management meeting to review changes, get a sense of future changes, strategize, and translate the findings to their teams.

Participant A. B. emphasized that BHOA fulfills its societal responsibility by operating within the state's framework to provide community-driven services. Participant A.A. indicated that state guidelines determine their services, but they look for additional

ways to help their community. Participant A.A. showed how they used a COVID-19 relief grant that created hygiene packs for clients currently residing in rehabilitation facilities. Participant A. A. explained that Organization A also provides diapers and other necessities to clients with identified needs. Participant A.A. also reviewed how his organization sponsors a community-run and recently purchased coasters for restaurants to let the community know about the services they provide. This activity is one of the many ways this organization attracts clients. The supervisors addressed that they receive referrals through hospitals, law enforcement, community agencies, and schools. According to Participant A. A., even after a client is linked to them, they must request the services, leading to clients not fully participating if they are not ready to make a change. Otherwise, they cannot help a client unless it is an emergency. Participant A. B. mentioned that BHOA utilizes law enforcement, hospitals, and the local mental health authority in emergencies.

Behavioral Health Organization B

BHOB uses a top-down approach to leadership where the senior leadership team develops the protocols and passes them down to the next management level. The next level of management is responsible for passing the information to their team until each group of staff is aware of the data. Participant B. A., a director, addressed that the senior management team disseminates information received from federal and state teams and changes from insurance companies. According to Participant B. A., the senior management team meets together routinely to strategize to address upcoming changes, budgets, potential audits, and analyze current data. Participant B. C., a director, often

meets to discuss the ever-changing guidelines from the state. Participant B. A. explained that once the information to release to the groups is determined, the senior managers pass that information down to middle management. Participant B. C. added that management does not want to leave anyone in the dark . Participant B. C. shared that the information is passed on through team meetings, emails, and signage to the workforce.

According to Participant B. B., a director, and Participant B. A., BHOB fulfills societal responsibilities by participating in local and state meetings, interacting with stakeholders, and joining local response. Participant B. A. mentioned the latest community team she joined with BHOC to assist with sexual abuse cases. Participant B. A. discussed that BHOB attracts clients through community outreach, billboards, physician referrals, hospital referrals, law enforcement, and clients walking through its door. Participant B. A. explained that clients must ask for services for themselves, or parents must request services for minors or adults that require a legal guardian to become a client. According to Participant B. A., if there is an imminent threat of harm to the client or others, the agency can assist through emergency detention without consent and other agencies' aid.

Behavioral Health Organization C

According to Participant C. B., BHOC uses its mission to ground its leadership and team members. Each senior management team member reinforced how their mission and goals were crucial to their daily operations. Participant C. A. mentioned that they meet with their team to see what is working and what needs to be changed while staying within the service guidelines. Participant C.C. noted that even with feedback from staff,

they ultimately use a top-down leadership approach as the senior leadership team is involved with the board of directors and grant policies. With this approach, the senior leadership team makes the decisions and then passes the information to the next level of managers to disseminate amongst their staff. Participant C. C. stated that they work to fill in the gaps and are transparent in their activities. According to Participant C. C., BHOC's needs assessments are ongoing, and everything is addressed on a case-by-case basis with that transparency in mind.

Participant C.B. stated that BHOC utilizes its mission and values to guide its staff and societal responsibility. Participant C.C. stated that the mission and values drive their services and strategic planning. Its goals drive their social responsibility and the services they offer, according to Participant C.C. BHOC educates the community about its services, ensures the community understands the types of abuse, works with state agencies to improve services, and creates task forces to address the community's needs better, explained Participant C.B. Participant C.B stated that they want to build community relationships to increase their societal effect. They receive referrals from law enforcement, judges, hospitals, and other agencies, according to Participant C.B. BHOC assists clients of all ages, races, and genders with the common factor is they have suffered from abuse, stated Participant C.B.

Clients/Population Served

The organizations each have multiple entry points for new clients. However, none of the organizations keep data on the specific mode of entry for clients at the time of the research. When asking the agency's leaders about the number of clients they serve, the

numbers vary widely based on the agency's programs that are offered and currently being utilized. Clients seen by each organization are summarized in Figures 4 and 5. According to Participant C.C. and Participant B.D., for organizations BHOB and BHOC the figures show the number of counseling contacts by year from 2018 to 2021. BHOA refers to these contacts as its clinical contacts, stated Participant A.A. The data cannot be reported as overall contacts because BHOA counts contacts in its programs so that the records would be duplicated. Figures 6 and 7 show the comparison of counties the agencies serve and the schools they work with.

Figure 4

BHO's Comparison of Children Served Through Counseling

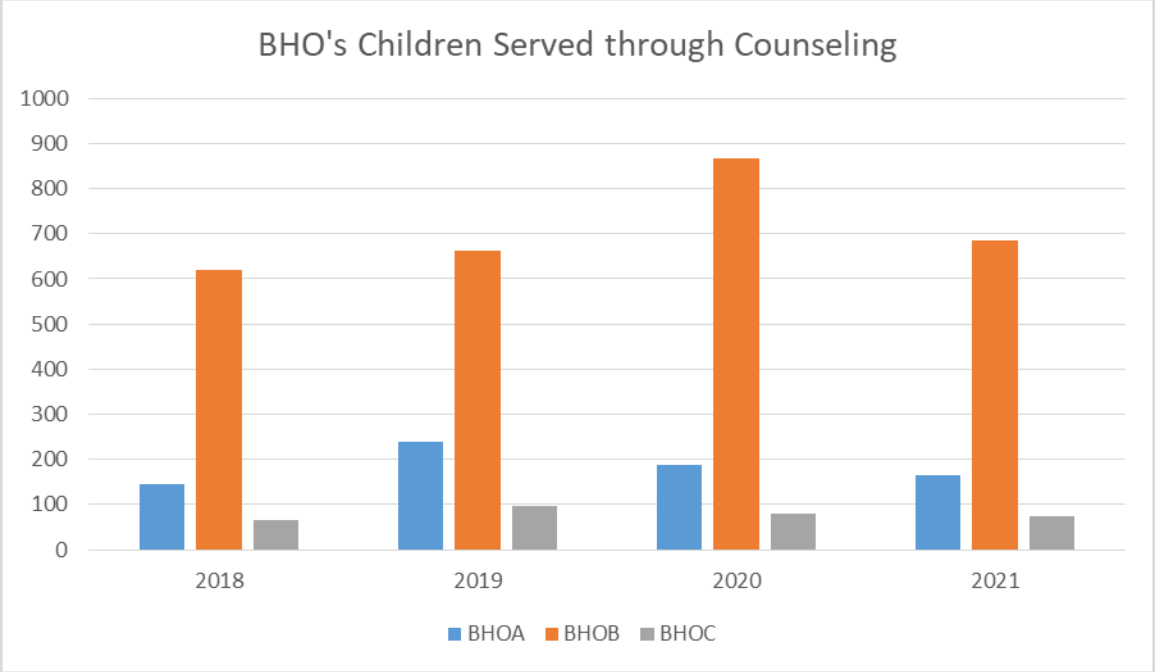


Figure 5

BHO's Comparison of Adults Served Through Counseling

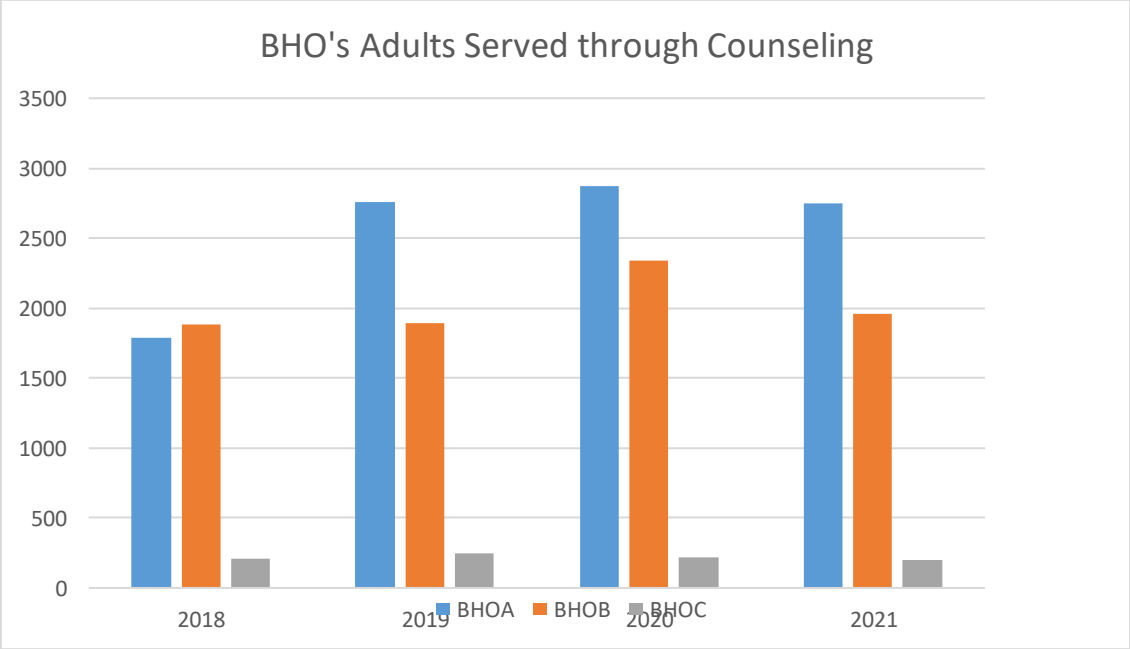


Figure 6

BHO's Comparison of Counties Served

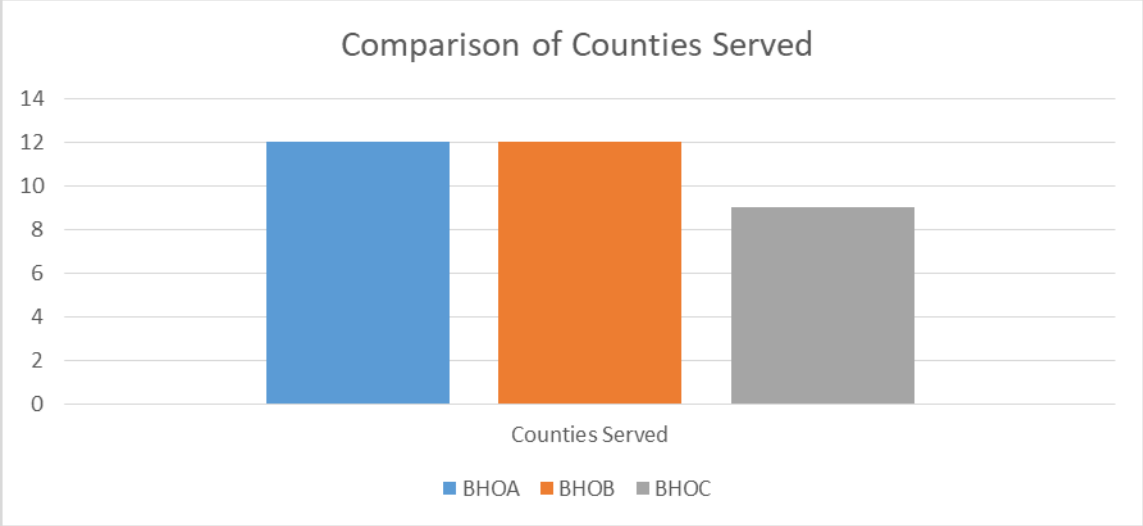
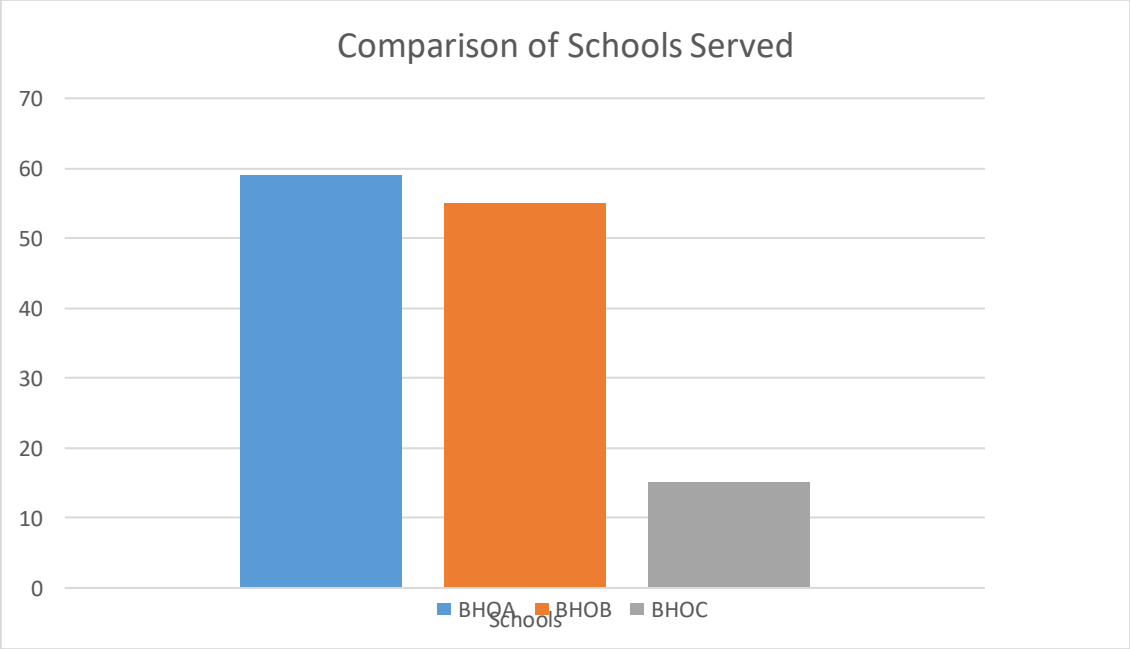


Figure 7

BHO's Comparison of Schools Served

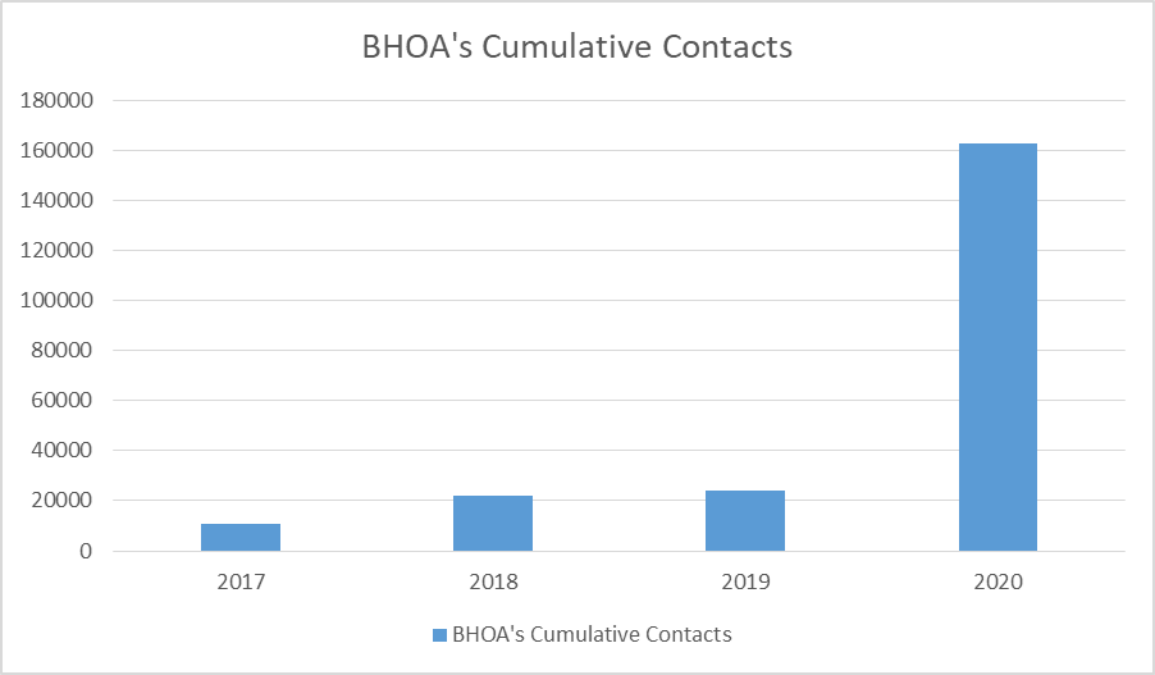


Behavioral Health Organization A

According to BHOA's website, they provide prevention services to pre-school-aged children. BHOA's website stated that they begin treatment services at age thirteen and serve children and adults at the offices, at their homes, within the community, and through telehealth. They offer counseling, community education, youth prevention programs, and screening services across twelve counties according to the BHOA website. Participant A.A. stated that they engage clients by hearing their stories and building rapport . Participant A.B. and Participant A.C. engaged kids in school settings, so potential clients have a working knowledge of services from a young age. Figure 8 shows the clients BHOA served from 2017 to 2019.

Figure 8

BHOA's Clients Served From 2017 to 2020



Behavioral Health Organization B

According to BHOB's website, they see children and adults starting at birth through their early intervention program. BHOB website stated that children three to seventeen with a mental health diagnosis are served through their outpatient clinics and adults are served through outpatient services and their inpatient crisis prevention program. They offer patients counseling, respite, case management, medication management, a crisis hotline, emergency care, SA services, and veteran services, according to the BHOB website. Clients can choose to be seen within the offices, at their homes, within the community, and through telehealth, explained the BHOB website. According to BHOB's 2018 Code of Conduct, their "primary obligation is to respect the integrity and promote the welfare of the client" and take all precautions to prevent harm.

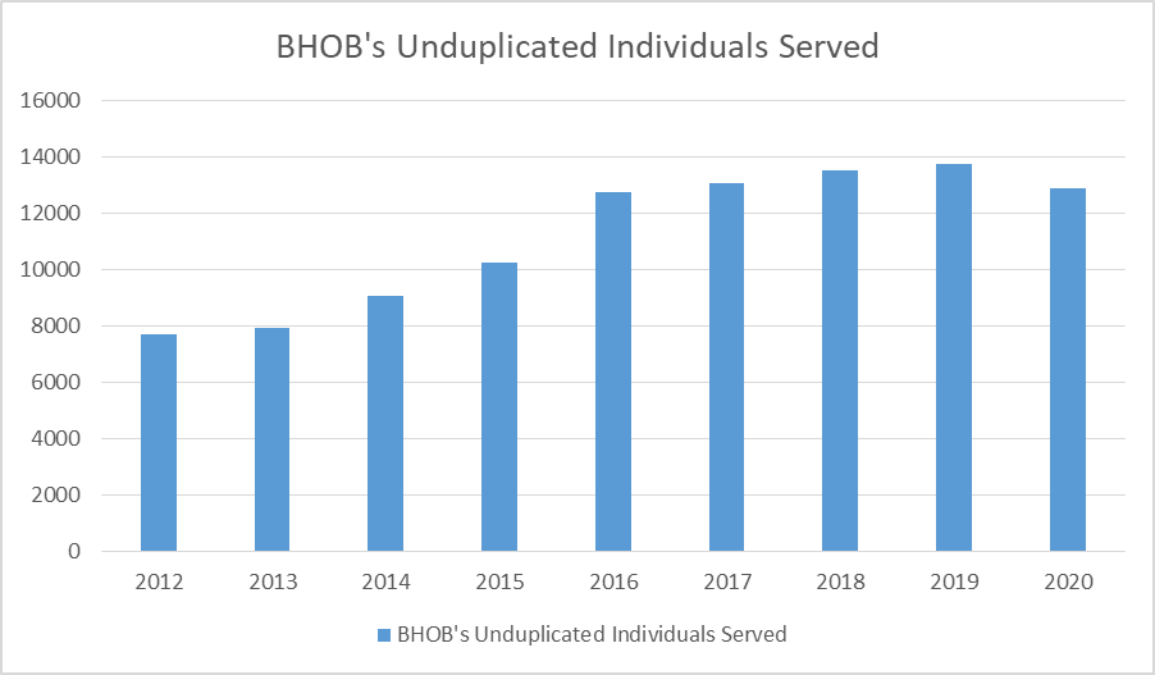
Participant B. B. stated that clients are engaged through a person-centered approach. Clients are given positive regard while the staff remains humble, expressed Participant B.B. Clients are informed of their rights through informed consent and are given the Rights Protection Officers' contact information if they feel they have been violated explained the 2019 BHOB Quality Management Plan. Participant B.A. suggested they connect with other agencies to help engage clients, while Participant B.C. mentioned they keep clients involved by working with their families. Participant B.D. reported that they offer many types of counseling to their clients. According to Participant B. D., depending on the client's needs, BHOB's counselors provide

- cognitive behavioral therapy
- cognitive processing therapy
- trauma focused- cognitive behavioral therapy
- play therapy
- dialectic behavioral therapy
- motivational interviewing

Figure 9 shows the clients BHOB served from 2012 to 2020.

Figure 9

BHOB's Clients Served From 2012 to 2020



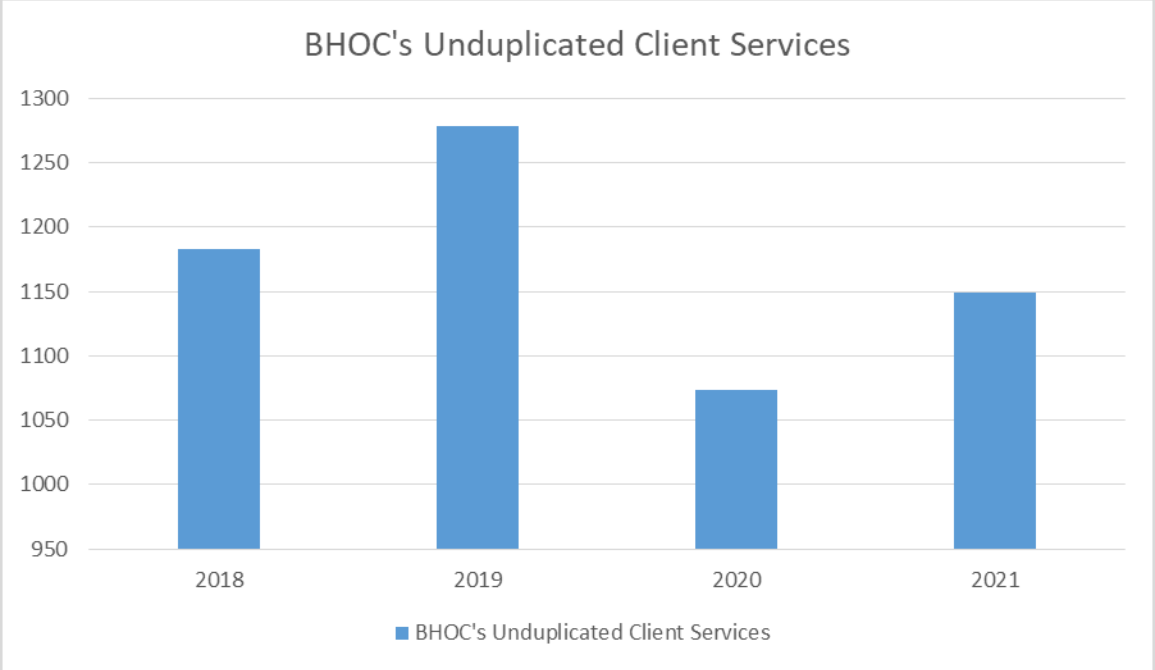
Behavioral Health Organization C

BHOC's website stated that they offer education, a crisis line, counseling, intervention programs, emergency shelter, and transitional housing for individuals and families from birth and up. BHOC had 66 clients in transitional housing in 2018 and grew to 90 in 2021, according to their End of Year Statistics for 2018 and 2021. BHOC's End of Year Statics for 2020 and 2021 stated that they provided 140 community education and prevention programs in 2020 and 321 in 2021. Their End of Year Statistics for 2019 and 2020 addressed that they served 446 residential clients in 2019, dropping from 2020 to 262. BHOC's End of Year Statistics for 2021 saw its residential numbers rise in 2021, with 328 clients served. Services are provided for children and adults throughout their programs. BHOC's website explained that services are provided within the office,

community, school campuses, and other safe locations. Participant C.C. felt that they engage clients by helping them stay encouraged, helping them feel safe, and helping them feel empowered. Participant C.B. ensured his team helps the client build and maintain boundaries, while Participant C.A. ensures his team is building trusting relationships. Figure 10 shows the clients BHOC served from 2018 to 2021.

Figure 10

BHOC's Clients Served From 2018 to 2021



Workforce and Operations

Behavioral Health Organization A

BHOA is an at-will employer and encourages employees to be friendly, courteous, prompt, and helpful, according to their employee handbook. Their employee handbook stated that employees are expected to earn their client's trust and confidence while applying all laws and regulations. Discussions with Participant A.B. indicated that

BHOA engages its workforce through incentives, flexible schedules, the ability to be family-focused, and provides staff with company vehicles. BHOA's employee handbook stated that staff earn vacation and sick time while taking twelve holidays off a year. Participant C. B stated that the agency also reimburses for mileage, offers competitive salaries, frequent training, supervision, and ensures staff understands their program's overall picture. The supervisors assess their current team member's observations, audits, and consumer surveys, according to Participant A. C. Participant A. A. suggested that the organization is understaffed and trying to fulfill its requirements but finds it challenging. Participant A. A. planned to continue to search for qualified staff but find the current job applicants underwhelming and the agency's recruitment process to be an expense. Participant A. D. stated that of about 60 staff, 13 are licensed counselors. Participant A. D. expressed that most clients can start counseling within two weeks of their intake, but they can be seen immediately if the need is imminent.

Behavioral Health Organization B

BHOB's Salary Handbook encouraged employees to be self-motivated, have team spirit, and be concerned with the clients they serve. The BHOB's Salary Handbook stated that the organization is a drug-free, alcohol-free, and tobacco-free workplace. According to Participant B. A., BHOB engages with its workforce through surveys, meetings, SharePoint, and social media. Participant C. B. expressed that they offer weekly meetings in person or virtually and have created fun activities for their workforce. Participant B. B. mentioned how one location has a "fun fund" that organizes staff retreats, meals, and door decorating contests. Participant B. A. felt that COVID-19 had changed their fun

activities, but they hoped to bring back staff parties and lunches soon. Participant B. B. noted the leadership team designed, managed, and improved essential services using best practices provided by the state. Participant B. B. stated that the best practices are used in treating clients in residential programs and the curriculum that therapists and skills workers use. Participant B. B. addressed that they are client-driven and strengths orientated, allowing the client to be in charge of their treatment. The leadership team learns through trial and error and is audited through Joint Commission and government-funded projects, explained Participant B. A. Participant B. A. expressed that they are understaffed and working through ever-changing protocols.

BHOB offers a competitive benefits package to assist in staffing the agency. BHOB's Benefits Overview explained that they offer nine to twelve paid holidays each year, sick, vacation, and mental health time off, along with health and dental benefits. BHOB's Benefits Overview also offered information on their retirement plans, annuities, longevity bonuses, and life insurance. The BHOB At-Will Employment Agreement stated that employment is at-will, meaning the employee can resign from employment at any time and for any reason, and the organization has the right to terminate employment at any time and for any reason.

New employees receives training to become familiar with the organization and then reports back to their units for more intensive training, according to the BHOB Salary Handbook. The BHOB Salary Handbook stated that they have unit-specific training and then 60-day training after being hired. Their Salary Handbook also explained that they have annual refresher pieces of training.

With over 600 employees, BHOB employees a large number of licensed staff, but only 28 of them have active caseloads, explained Participant B. D. Managers within the agency can also be licensed, but no longer see clients and are not counted within that number, according to Participant B. D. Participant B. A. stated that clients can receive case management or psychiatric services, but there is a waitlist for counseling.

Behavioral Health Organization C

BHOC is an at-will employer and has the option to terminate employment to the employee or the agency at any time, according to the BHOC employee handbook. The BHOC Employee Handbook encouraged strong, healthy relationships with clients to influence them positively. Participant C. C. expressed that BHOC engages with its workforce through individual retirement account matches, health plans, thinking outside the box, transparency, showing staff appreciation, team building activities, and bringing everyone together for staff meetings. The BHOC Employee Handbook explained that employees receive nine paid holidays yearly, paid time off, and insurance benefits. Participant C. C. understood that they lose employees to BHOB because of their health benefits and pay. Still, Participant C. C. hoped to create an appealing environment where employees can see the personal touches her organization offers. Participant C. A., Participant C. B., and Participant C. C. mentioned how important their “all staff” meetings are. Participant C. C. stated that at these meetings, members of each team learn and interact together. They want to keep staff informed and engaged in all the organization's layers, explained Participant C. B. Participant C. C. encouraged her teams to think “outside the box” and allow her team to utilize creative measures to reach their

clients. Participant C. A. wanted his team to understand that their thoughts matter and leads them with compassion. Participant C. B. offered his team “fun” and daily access to him or other supervisors. Participant C. B. explained that BHOC handpicks their employees as they need team members who care and share their mission. They hire staff based on a unique blend of skills and passion for this work, according to the BHOC employee handbook. Participant C. B. expressed that they stay abreast of training and ensure their teams have the necessary training to serve their clients best.

Participant C. C. stated that BHOC employes around 50 staff with two full-time counselors on staff, two contracted within the community, and one counselor intern. Participant C. C. addressed that a client would see a counselor within two days or immediately if the need was urgent.

Analytical Strategy

I used a qualitative method as it is flexible. Through qualitative research, the researcher can better understand how people view, approach, and experience their world (Ravitch & Carl, 2016). The analytical strategy for this research determined how the data attained was analyzed and interpreted. I used the information from the organizations to build the organizational profile for the study. I obtained data from senior leaders' conversations, emails, and secondary data. The information addressed strategic planning, financial data, client populations, and organizational stakeholders. The data collected was managed as a single agency, compared between agencies, and evaluated with past literature. Researchers use different approaches to learning about a program through triangulation (Linfield & Posavac, 2019). Triangulation uses multiple data sources and

methods, including archival data, to validate the research (Ravitch & Carl, 2016). I used the organizational archival data for historical information, which helped to better understand the complexities of this study without researcher interference (Ravitch & Carl, 2016). Through the data analysis and triangulation, Igained a deeper insight into the barriers leaders face to interagency collaboration.

I interviewed nine leaders as research participants from three agencies. The questions pertained to barriers the leaders have faced with interagency collaboration. Each interview was recorded with a digital recorder and tested before each use. The participant's information was received through semi-structured interviews that was transcribed, coded, and assessed for themes and triangulated. Thematic analysis was used to identify similarities, differences, and relationships within the data, while triangulation used multiple data sources to create greater validity within the research (Ravitch & Carl, 2016). I reviewed the interviews and used them throughout the process, including within the organizational profiles. I compared the interview results with existing data as well as compared to each other.

Relationships are at the center of qualitative research, making it imperative for researchers to follow ethical guidelines (Ravitch & Carl, 2016). The initial research was proposed to the IRB to ensure appropriate measures were originally set forth. Researchers have to minimize harm when conducting research with their participants. The risk was minimized for the participants as they were not part of a vulnerable population (Ravitch & Carl, 2016). Risks were introduced through informed consent, which was provided to each organization for project approval and was given to each participant. Risks were

addressed in the informed consent with each participant. All records are kept password-protected or stored in a locked file cabinet to ensure confidentiality, and all organizations and participants were given a pseudonym. Participant names and specific titles was not used to increase anonymity further. The data were only used for this study and was not shared with others. Reflexivity is maintained through the ongoing assessment of biases, settings, preferences, relationships, and data generated (Ravitch & Carl, 2016).

Participants were checked during the interview to ensure they are accurately represented, and I was monitoring my role and influence on the process. Triangulation of data also helped reduce research bias. Collaboration has occurred throughout the research process with fellow doctoral peers, the chair, the second committee member, and the University Research Reviewer. This study addressed rigor by being transparent with the study's process, challenges, and limitations (Ravitch & Carl, 2016).

The Baldrige framework (see NIST, 2021) guided this research and help the organizations reach their goals. This study utilized the Baldrige framework to identify how leaders interact with stakeholders, strengthen the community, and identify strategic challenges with partnering agencies (NIST, 2021). This system-based approach allowed companies to be more competitive while finding ways to work with their stakeholders (NIST, 2021).

Archival and Operational Data

A senior leader within each organization was the contact at the start of the project. Each of these leaders was informed of the case study requirements, objectives and process. These selected leaders were responsible for generating the background

information for this study. Each agency leader compiled information from their records systems, board documents, state and local audits, and stakeholder feedback. They used their administrative access to submit documents of strategies, funding, client needs, job descriptions, and other information relevant to their organization. I utilized the information provided to understand better the organization represented. The material they presented to me is the agency's data used for grants, stakeholders, and other organizational needs. The senior leaders were available by phone or email and submit documentation through email. The documentation that I requested was emailed from the agency within two weeks of the request.

Evidence Generated for the Doctoral Study

For this study, I utilized three organizations in rural communities. Each organization allowed me access to top-level executives within the organization for questions about the agency, strategic plans, organization charts, and additional organizational details. Specifically, senior executives within each of the organizations was contacted by myself and offered an opportunity to participate in the study. At the time of this outreach, they were informed by myself that study participation is voluntary. In addition, an overview of the research goals were provided. Three behavioral health leaders from each of the organizations were sought as interview participants, which offered a higher rate of saturation.

Once they agreed to participate, they were asked to review and sign the informed consent form. Then, they were interviewed following the interview script. The interviews were recorded, and lasted between 30 minutes to an hour. Each participant was asked

about their organization and their views on each organizational element. After gathering information on the organization, each participant was asked these targeted questions:

- How do you describe the impact of inter-collaboration between organizations?
- What problems can you identify from lack of collaboration?
- Tell me about a time you found collaboration satisfying?
- What barriers exist today to collaboration with other organizations?
- If the targeted leader of your organization leaves, how is that authority within the collaborative managed?
- If multiple leaders from an organization have similar authority within the collaboration, how are disagreements addressed?
- What organizations have you identified with leaders that value collaboration?

Interviews took place within three weeks from the date of approval. Data from the organizations were collected throughout the research. Archival data were collected from senior leadership by phone and email. The data collected were compared against the interviews, literature, and other participating organizations.

Summary and Transition

In the previous section, the literature review revealed the gap in knowledge between the leaders and the identified barriers to interagency collaboration. Section 2 also covered leadership, workforce operations, and strategies within these three nonprofit organizations. The analytical strategy for conducting this research is also found in section 2. Section 3 covers the organizations' measurement, analysis, and management

components. Within section 3, workforce engagement, recruitment, and security are discussed concerning the practice problem.

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

Introduction

This section focuses on analyzing the three organizations and knowledge management of BHOA, BHOB, and BHOC. The Baldrige excellence framework was used to look at the organizations and leadership teams' barriers, strengths, and opportunities (see NIST, 2021). This section also addresses on how staff and other stakeholders access organizational information.

The purpose of this study was for BHO leaders to identify the barriers to interagency collaboration. BHOs need cooperation to increase communication within the community, build networking, and increase client care. The leaders who participated in the semistructured interviews gave valuable insight into their organizations. The leaders addressed barriers they have identified to interagency collaboration and their value in reducing them. The organizations have not focused on networking and collaborating within the community within their strategic plans until recently.

Data collection was derived from organizational documentation, organizational and mental health websites, and scholarly peer-reviewed journals. The senior leadership members approved the strategic planning and organization charts used for this study. The information for the study was communicated through emails, phone calls, and in-person meetings. Each BHO had informative data on its websites, including its mission, goals, services, and population. The website also listed its service locations, partnerships, and

external links for more information. This information was used for the organization's measurement, analysis, and knowledge management components.

Analysis of the Organization

Behavioral Health Organization A

Participant A. A. explained that BHOA used online programs to help recruit new employees in addition to community events they attend. Online hiring programs can be costly for a small agency. According to Participant A. A., they charged the agency for each application they received regardless of whether the applicant met the qualifications listed in the job description. Participant A. A. shared that due to the pandemic and workforce shortages, they have never been as short-staffed as they currently are. In addition, Participant A. A. discussed that BHOA's leaders are networking with colleges and other community programs to help produce qualified staff, but they have to manage without being fully staffed.

Participant A. A. asserted that each year brings a new focus to their organization with new materials, lessons, requirements, and funding. Participant A.A. addressed that changes bring forth new training requirements each year for their staff. Furthermore, Participant A. B. stated that trainers bring in information about new grant requirements and take out the guesswork of the agency's operations.

Participant A. C. noted that their curriculum, services, and forms are all mandated by the payer source, and staff's performance is noted with client pre- and post-tests. According to Participant A. C, staff are also observed teaching and giving presentations. Participant A. C. shared that the team's victories are celebrated, and the staff makes

corrections as they are revealed. The BHOA employee handbook stated that when problems arise, the leaders want to ensure fair and honest treatment. According to the BHOA employee handbook, mutual respect is given, and they have procedures to address unresolved problems.

Participant A. C. described that BHOA leaders strive to create a positive environment for their teams. Participant A. C. also explained that they have monthly meetings with all the staff and share their goals and the overall picture for the program. Participant A. B. enjoyed offering the staff incentives like flexible schedules, self-care days, having a competitive schedule, and ensuring they promote a family-first atmosphere. Participant A. B., Participant A. A., and Participant A. C. all boasted about their team's longevity of their leaders and counselors.

Participant A. A. shared that each leader met to review their team's needs and grant requirements. According to Participant A. B., the programs' strict requirements allows the agency to spend less time designing programs and more time implementing them. Participant A. A. explained one issue that arises is when a grant has ended: The staff in the grant-funded positions are without jobs. Participant A. A. moved employees around and shifts their duties in order for them to remain at the organization. According to Participant A. A., they had recently received some additional state funds due to the pandemic. Participant A. A. stated that they wanted to be creative with the funds and make a greater impact than they had in the past. Participant A. A. described that the team created hygiene kits for patients in rehabilitation and help to provide diapers to other

nonprofits. Participant A. A. wanted to ensure his community members were taken care of even if they have not directly use BHOA's services.

The BHOA employee handbook stated that BHOA is a tobacco, vaping, and drug-free workplace. Each of the BHOA facilities have varying levels of security. The newest location has an open lobby with a locked corridor. Some of the older buildings were not as secure during the tour as they could be entered without a key. The unsecured facilities were not accessible to the public, so high levels of safety could still be attained. According to the BHOA employee handbook, they have mapped out emergency plans for robberies, fires, bomb threats, and more.

Behavioral Health Organization B

Participant B. A. noted that BHOB has a recruitment specialist who identifies qualified candidates at events and through applications. According to Participant B. A., that employee is the contact for future and current applicants until the prospective employee has been interviewed and hired into the center. Participant B. A. claimed that this process helps the center streamline the hiring process. Moreover, the organization uses standard questions for each applicant, according to Participant B. A. Participant B. A. explained that it weighs the answers to select their candidate based on a formula designed by the center to keep the process fair and organized. However, according to Participant B. A., BHOB has multiple openings, making it difficult to get fully staffed. Participant B. A. asserted that lack of staff leads to hiring quickly instead of waiting for the perfect candidate to apply.

Participant B. A. explained that once a candidate has been hired, they are trained for the position, taking months before they can start their official roles. According to Participant B. A., some staff is cross-trained in several departments or functions depending on their position. Participant B. B. noted that training is ongoing at this agency, where they had an onsite trainer and sent their team to training. Participant B. B. commented that they utilize knowledge to enhance their workforce and staff performance. Participant B. A. felt that leaders access the performance of their staff through staff meetings, health records monitoring, client surveys, and key performance indicators. Furthermore, according to Participant B. A., staff are retrained and disciplined as needed and ultimately terminated if they cannot meet the requirements for their position. The BHOB Code of Conduct described that corrective and disciplinary action, including termination, is acknowledged within the Code of Conduct. The Code of Conduct also addresses compliance with laws, regulations, and policies. Participant B. B. kept his team in contact through phone calls, texts, emails, and tele-video meetings. He enjoyed being team-focused and sharing meals and snacks often but limits their in-person contact with the pandemic. Participant B. C. ensured that his team was never left in the dark though they have found holes in the communication across the agency. According to Participant B. C., his agency is so large with multiple roles that his team is often unaware of what the other departments do. Participant B. C. noted that the size can be an issue, but the managers will often interact and call each other if a problem arises.

According to Participant B. A., this BHOB designs critical services based on state and federal requirements. Participant B. A. stated that they follow Medicaid guidelines as

well as Joint Commission standards for their services. Participant B. C. suggested that everything his department does is based on those requirements, and he had to ensure his team is meeting them. Participant B. B. added that this is done through data transparency received through inclusive diversity surveys or other data collection methods. Participant B. A. liked to try new things with her team and learned through trial and error. She explained that she used best practices with each component of her daily operations to ensure her team is providing valued services appropriately.

Each of the BHOB facilities has varying levels of security. Participant B. A. stated that the new buildings have an open lobby with pods locked down without a badge. Participant B. C. commented that the older facilities are adding locking features with cameras to help monitor the clients and staff. Moreover, according to Participant B. A., BHOB often interacts with law enforcement to ensure the safety of staff and clients. Participant B. A. claimed that this strategy keeps the team and clients physically safe.

Behavioral Health Organization C

According to Participant C. B., BHOC builds its team, starting with the interview process. Participant C. B. noted that the leadership team reiterates its mission, values, and goals to its potential employees. Participant C. B. wanted to ensure his potential team members understand they are an organization that serves all and is focused on meeting their client's needs. Participant C. A. wanted to ensure he hires team members that can be independent, think outside of the box, and come together to interact as part of a family. According to Participant C. C., recruitment and retention are an ever-changing process,

and they are constantly redesigning their strategies to ensure they hire the best fit for their agency.

Once BHOC has hired its team, they focus on retaining its staff, according to Participant C. C. Participant C. C. explained that the leaders have “all staffs” where all the team members come together to learn, grow, and share. Participant C. C. stated that the team play games, have parties, work on creative projects, and learn about the organization. Participant C. A. does not support workforce bickering, which also helps the organization improve its workforce environment. According to Participant C. C., BHOC offers constant training to their therapists to stay up-date on counseling trends to better serve their clients. Moreover, Participant C. C. discussed that the leaders use training as an incentive to create an environment for success and foster engagement. Participant C. C. understood that they lose people to other agencies with better benefits but wants everyone to know that they create a warm, caring environment to entice people to stay.

The leaders of BHOC work together to improve their teams. Participant C. A. enjoyed working with the staff to make changes and corrections as needed. He looked at what his team needed to do to meet their goals and to ensure documentation was according to their grants. Participant C. B. enjoyed creating forms and had his team tell him what was working and what needs to be corrected. According to Participant C. C., the leaders have their teams attend webinars and other training to improve their key services and work processes. Participant C. B. explained that BHOC leaders also learn about their teams through client satisfaction surveys. Participant C. B. mentioned that

they address staffing issues found within the surveys and through their documentation. In addition, Participant C. B. emphasized that the leaders work with staff to improve their performance but understand that if the staff member is not a good fit, they have to terminate them. Participant C. C. wanted her leaders to be approachable and transparent through all their functions and had an open-door policy with all team members.

The leadership team creates a secure workplace environment by having the facility locked down. At BHOC, a person has to be buzzed into the lobby and then allowed in each corridor by an employee. This strategy keeps the team and clients physically safe. According to the BHOC employee handbook, the organization ensures that personnel understand the threats of violence within their premises and the safety procedures to take. Participant C. C. stated that BHOC offers sick days and a medical subscription to ensure team members can access a doctor and take time off. Moreover, according to Participant C. C., BHOC has a diverse team and tailors its strategies best to fit the individuals and group.

Knowledge Management

Behavioral Health Organization A

BHOA utilizes surveys, staff evaluations, and clinical records to measure and analyze their services' data, according to Participant A. A. The leadership team receives feedback from auditors and funding sources based on their documentation, productivity, and client improvement levels, Participant A. A. explained. Participant A.A. improves performance by meeting regularly to address issues and strategizing ways to meet their goals.

Participant A. A. revealed that information is managed through the Board of Directors and senior management team. After details are decided, the information is filtered to the remaining managers and staff, according to Participant A. A. Information is given verbally, through emails, phone calls, and public information through social media as they do not keep their website current, Participant A. A. explained.

Participant A.A. felt that interagency collaboration is needed for them to receive referrals. Participant A. A. stated that they had a recent event with local restaurants and created coasters with BHOA data on them. This type of activity helps spread their mission and helps them stay visible to the community, according to Participant A. A.

Behavioral Health Organization B

BHOB gathers data from client and staff surveys, reviews, data from their electronic medical records, and audit results, according to Participant B. A. The management team addresses the findings with staff and identifies ways to improve, Participant B. A. explained. Each participant mentioned the frequent changes in the state and Participant B. A. adapts their services to meet the latest requirements. The leadership team wants to improve their services to become a provider of option instead of the only choice for those with state funding, according to Participant B. A.

BHOB is set up nearly identical to BHOA. Leaders have a top-down approach to management, starting with their Board of Directors and senior management, Participant B. A. explained. Participant B. A. shared that information is deciphered and dispersed to the middle management team. The middle managers met with their staff and inform them of the information they must attain, according to Participant B. A. Information is

delivered through meetings, emails, phone calls, and SharePoint, Participant B. A. explained. Participant B. A. shared that outside stakeholders are given information through social media, the website, and community events.

Participant B. B. suggested that the organization take a collaborative approach to address challenges within the agency. BHOB needs active participation from its management team to manage each of its programs efficiently, according to Participant B. B. Collaboration comes up with their team often when they address local health districts, schools, and collaborative groups.

Behavioral Health Organization C

BHOC encourages staff to speak with the managers with an open door policy to gather information, according to Participant C. C. Participant C. C. explained that they also use surveys, audit results, grant reviews, and stakeholders to address compliance and complaints. Participant C. C. stated that the management team reviews the issues and disseminates the comments or changes to the staff.

BHOC encourages collaboration from its staff but ultimately has a top-down management approach similar to the other two agencies in this study. They have a Board of Directors and executive director who has the final say regarding changes or future planning, according to Participant C. C. Participant C. C. stated that they utilize staff meetings, emails, and phone calls to keep their staff informed. Team members are active on social media channels and community events to keep the stakeholders informed of changes, new programs, and education, Participant C. C. explained.

BHOC collaborates daily with police officers, lawyers, medical staff, and additional stakeholders, explained Participant C. C. Participant C.C. wants to ensure transparency with the community and to ensure their mission is the center front of how they are perceived. This agency included increasing collaboration within their strategic plan as the leaders understand how valuable it can be. BHOC has a traditional strategic plan that analyzed strengths, weaknesses, opportunities, and threats. One of their weaknesses, according the their 2019 strategic plan ,was staff being unsure of others' responsibilities and needing cross-training and more partnerships for marketing opportunities. They listed creating stronger partnerships and relationships within the community as an opportunity within their 2019 strategic plan. They did not feel the other agencies were a threat, only economic downturn, maintenance costs, computer viruses, and insurance costs, according to the 2019 BHOC strategic plan.

Summary and Transition

Each organization answered to a Board of Directors and their funding sources. The BHOs addressed safety and performance issues with their staff in individual and group meetings. The leaders utilized surveys to gain insight about services, providers, and ways to improve from both clients and staff.

Each BHO utilized technology and physical meetings to share information throughout their agencies. They offered meetings through Zoom and other media resources and were beginning to implement face-to-face meetings again since the pandemic. The leaders contacted their teams by phone or email when they could not address them personally. Each organization had employees scattered over multiple

counties so they were familiar with utilizing additional ways of communicating with their teams. Each BHO included collaboration from their team to learn and grow, but they each had a top-down management approach.

Section 4 includes the analysis, results, and interpretation of the data collected from each participant. Section 4 also consists of the implications, strengths, and limitations derived from the data. The information provided in section 4 are the results of data collected pertaining to the barriers leadership faces to interagency collaboration.

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

This qualitative case study was designed to explore the barriers that organization leaders experience to interorganizational collaboration. The previous sections of the study provided the organizational and methodical foundation for this research. Using the Baldrige excellence framework (see NIST, 2021), in this section, I explore leadership, collaboration, stakeholders, and the participant's experiences. The evidence was collected from academic and professional resources, archival data, public websites, emails and phone calls with senior leadership members, and semistructured interviews with leaders from each agency. The analysis, results, and implications from of the study are explained. The themes that emerged from the research are discussed throughout this section. Themes were explored based on the interview data, and then triangulated drawing on the remaining data sources. This section also includes the strengths and limitations of this study.

Analysis, Results, and Implications

The three nonprofit BHOs provide services to children and adults throughout multiple rural counties. In this subsection, I first look at the study's data analysis. Next, I address the themes and results from the interviews, archival data, and literature reviews. With the results from these data, I explore how the organizations, clients, workforce, leadership, and finances could be impacted. Then I explore the social implications of this study. I conclude this section by addressing the strengths and limitations of the research.

Analysis

Data were gathered from the academic and professional literature, archival data, public websites, emails and phone calls with senior leadership staff, and semistructured interviews with leaders from each organization. Peer-reviewed articles were selected from various databases and search engines (see Supporting Literature section). I completed a review of background literature to identify previous barriers to collaboration and the benefits of interagency collaboration from these articles.

Each BHO within the study was identified with a pseudonym to preserve its anonymity. The three BHOs are identified as BHOA, BHOB, and BHOC. Interviewees were also given pseudonyms with the identifying letter from their organization. For example, each participant from BHOA starts with the letter "A" to identify they are from BHOA, then an additional letter to identify that participant. After the organizational data was collected, the participants were selected from each agency.

Senior leaders provided the data from their organizations by phone, email, and personal conversations. These data were used to build an organizational profile and identify service offerings, demographic profiles of the organizations, and operational functions. I reviewed internal documents to understand the organization's practices and procedures, including strategic plans, organizational charts, board minutes, and financial records. BHOA did not have an organizational chart initially, but one was created during a phone meeting to accurately reflect its structure. The following documents were received from senior management to better understand organizational structures:

- BHOA

    - organizational chart
    - marketing plan
    - organization budgeting information
    - county statistical data
    - employee handbook
- BHOB
    - organizational chart
    - strategic initiatives for 2019
    - strategic initiatives for 2020
    - organizational budgeting information
    - leadership job descriptions
    - annual reports 2017-2020
    - 2021 audit
    - 2018 code of conduct & compliance plan
    - board policy manual
    - board documents 2019-2021
    - 2019 quality management plan
    - salary handbook
    - at-will agreement
    - benefits overview
    - 2018 code of conduct
- BHOC

- organizational chart
- strategic plan
- 2017-2012 end of year statistics
- organization budgeting information
- employee handbook

In addition to the internal documents, the organization's websites were also used to procure vital data. Each website listed the service areas the organizations served. BHOC had the most negligible coverage area with nine counties, while BHOA was the largest, serving 13 counties. Each organization offered services to children and adults, while BHOA and BHOB provided their services in agency offices, within the community, and client's homes. BHOC kept an online calendar of upcoming community events, while all three agencies listed partners and referral sources on their websites. All three websites also listed their senior leadership, missions, and other insights into the organizations.

Participants were selected on a volunteer basis and were interviewed at times they chose at their respective organizations. The participants declined a virtual interview. Therefore, each participant was met at their primary location except one, who asked to meet at my office because their current office is home-based. I conducted nine semistructured open-ended interviews with leaders from each of the three organizations. Each participant was asked all of the organizational and research-based questions. Interviews were between 25 and 60 minutes long and were recorded using a standard digital recorder. After the interview was completed, I transcribed the interview. After the

data were collected and transcribed, the information was coded to identify themes and triangulation. Participant interviews were compared to strategic plans, company handbooks, at-will statements, and other organizational data. For additional triangulation, the archival data and interviews were compared with previous studies and literature.

Once the interviews were completed, I transcribed them into the Microsoft Word program, then reviewed for errors. The data were then organized into a word document and grouped by RQs to identify themes. Essential keywords and phrases were highlighted within the document and then grouped into themes. Each interview was reviewed multiple times within Microsoft and using my interview notes. The online program Delve was used to verify theme codes and to ensure coding accuracy. During this process, I examined the interviews several more times. I uploaded the transcriptions to the Delve website and set up codes and themes for analysis. A thematic analysis was used to identify themes across the interview data using inductive coding. Data saturation is reached when the themes are recurring, and no new information is revealed. During coding, the following four themes emerged, and are summarized in Table 2. Two themes were related to the RQs: barriers to interagency collaboration and problematic outcomes without interagency collaboration. Two additional themes not directly related to the RQs also emerged: satisfaction with interagency collaboration and identified solutions to enhance collaboration.

Table 2

Summary of Themes

Theme	Number of participants who mentioned the theme
Barriers to interagency- collaboration	9
Problematic outcomes without interagency- collaboration	9
Satisfaction found with interagency- collaboration	9
Identified solutions to enhance collaboration	9

Results

The results from the study are summarized next. Specifically, there is a focus on the themes that resulted from the analysis of the various data sources. Several themes are explored. First are themes related to barriers to interagency collaborations. Second are themes related to outcomes from interagency collaborations. Finally, the satisfaction that results from the interagency collaboration is explored.

Barriers to Interagency Collaboration

Participants were asked about the barriers they identified to interagency collaboration. Different themes emerged from the participants. Across all the interviews, a total of 11 themes appeared relevant to interagency collaboration. Besides the “constant change of what the State says we need to be doing,” Participant B. C. thought that technology use due to Covid, turnover, and funding were barriers he faced with other

leaders to interagency collaboration. Participant B. C. also stated that each agency had a misconception of what other agencies could do and provide, which hindered working together. Participant C. C. had similar thoughts as Participant B. C. as “turnover has been hard,” and online meetings have offered unique challenges during the past 2 years. Participant C. C. stated, “They don’t have the manpower to get it done,” and collaboration “takes a lot of work and a lot of effort.” Participant C. C. and Participant C .B. had also seen someone’s “ego” be a barrier. Participant A. C. identified multiple barriers from “lack of ability on people’s parts,” “lack of ability due to their commitment,” “red tape,” and “funding,” to “competitiveness.” These barriers were consistent with the findings of past research. Johnson-Kwochka et al. (2020) identified barriers between community mental health and juvenile justice organizations. They also found that “red tape” and capacity for providing new interventions challenging. Even with the staff agreeing on the importance of collaboration, changes were needed across the systems to be incorporated (Johnson-Kwochka et al., 2020). Clark and Cilenti (2018) described the perceived barriers to collaboration between maternal and child health workers. They found that leaders identified siloed priorities, disengagement, strained partnerships with someone who leaves an organization, and difficulty sustaining long-term projects as barriers to collaboration (Clark & Cilenti, 2018). This research and past research both address the barriers of staff turnover and "red tape" to interagency collaboration and other barriers that are addressed.

Participant A. C. noted that with a common mission and funds, “people are afraid to share ideas or things because others may take that idea” or “incorporate that” idea

within their agency. Participant C. A. saw the competition as “each agency has their own goal’ and has a difficult time seeing “outside the box” or doing another way just because “that’s the way it has always been done.” In past research, Kilbourne et al. (2018) identified key barriers to improving mental health care, which include integration of care within general health environments. Mental health should be treated as a team sport, with each side leveraging resources and incentives (Kilbourne et al., 2018).

Participant C. B. addressed the mentality of change and that even though it works for one agency, it does not mean it works for the collaborative group of organizations. Participant C. B. stated that training the right people and ensuring the supervisors pass the information along is also important to remind and educate partners. Participant C. A., Participant C. C., Participant B. B., Participant A. A., Participant A. B., and Participant A. C. felt that it takes effort from each person for collaboration to work. Participant A. B. stated that “staff” might be preoccupied “and not available to partner with them” while other “agencies are very closed.” Participant A. B. also added, “They don’t answer phone calls. They don’t answer emails. They don’t answer invitations. They just kind of like work on an island of their own.” The theme of communication was also addressed in past research. Phillips (2016) found that mutual respect, understanding the other’s role and responsibilities, keeping an open mind, and valuing collaboration were needed for effective collaboration. He found that good communicators were preferred to work with, as well as workers who could consider other’s perspectives. This study and past research echoed a desire for solid communication skills.

Participant B. B. stated that “people get too busy and forget to reach out” and that HIPAA can be a barrier between agencies. BHOC addressed being on-call because they provide care 24 hours daily within their handbook. This schedule can cause people to not be available during perceived regular business hours. According to the BHOC handbook, maintaining confidentiality is always the primary concern. Similar to Participant B. B.’s concern about data sharing, Porras-Javier et al. (2018) found that providers had trouble knowing who to refer to and were frustrated with the difficulty of sharing information. Sundari et al. (2018) found that collaboration improved relationships and the frustration with the lack of knowledge with healthcare. They found several barriers, including sharing confidential data due to varying communication practices and unclear expectations about partnering agencies (Sundari et al., 2018). “It can be difficult to reach clients at (BHOC) due to needing a password each of their clients has. Even with a consent signed, we still need the password to speak with the client or find out if they are still staying there,” stated Participant B. A. Cooper et al. (2016) found in a systematic review of 33 studies that barriers to collaboration included inadequate resources, poor communication, lack of valuing, varying perspectives, confidentiality issues, and a poor understanding across organizations. Each barrier to collaboration was found within this study, though some barriers were not mentioned as frequently. Collaboration within the studies was improved when informal relationships were developed (Sundari et al., 2018), which Participant C.B. does through “sheer tenacity.” According to Participant C. B.,“I’m always going to be here, and you can use us.” Information sharing was a consistent barrier to collaboration found in this study and past research, even with the

participants encouraging others to work with them. Table 3 gives a Summary of Barriers to Interagency Collaboration.

Table 3

Summary of Barriers to Interagency Collaboration

Barriers	Number of participants who mentioned the barrier
Constant change	1
Technology issues	2
Staff turnover	3
Funding restraints	2
Lack of knowledge about services	3
Lack of effort	6
Ego	2
Red tape	1
Competition	2
The way it has always been done	2
Hipaa compliance	1

Problematic Outcomes Without Collaboration

Participants were asked about the problems they experienced when interagency collaboration did not occur. The nine participants identified five problematic outcomes to a lack of collaboration between agencies. The first outcome identified was the most common issue: clients are not provided with needed services when working with multiple agencies. Participant C. B. stated that "services get missed with clients" and "community members that need help get missed, and people fall through the cracks." Participant C. A. said that it is "very detrimental if it's not there for the clients," while Participant B. A. noted that "individuals are not going to get the benefit. They are not going to get the services that they need." Participant A. C. stated that "These are people's lives and families. We have the ability for greatness and wonderful things, but if we get sloppy and we get lazy, we have the ability to cause some real damage. Kids get overlooked because of the inability to connect and do things right." Rumping et al. (2019) found that collaboration is essential to meeting clients' needs and improving outcomes which echoes the participants. Specifically, they found that six elements were needed for collaboration to improve client care:

- knowledge of the other entities
- communication
- team composition
- commitment to working together
- sharing responsibility
- trust (Rumping et al., 2019)

Each of those areas' elements are critical components for leaders to implement with their team for the agency and interagency collaboration. Saraiva et al. (2020) found that collaboration improved detection and treatment for patients with anxiety and depression. One barrier they found in their study was management being overwhelmed with their duties to provide adequate attention to collaboration (Saraiva et al., 2020). Sharing responsibility in the collaboration was onerous for the leaders during the interviews. Each leader identified their manager within their agency as someone that would handle conflict in the collaborative group instead of someone from another agency with more experience. This study and prior research suggest that the missed opportunities to help people are fundamental problems when there is a lack of interagency collaboration.

In addition to the client's not getting their needs met, Participant C. A. and Participant B. C. addressed the strife between agencies. Participant B. C. stated that agencies with high needs individuals would "pass the buck" and do not address the issues between the agencies. Participant A. A. felt the pressure of lack of collaboration when one agency caused his agency to miss referrals, have an increased no-show rate, and have reduced appointments scheduled. Porras-Javier et al. (2018) found that referral sources are also frustrated with the lack of status updates on the client. As told by Participant A. C., a lack of interagency collaboration means "Failure. Absolute failure" for clients and the community. Past research has also reviewed service duplication and cost-effective care being addressed with collaboration (O'Neil & Ratcliff-Black, 2017). O'Neil and Ratcliff-Black (2017) found collaborative care aided in communication, decreasing

service duplication and reducing overall costs. While costs were associated in this study with a reduction in clients being seen, these are two additional areas of concern in the research without collaboration. McBeath et al. (2017) found a level of guesswork working with a collaborative needs assessment. Client referrals are unpredictable, which causes financial and administrative concerns (McBeath et al., 2017). Inappropriate clients are also served or referred due to staff being unfamiliar with programs (McBeath et al., 2017). This study and past research suggested that the lack of interagency collaboration affects referrals, which can negatively impact the agency's budget.

Table 4

Summary of Problematic Outcomes Without Collaboration

Problematic outcomes	Number of participants who mentioned the outcome
Clients unintentionally neglected	8
Strife between agencies	2
Missed training opportunities	2
Higher no-show rate	1
Less referrals and appointments	1

Satisfaction in Collaboration

Each participant was asked about an experience they had encountered with successful interagency collaborations. Each participant recalled a time when

collaboration across agencies was beneficial. Participant B. C. enjoyed teaching and "working with my supervisees that are in different agencies" to pass on information from his agency to theirs. Participant C. C. and Participant B. B. have spent time bridging community relationships and teaching others what their agency can do and how they can help. Participant A. A. had been educating others on what his agency can do, which increases his referrals and the clients he can help. Four participants shared experiences where they saw other community agencies come together to help a client successfully. They were able to help clients get housing, jobs, and away from abusive partners. Participant B. B. was able to tell a story that broke company rules but made a difference for a client to get back on their feet with a job and a home. "When you get the right people to the table, you see change," explained Participant A. C.

While Kousgaard et al. (2017) found that most practitioners appreciated collaboration, Richards et al. (2016) found that patients also preferred it. Saraiva et al. (2020) addressed improving relationships and client treatment when collaboration is utilized. Collaboration support is needed from senior leadership to encourage participation across the teams, including open communication and promptly solving disputes (Phillips, 2016). Collaboration and building stronger partnerships are an opportunity for the agency's programs and services (BHOC strategic plan, 2019). McBeath et al. (2017) found that effective contracting successfully meets clients' needs, helps clients assess appropriate programs, and coordinates funding. Collaboration improves depression up to a year after interventions, is preferred by patients, and is cost-effective (Richards et al., 2016).

A change agent is needed for successful collaboration (Kumar, 2019). Kumar (2019) identified that reciprocity is needed between partners, and knowledge, interest, and power should be balanced to maximize long-term benefits. Positive outcomes were present no matter the collaborative level (Ogbonnaya & Keeney, 2018). The lower levels of collaboration are less intensive and less costly, but it cannot be determined if they are as effective as an integration-type approach (Ogbonnaya & Keeney, 2018). This study and past research demonstrated the need for collaboration. Collaboration impacts clients' wellbeing, relationships between organizations, and change within the community.

Table 5

Summary of Satisfaction in Collaboration

Satisfaction	Number of participants who mentioned the satisfaction
Building community relationships	3
Community training	3
More client referrals	1
Client satisfaction	4

Organizational Programs and Services

Based on the interviews, the organizations understood the importance of interagency collaboration, though only BHOC had increasing stakeholder engagement within their strategic plan that the other agencies did not have, according the 2019 BHOC strategic plan. Participant A. A. stated that BHOA depends on referrals from other

agencies to access clients and sees a reduction in funding when clients are not being served. Participant A. expressed that BHOA's website does not stay updated with current staff, which can cause problems with referrals. Even with the identified barriers, a member from each agency could articulate successful outcomes and destructive behaviors centered on collaboration or a lack of collaboration. The knowledge and understanding of each participant about interagency collaboration were apparent. Each agency attends meetings and communicates with the other agencies. Even with this communication, Participant B. C. felt that he does not fully understand all the components of his agency, so it is hard to know about others outside of him. Each participant found value in interagency collaboration, but two of the agency's internal documentation did not support that viewpoint. BHOB did not have collaboration within their archival data and had a participant address the issue of lack of knowledge about programs within their agency. BHOB was the largest of the three interviewed agencies, with multiple programs, which could account for the discrepancy. Though past research stated that collaboration improves the lack of knowledge between agencies (Sundari et al., 2018), each agency also needs to address this internally.

Client Focused Results

Eight of the nine participants addressed the client's distress from a lack of interagency collaboration. Participant B. A. explained that BHOB builds client relationships through collaboration with hospitals, law enforcement, and other agencies. Participant C. B. feels they engage clients through community education and building rapport with incoming clients. BHOA engages clients with community outreach,

interacting with clients, and with positive reinforcement, according to Participant A. B. Participant C. C. hopes to see clients reach self-sufficiency and a better society . Client needs were valued and seen as an item of importance, as was advancing them through collaboration. Without clients, these agencies would not exist. The leaders understood that clients miss opportunities and services when they do not collaborate with other agencies. The leaders seemed interested in building community relationships to serve their clientele better. Johnson-Kwochka et al. (2020) found that even with organizations voicing their commitment to partnerships, there is still a lack of follow-through. The collaboration aligns services to meet clients' needs and improve outcomes (Rumping et al., 2019) which is why it is critical to address the barriers preventing clients from receiving the most appropriate care.

Workforce Results

Staff turnover was listed as a barrier to interagency collaboration, and none of these agencies are fully staffed. Participant A.A. cannot find people to fill vacancies and is over budget using online programs like Indeed for recruitment. Each new employee utilizes three months of agency resources for training before they can see clients and begin bringing in revenue. And, it takes six months to a year to thoroughly learn the position, Participant B. A. explained. Retention and recruitment are ever-changing for BHOC. Participant C. C. is often trying to balance competitive pay and benefits while ensuring she attracts the right employee for her agency. Each agency had an employee handbook, but each varied in the amount and types of information shared.

Once an employee was trained and able to attend the interagency meetings and begin networking, other barriers arise. Supervisors at other agencies not sharing information with their entire team were one workforce issue Participant C. B. had. Each supervisor handled their duties differently, but communication was needed to ensure staff stays current on training, policies, and procedures. Participant C. C. addressed hiring and training staff in her interview as a barrier. Participant C. C. does not have room at her agency for negativity or someone's ego interfering in helping her clients. Her main goal is always to be available to communicate with other agencies .Participant C. B. addressed the barriers of agencies not wanting to change or focus on how it had always been done. Participant C. B. stated that some agencies feel that "we have always done it this way and it worked, but what if" they "expanded and collaborated with another agency and it could work even better." Just because "it's working for me" does not mean it is "working for your community." These barriers are addressed through workforce engagement.

Each leader engaged their workforce through meetings and training. BHOA ensures their team understands the overall picture of what they need to accomplish and does in-depth training with any changes, according to Participant A. C. Participant B. C. wanted to ensure each of his team members is knowledgeable about the events within their organization. BHOC's handbook addressed this by including various job elements, state regulations, and communication techniques within their employee handbook. A well-trained workforce is a strength within an organization, and further training is an opportunity for further growth, according to BHOC strategic plan from 2019. Participant C. B. felt staffing issues are addressed with help, up to letting the worker go if the

problem is not corrected. Supervisors that openly communicate are critical to interagency collaboration (Phillips, 2016). Even with the training and communication mentioned, these barriers continue to be an issue to collaboration within each agency's workforce.

Leaderships and Governance Results

Past research shows that leadership is key to the success of initiatives (Nowell et al., 2016). Each agency within the study had a top-down approach and was governed by a board of directors. The agencies addressed the ever-changing environments when working with state, federal, and grant-funded programs. BHOA was the only agency with no senior leadership change in four years. Participant A. A. and his team are working on a succession plan as he knows that two senior leaders will retire in the next five years. BHOB created a succession plan in 2018, according to its 2018 annual report, for its Chief Executive Officer and could assist BHOA. Constant change was a barrier addressed in this research, and the leaders address how they manage it.

Evaluation is a tool each agency uses in leadership and governance. Participant A. C. utilized feedback and input from stakeholders for her grants. For BHOA, evaluations identify the needed changes for improvement or success, according to Participant A. C. Participant C. C. relied on her executive director's policies and procedures and staffing to ensure her team is on track. Participant B. C. collaborated with similar agencies to identify what changes are coming and how they can improve. Even with evaluations, policies, procedures, and collaboration, the barriers to interagency collaboration still existed.

Financial and Performance Results

Though their funding came from various sources, the agencies received funding based on providing services to the clients within their coverage areas. Phillips (2016) found that workers could better serve their clients with access to other agencies' resources, and Yu et al. (2017) found that cost-effective care can be established with collaboration. Funding is an issue for senior leaders to address as it could change protocols within each agency. Changes in services could cause a change both positively and negatively for them. BHOA could see more referrals from collaboration, which means revenue increases, but funding may shift between agencies if the client is served at only one location. Sharing funding with competitive organizations is a difficult concept. Agencies have a “fear of the unknown,” stated Participant C. B. and each one “has their own goal,” according to Participant C. A. Participant B. C. expressed that “Funding is a big issue” and Participant A. B. explained that agencies are “very closed.” Each organization also has to manage its “competitiveness,” stated Participant A. C., which can make it difficult to share funding. BHOC addressed funding with staff by telling employees about their proposals, financial reports, on-site visits, and audits and provided stakeholders access to the data, within the BHOC handbook. BHOB creates an annual report with services provided, overall financials, and achievements for their stakeholders, according to the 2018BHOB annual report. The way to address this issue is by understanding what agencies have to offer clients and ensuring the clients can access the allotted resources they qualify for.

Interagency collaboration provides more access to the community to the most appropriate and accessible services. Knowledge about the available services allows for suitable referrals. Community education allows additional stakeholders to gain valuable information on communal resources and how to assess them. With this newfound knowledge, the stakeholders can assist more clients in getting the help they need.

Implications to Social Change

Interagency collaboration provides the community with greater access to appropriate services. Other agencies can offer support and assistance when one agency does not have the "manpower to get it done," according to Participant C. C. Participant A. C. explained that leaders can communicate their needs and challenges and find ways to build a network of support for themselves by "pulling the right partners to the table." Stakeholders are educated about services and how to access them. Participant B. B. expressed that agencies can "provide training on what they could do" and "provide other supportive roles for people in our community." With training, agencies and partners can make referrals to better-suited services and ensure the client's needs are addressed. As mental health needs increase, the need for assistance also rises. If meeting the communities mental health needs is the focus; the community can grow and strengthen as each individual receives the care that best fits them. By addressing the barriers found in the study, the leadership at each agency can focus on collaboration and meeting the community's needs.

Strengths and Limitations of the Study

Qualitative research is the methodological search to understand how people view and experience the world and is based on the epistemological assumption where the participants work within their realities (Ravitch & Carl, 2016). This research used these assumptions to evaluate the RQs. There are strengths and weaknesses to the following epistemological and methodological approaches to this study.

Strengths

The Baldrige framework guided this study by offering insight into leaders' communication and engagement with key stakeholders (NIST, 2021). The Baldrige framework helps improve societal responsibilities, competitiveness, and stakeholder engagement by developing questions for seven categories critical to performance excellence (NIST, 2021). These nationally recognized questions helped drive and strengthen this research. The case-study design allowed the participant's individualized experiences to be explored in one-on-one interviews. This design allowed me to examine the practice problem through the participant's unique lenses giving further insight into the practice problem with each interview. Both RQs presented in this study were answered due to this design. Reviewing handwritten notes and transcriptions permitted the researcher the opportunity to review and organize data throughout the study. Threats to validity were reduced with triangulation, feedback solicitation, and participatory dialogic engagement (Ravitch & Carl, 2016). Triangulation maximized credibility, dependability, transferability, and conformability through archival data and interviews. Interviews were compared to literature and archival data to triangulate the data. The need for collaboration

was found in the participant's interviews, past research, and BHOC's strategic plan. This study had participants from three agencies, increasing the generalizability of using one organization.

Limitations

Limitations should be presented in a transparent nature that reviews the research challenges (Ravitch & Carl, 2016). This case study was specific to rural non-profits covering large service areas. Resources and access to collaborations can change based on location and coverage area and therefore has a generalizability limitation. Researcher bias was addressed through reflexivity. The researcher had worked for BHOB from 2006 to 2018, had interned with BHOC in 2006, and collaborated with all three organizations since 2006. There were limited participants within each agency, though the themes were evident. The senior leadership team had limited time to pull data and had difficulty retrieving internal data due to electronic records systems. BHOA and BHOC were able to access data quicker than BHOB. BHOA and BHOC have flyers to update stakeholders each year, which prompted a quicker turnaround with some of the requested data. BHOB purchased a new software system several years ago, which has made the conversion of data problematic to access, according to Participant B. D. Due to the qualitative nature of this study, experiences are depicted without having correlation or causation.

Summary and Transition

Section 4 reviewed the data gathered from academic and professional literature, archival data, agency websites, and the nine agency leaders. A description of the analytic process was given as well as the results. Four themes emerged from the interview data:

barriers to interagency collaboration, problematic outcomes without interagency collaboration, satisfaction with interagency collaboration, and identified solutions to enhance collaboration. Leaders recognized that barriers impact clients negatively and saw value in interagency collaboration. Organizations need to address collaboration within their strategic plans and build relationships within the community. Funding and competition were concerns in this study and past research that can impact each BHO. Each BHO recognized that interagency collaboration could positively impact clients. By having a positive impact, we can address social change to better the community. Section 4 also reviewed the strengths of using multiple organizations for generalizability and the limitations of using rural non-profits in this study.

Section 5 will discuss the recommendations for the BHOs and how they can address leadership barriers to interagency collaboration. Training, communication needs, and addressing turnover challenges will be discussed. Section 5 will address the recommended implementation strategies as well as the social impact from agency implementation. The following section also includes areas for future studies addressing similar topics. Organizational dissemination plans will also be addressed in Section 5.

Section 5: Recommendations and Conclusions

In the previous sections, I explored the practice problem, the BHOs, and the RQs. I identified the analytical strategy for data analysis and the research results. I processed the strengths and limitations of the study, as well as the positive social change this research could have within the community. The recommendations from the analysis are reported within this section. This section also contains the recommendations for future similar studies and the plan to disseminate the findings back to the organizations.

Recommendations

The recommendations for the organizations are summarized in the following segment. I explore the recommendations for service improvements, workforce and training, and leadership and governance. The Baldrige framework helped identify strengths and opportunities for the agencies to increase collaboration and identify the needs of their stakeholders (see NIST, 2021). Next, I look at the recommended implementation for the agencies, the community's social impact, and future research recommendations.

Service Recommendations

In this study, I identified the barriers to interagency collaboration and the consequences for the clients and agencies when the partnership is limited. Within this study, each leader identified ways they felt collaboration could be enhanced. Three participants mentioned the theme of respect.

Transparency, respect, understanding, trust, and communication are critical components of collaboration. Each agency attends community events with each other and

additional stakeholders. Even with these meetings currently in place, there are still barriers to collaboration. More is needed from each agency's leaders to strengthen and build the collaboration. Due to the improvement required based on the study, the following actions are recommended:

- Leaders should offer training to staff on all service arrays of the agency. These trainings should include key service offerings from each department. Training should also include collaboration and initiating and maintaining collaborative relationships.
- Leaders should connect with each partnering agency and allow time for staff to be trained on their service provisions. These trainings will include key service offerings from each organization and how to make appropriate referrals to that organization. It will also have relevant contacts at each agency if a referral or need arises.
- Senior leaders should meet to address staff’s communication concerns with client services between agencies. They should communicate resources and additional service offerings to ensure clients receive the best and most appropriate care.
- Leaders should address staff turnover by including multiple contacts for each agency to have direct contact with a leader to address problems immediately. This will include staff protocols to include which staff shall have access to that leader or if all calls need to be leader to leader across agencies.

- Leaders should monitor which agency has the availability to treat clients the soonest and ensure appropriate referrals are made between organizations. This will allow each organization to ensure the client gets expedited services at the most appropriate location possible.

Each action is suggested to address the barriers leaders identified to interagency collaboration. The following actions are recommended to be implemented over a year. This time allows for more effective implementation, training time for staff, and building relationships between organizations.

Recommended Implementation

It is recommended for each agency to ensure its staff understands its mission and key service offerings. Due to the inconsistent sizing of the agencies involved in this study, leadership will need to address a training plan to have this implemented. To save time, each agency can offer a self-assessment to see which service teams lack the required information or if it is contained to specific departments or programs. Once a foundation of knowledge has been established within each team, an elected staff member will set up and conduct training. Each activity will have a sign-in sheet to track the participants. Each critical service should be reviewed during each training session. After each training, the trainer will save the sign-in sheets to ensure each employee has received sufficient training on the specified elements. This in-house training should be completed within 6 months. After the training, each staff member should understand their agency's service offerings, which can be used to refer clients within their departments and the community when addressing what their organization offers. This training can be held

yearly to capture new staff entering the agency. Organizational learning will provide knowledge on vital assets and enhance value through improved client services (see NIST, 2021).

Leadership teams should contact each partnering agency to set up staff training within their facilities. This training will allow each organization to understand what each entity is responsible for and how they operate. This knowledge can increase referrals between organizations, allowing clients to access needed services promptly. Contact should be made within 1 month to other organizations to allow for planning dates acceptable to both organizations. Due to size variations, multiple pieces of training may be needed. Within 6 months, the training should occur between agencies. There will be a sign-in sheet at each training to track the participants. This training should be held on an annual basis to include new staff. This training allows leaders to improve community health by being role models to the community and partnering agencies through their knowledge (see NIST, 2021).

Senior leaders should reach out to partnering agencies' senior staff to build relationships with the new executive teams within 2 months. This communication will allow them to gain insight into the opportunities to communicate resource needs and what information will be transparent to competing entities. As the senior leaders establish their protocols, this will also allow them to designate several leaders to serve as a contact between agencies. Quarterly emails including each agency's senior leaders should be sent to ensure organizational updates are communicated along with additional resources or funding that could be attained. These communications will provide an open dialogue

between senior leadership, which is essential to establishing and maintaining collaboration.

Multiple contacts at each agency allow for a quicker response time between agencies, which benefits the organizations and clients. These contacts allow for staff turnover and address the need for communication as needs arise. Leaders can ask questions about programs, wait times, and continuity of care for clients. Having multiple contacts to address concerns addresses the barrier to communication and assessing services for clients between organizations. Within 3 months, each organization should have a detailed list of leadership contacts based on the coverage area to share with each collaborative agency. These lists should include at least two leadership contacts who can look up information, handle a crisis, and decide on crucial details. These contacts should be a direct number or email that provides prompt responses. These lists should be kept updated if these positions change or the person within them leaves. This builds loyalty between agencies and enhances the community (see NIST, 2021).

The clinical staff needs to know other agencies and their current waitlists or time to see a counselor. Each agency will have the contact information of a leader within 3 months to ask clinical questions. If one agency has a waitlist, they will call the other appropriate agencies to identify their current wait times for clinical staff. If the wait time is significantly less than their organization, they will make a referral to that agency to ensure the client's needs are being addressed promptly. This ensures patient-focused excellence by considering the delivery of patient care and ensuring care is effective and provided in the most appropriate setting (see NIST, 2021).

As the leaders build trust and relationships between organizations, the barriers will reduce. Leaders will be able to address questions and needs as they arise. Client concerns can be addressed quickly and appropriate referrals made. As each agency better understands what they can offer and what other resources are available to their clients, they can begin removing the barriers for themselves and their stakeholders.

Workforce and Training

Previous research found that collaboration was facilitated with training opportunities between each agency, good communication, senior management support, collaborative protocols, and a point person for the group (Cooper et al., 2016. Training is a critical component of collaboration and one part of addressing the workforce. Staff training can decrease clients' frustrations, increase staff knowledge, and allow more access points to services.

One training issue that should be addressed is communication and HIPAA. Each agency should understand the other's protocols for gathering client information and the paperwork that needs to be signed for that to occur. Another training issue is to ensure each staff member is aware of the responsibilities of their agency and each agency within the collaborative. BHOA and BHOB also need to ensure staff is trained on the mission and values within their organization. BHOC's leaders repeatedly tied their answers back to their mission statement.

Staff retention and attracting appropriate staff were concerns addressed at each agency. The leaders addressed the attributes of their agency but continue to have concerns over vacancies and funding when using online job hosting sites. Interviews with

employees can help understand their perceptions of this concern for further opportunities. Based on the primary location of the agencies, there are other avenues they can address. Within 30 minutes of each agency's central location, there is a university, and within the same town, there is a college. With collaboration, these agencies can market themselves by speaking to graduating classes and allowing future employees the chance to understand the job market before graduation better. Prospective employees can learn about the agencies and gauge which agency they are a better fit for before applying, interviewing, and selecting the wrong job for them. If the agencies collaborated more with their local educational facilities, they could find a new market of employees who understood the agency's role before accepting an employment opportunity.

Leadership and Governance

Blunden et al. (2017) found that sustaining collaboration depends on consistent leadership, relationships, and support for resources. Leaders are the champion of projects and set the example for their team. Transformational leaders are role models who show genuine concern for their team (Raziq et al., 2021). Without the leaders advocating for collaboration and seeing its value, it will not succeed within their agency. Leaders need to create team unity that involves staff in the process, and a collaborative climate is essential to team effectiveness (Northouse, 2018. Clear performance expectations are essential for setting standards within each agency while providing support and recognition (Northouse, 2018). Clear two-way communication is needed to create a mission-orientated environment that sets expectations for clients, staff, and stakeholders (see NIST, 2021).

Even with leadership changes, a clear plan for collaboration is needed. Perspective-taking in a collaborative environment includes empathy to understand each person's perspective (Northouse, 2018). Losing staff and connections within the community was a barrier to collaboration. Transformational leadership positively impacts employee retention and satisfaction (Raziq et al., 2021). Internal communication has been found to improve employee satisfaction (Raziq et al., 2021), which could also be used in interagency collaboration. Each agency could also benefit from having a succession plan and having multiple agency members building a network for their organization. This action can create an organizational culture that can continue through leaders and cultivate resilience and agility within the organization (see NIST, 2021).

He (2017) found that colocation of staff and shared resources supported clients through the referral and treatment stages. Sharing locations and resources is an opportunity for each senior leader to identify if this is possible for their organization. They each currently use memorandum of understandings but could identify ways they could share resources or have a staff member visit clients at each agency's locations. With various agency staff visiting additional agency locations, this could continue to build the collaboration and allow greater insight into what each agency offers.

Social Change Impact

Each BHO has challenges with funding and locating appropriate staff. Through its challenges, they each create a positive social impact by treating community members. They each serve the community whether they can pay for services or not. They offer a variety of no-cost information and training to the community in addition to the services

they provide within their agency. An even more significant community impact could be reached by targeting interagency collaboration.

Additional stakeholders could be addressed through collaboration as there are gaps within the knowledge base about what each agency does. Clients could see faster improvement with expedited services through interagency collaboration with the agency that has current access to appropriate services. Interagency collaboration brings communication and resources that can tremendously impact the lives of community members. Through community education, addressing counseling needs, and collaboration with community agencies, the effect could be felt throughout the community.

Future Research

Future research should explore the similarities and differences between for-profits and nonprofits and how they encounter barriers. As the service population and available resources change, the barriers may shift as well. This could be addressed by finding a nonprofit and for-profit mental health facility. Researchers could explore if turnover rates are different, if there are more resources for clients with insurance or who can pay through private means, or if having more available resources affects leaders' barriers to interagency collaboration.

Another research topic would be exploring the length of time of a leader and the barriers they face. As leaders gain experience and a broader network within their community, would the barriers they face change from that of a new leader. This could be addressed through one agency and by assessing the time each leader has been in a supervisory position and a leader within that agency. The researcher could identify the

types of collaboration that have been used with each leader and the barriers they identified, if they see the barriers differently based on the length of supervision time, and if their solutions differ based on their supervision experience.

Summary

This qualitative study was designed to understand the barriers leaders face to interagency collaboration. Three nonprofits BHO participated in this case-study research. I explored the agencies' strategies and assessed the organizations. The literature review identified the importance of collaboration. The RQs were as follows:

RQ1: What barriers to service delivery coordination do leaders identify?

RQ2: What are the benefits to collaboration that leaders identify?

The participants answered both questions through semistructured interviews. By using archival data and the interviews, the research was able to be triangulated and was found to be generalizable. Lack of effort, staff turnover, and lack of knowledge were the barrier themes most addressed. Client improvement, community training, and building relationships were themes identified with the benefits of collaboration.

This study contributes to the literature by identifying barriers nonprofit leaders face to interagency collaboration and recognizing its importance. Findings revealed that leaders can identify the barriers and the benefits of solving them but have difficulty implementing the changes needed to remove the barriers. By addressing these barriers, the organizations and stakeholders can see an increase in community education and service provisions.

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